



RECEIPTS AND EXPENDITURES QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
P.O. Box 185, Trenton, NJ 08625-0185
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
www.elec.state.nj.us

FORM R-3
FOR STATE USE ONLY

ELEC RECEIVED
OCT 08 2015

PLEASE TYPE OR PRINT

Committee Name or Approved Acronym
BELMAK DEMOCRATIC COMMITTEE

Address (Number and Street) Check if different than previously reported
1017 14th AVE

City, State, Zip Code
BELMAK, NJ 07719

ELEC Identification Number
H 1307000311 9 2015

Committee Type
 CPC PPC LLC

Check if:
 Amendment First Report Filed

Report Quarter
 Apr 15 Jul 15 Oct 15 Jan 15 Year **2015**

Do not attempt to complete the "Depository Information" or the "Net Financial Summary" until the appropriate schedules have been completed.

DEPOSITORY INFORMATION			Column A	Column B
Period Covered	From	Through	This Report	Calendar Year-to-Date
1. Cash on Hand, January 1, 2015	7/1/15	9/30/15		6496.10
2. Cash on Hand, Beginning of Reporting Period			2013.75	
3. Monetary Receipts (+)			5100.00	7732.00
4. Subtotal			7113.35	14228.10
5. Monetary Expenditures (-)			2084.57	9199.32
6. Cash on Hand, Close of Reporting Period			5028.78	5028.78

NET FINANCIAL SUMMARY		
7. Cash on Hand, Close of Reporting Period		5028.78
8. Debt owed to Committee (+)		0
9. Subtotal		5028.78
10. Debt Owed by Committee (-)		0
11. Total (Net Worth)		5028.78

TREASURER CERTIFICATION

I certify that the statements on this document are true, and that the contribution amounts received conform with the limitations designated by law. I am aware that if any of the statements are willfully false, I may be subject to punishment.

DATE
10/7/15

PRINT NAME
JANET GROSSHANDLER
ADDRESS
**PO BOX 787
(701 OCEAN AVE, APT 1)**

SIGNATURE
Janet Grosshandler

ADDRESS
BELMAK, NJ 07719

(AREA CODE) DAY TELEPHONE NUMBER
732-773-0097

(AREA CODE) EVENING TELEPHONE NUMBER
732-773-0097

Do not attempt to complete Tables I and II until the appropriate schedules have been completed.

TABLE I RECEIPTS	Column A	Column B
Monetary Receipts	This Report	Calendar Year-to-Date
1. Contributions, \$300 or less	100	232
2. Contributions, more than \$300 (Schedule A)	5000	7500
2a. Currency Contributions (Schedule A)	0	0
3. Total (Add lines 1, 2 and 2a)	5100	7732
4. Refund of Contributions (Adjustment Schedule) (-)	0	0
5. Subtotal (Subtract line 4 from line 3)	5100	7732
Other Receipts		
6. Reimbursements/Refunds (Schedule A)	0	0
7. Dividends/Interest (Schedule A)	0	0
8. Loans Received by Committee, \$300 or Less	0	0
9. Loans Received by Committee more than \$300 and all Currency Loans (Schedule B)	0	0
10. Total Monetary Receipts (Add lines 5 through 9)	5100	7732
11. In-kind Contributions, \$300 or less	0	0
12. In-kind Contributions, more than \$300 (Schedule A)	0	0
13. Gross Receipts (Add lines 10, 11 and 12)	5100	7732
TABLE II EXPENDITURES		
14. Operating Disbursement (Schedule C)	2084.57	9199.32
Contributions (from the Committee) to:		
15a. NJ Gubernatorial Candidates/Committees (Schedule D)	0	0
15b. NJ Legislative Candidates/Committees (Schedule D)	0	0
15c. All other Candidates/Committees (Schedule D)	0	0
Expenditures Made on Behalf of:		
16a. NJ Gubernatorial Candidates/Committees (Schedule E)	0	0
16b. NJ Legislative Candidates/Committees (Schedule E)	0	0
16c. All other Candidates/Committees (Schedule E)	0	0
16d. Independent Expenditures (Schedule E)	0	0
17. Loan Payments (Schedule B)	0	0
18. Total Monetary Expenditures (Add lines 14 through 17)	2084.57	9199.32
19. In-kind contributions, \$300 or Less (Table I, Line 11)	0	0
20. In-kind contributions, more than \$300 (Table I, Line 12)	0	0
21. Gross Expenditures (Add lines 18 through 20)	2084.57	9199.32

DEPOSITORY SUMMARY - PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

Committee Name: **BELMAR DEMOCRATIC COMMITTEE**

BANK ACCOUNT INFORMATION

1. Name of Bank: **KEARNY BANK** (Area Code) Telephone Number: **732-980-5400**

Mailing Address: **611 MAIN ST**

City, State, Zip Code: **BELMAR, NJ 07719**

Account Name

Opening Balance this Period 2013.75	Deposits this Period 5100	Disbursements this Period 2084.57	Closing Balance this Period 5028.78
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If the committee has more than one bank account within the same bank, the name(s) of the additional account(s) must be provided.

Account Name

Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
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2. Name of Bank (Area Code) Telephone Number

Mailing Address

City, State, Zip Code

Account Name

Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
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If the committee has more than one bank account within the same bank, the name(s) of the additional account(s) must be provided.

Account Name

Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
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OTHER ASSETS

Other than the bank account(s) listed above, does this committee hold any of the following (please X):

- Investment Institution Money Market Account
- Certificate of Deposit (C.D.)
- Mutual Fund Account
- Other (please specify) _____
- Bonds
- Stocks
- Real Property

For each item checked ("X") above (other than real property), please complete the following information. If real property is held, a Real Property Schedule must be filed as part of the Form R-3. Contact the Commission for a Real Property Schedule and instructions.

1. Name of Depository or Issuer (Area Code) Telephone Number

Mailing Address

City, State, Zip Code

Account Name

Type of Asset
 Money Market C.D. Mutual Fund Bonds Stocks Other (specify) _____

Value of Asset at Purchase if Applicable Date of Maturity, if Applicable

Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
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ITEMIZED RECEIPTS (Other than Loans)		SCHEDULE A	Page No. / of /
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.			
Receipt Type (Use a separate "Schedule A" for each type and for each separate account.)			
<input checked="" type="checkbox"/> Currency		<input type="checkbox"/> All other Monetary Contributions	
<input type="checkbox"/> Reimbursements/Refunds of Disbursements		<input type="checkbox"/> In-Kind Contributions-Expenditures Made by Others	
<input type="checkbox"/> Dividends/Interest			
Committee Name BELMAR DEMOCRATIC COMMITTEE			
Account Name MAIN BANK ACCOUNT			
Contributor Name ALOIS NEUMANS		Contributor Address (Number and Street) 1602 BIRCHWOOD LAKE	
Occupation RETIRED		City, State, Zip Code WALL NJ 07719	
Employer Name		Date(s) Received this Period	Amount(s) Received this Period
Employer Address		9/23/15	\$ 100
City, State, Zip Code			
Receipt Description (If In-Kind)			
Contributor Name NJ STATE LABORERS POC		Contributor Address (Number and Street) 104 INTERCHANGE PLAZA, ST301	
Occupation		City, State, Zip Code MONROE TWP, NJ 08831	
Employer Name		Date(s) Received	Amount(s) Received
Employer Address		8/28/15	5000
City, State, Zip Code			
Receipt Description (If In-Kind)			
Contributor Name		Contributor Address (Number and Street)	
Occupation		City, State, Zip Code	
Employer Name		Date(s) Received	Amount(s) Received
Employer Address			
City, State, Zip Code			
Receipt Description (If In-Kind)			
Contributor Name		Contributor Address (Number and Street)	
Occupation		City, State, Zip Code	
Employer Name		Date(s) Received	Amount(s) Received
Employer Address			
City, State, Zip Code			
Receipt Description (If In-Kind)			
1. SUBTOTAL (Add all receipts listed on this page.)			5100
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)			5100

LOANS RECEIVED		SCHEDULE B		Page No. / of /	
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. Use a separate "SCHEDULE B" for each separate account.					
Committee Name BELMAR DEMOCRATIC COMMITTEE					
Account Name MAIN BANK ACCOUNT					
Name and Address of Lender	Original Loan Amount	New Loan this Period	Total Amount of Loan Plus Interest	Outstanding Balance this Period	
	Payments this Period	Amount	Check No(s)	Date(s)	
Occupation	Terms:	Date Incurred	Date Due	Annual Interest Rate	
Employer Name and Address (Number, Street, City, State and Zip Code)				Aggregate Year-to-Date	
1. Name and Address of Guarantor				Amount Outstanding	
Occupation	Employer Name and Address (Number, Street, City, State and Zip Code)			Aggregate Year-to-Date	
2. Name and Address of Guarantor				Amount Outstanding	
Occupation	Employer Name and Address (Number, Street, City, State and Zip Code)			Aggregate Year-to-Date	
Name and Address of Lender	Original Loan Amount	New Loan this Period	Total Amount of Loan Plus Interest	Outstanding Balance this Period	
	Payments this Period	Amount	Check No(s)	Date(s)	
Occupation	Terms	Date Incurred	Date Due	Annual Interest Rate	
Employer Name and Address (Number, Street, City, State and Zip Code)				Aggregate Year-to-Date	
1. Name and Address of Guarantor				Amount Outstanding	
Occupation	Employer Name and Address (Number, Street, City, State and Zip Code)			Aggregate Year-to-Date	
2. Name and Address of Guarantor				Amount Outstanding	
Occupation	Employer Name and Address (Number, Street, City, State and Zip Code)			Aggregate Year-to-Date	
1. TOTAL NEW LOANS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 9, Column A.)					
2. TOTAL AMOUNT OF LOANS PLUS INTEREST, THIS PERIOD					
3. TOTAL LOAN PAYMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 17, Column A.)					
4. TOTAL OF ALL OUTSTANDING LOANS PLUS INTEREST (Complete this line on the last page used. Carry back to Page 10, "Schedule F", Line 1.)					

ADJUSTMENT SCHEDULE - REFUND OF CONTRIBUTIONS

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
 Use a separate "ADJUSTMENT SCHEDULE" for each separate account.

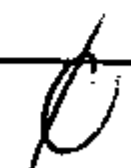
Committee Name BELMAR DEMOCRATIC COMMITTEE

Account Name MAIN BANK ACCOUNT

IF A MONETARY CONTRIBUTION IN EXCESS OF THE CONTRIBUTION LIMIT IS DEPOSITED, PLEASE REPORT THE REFUND OF THE EXCESS AMOUNT ON THIS ADJUSTMENT SCHEDULE.

Payment Date	Check No.	Payee Name and Address	Refunded Amount

1. TOTAL REFUND OF CONTRIBUTIONS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 4, Column A.)



PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. Use a separate "SCHEDULE C" for each separate account.

Committee Name BELMAR DEMOCRATIC COMMITTEE

Account Name MAIN BANK ACCOUNT

Payee or Creditor Name, Address (Number, Street, State, City, State and Zip Code) Purpose* Amount(s) Disbursed this Period Transaction Dates Check No(s)

*Legislative Leadership Committees - See instructions concerning permissible uses of funds.

CONSTANT CONTACT RESOUR PLACE 1601 TRAPLO RD WALTHAM, MA 02451 PUBLIC RELATIONS MARKETING 7/28/15 8/28/15 9/28/15 55 55 55 ETF

CIRCLE OF FRIENDS 7TH AVE BELMAR, NJ 07719 DONATION 7/9/15 150 1077

POST MASTER MAIN ST BELMAR, NJ 07719 POSTAGE/ MAILING 8/7/15 804.42 1078

KINTECH PODOP ROOMS WALL, NJ 07719 NEWSLETTER 8/7/15 695.15 1079

MONMOUTH CITY DEMOCRATIC WOMEN'S CAUCUS FREEHOLD, NJ DONATION FUNDRAISER (GALA) 9/9/15 250 1080

KEARNY BANK MAIN ST BELMAR, NJ 07719 BANK FEES 8/31/15 10 ETF 9/30/15 10 ETF

(Multiple empty rows for additional disbursements)

1. SUBTOTAL (Add all disbursements listed on this page.) 2084.57

2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.) 2084.57

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
Use a separate "SCHEDULE D" for each separate account and each separate recipient type.

- New Jersey Gubernatorial Candidates/Committees New Jersey Legislative Candidates/Committees
 All Other Candidates/Committees

Committee Name **BELMAR DEMOCRATIC COMMITTEE**

Account Name **MAIN BANK ACCOUNT**

Recipient Name and Address (Number and Street, City, State, Zip Code)	Election Date District or County or Municipality	Check		Amount of each Contribution
		No(s)	Date(s)	

1. SUBTOTAL (Add all contributions made to each recipient type listed on this page.)

2. TOTAL, THIS RECIPIENT TYPE, THIS PERIOD (Complete this line on the last page used for each recipient type. Carry forward to Page 2, either Line 15a, Line 15b, or Line 15c, Column A.)

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PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
 Use a separate "SCHEDULE E" for each separate account and each separate recipient type.

- | | |
|---|---|
| <input type="checkbox"/> New Jersey Gubernatorial Candidates/Committees | <input type="checkbox"/> New Jersey Legislative Candidates/Committees |
| <input type="checkbox"/> All Other Candidates/Committees | <input type="checkbox"/> Independent Expenditures |

Committee Name BELMAN DEMOCRATIC COMMITTEE

Account Name MAIN BANK ACCOUNT

Payee Name and Address <small>(Number, Street, City, State and Zip Code)</small>	Purpose	Amount(s) this Period		Transaction	Check
		Incurred/Not Paid	Disbursed	Date(s)	No(s)

ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEE(S)

Candidate/Committee Name	Election Date	District or County or Municipality	Pro-Rated Amount

Payee Name and Address <small>(Number, Street, City, State and Zip Code)</small>	Purpose	Amount(s) this Period		Transaction	Check
		Incurred/Not Paid	Disbursed	Date(s)	No(s)

ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEE(S)

Candidate/Committee Name	Election Date	District or County or Municipality	Pro-Rated Amount

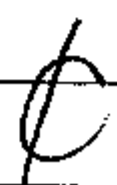
1. SUBTOTAL (Add all disbursements made to each recipient type listed on this page.)	
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used for each recipient type. Carry forward to Page 2, either Line 16a, Line 16b, or Line 16c, Column A.)	
3. SUBTOTAL (Add all outstanding obligations incurred/not paid, listed on this page.)	
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID (Complete this line on the last page used. Carry back to Page 10, "Schedule F", Line 2.)	<i>φ</i>

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
Use a separate "SCHEDULE F" for each separate account.

Committee Name BELMAR DEMOCRATIC COMMITTEE

Account Name MAIN BANK ACCOUNT

Creditor Name and Address (Number, Street, City, State, and Zip Code)	Outstanding Beginning Balance this Period	Amount Incurred this Period	Payments this Period	Outstanding Balance this Period
Debt Purpose				
Debt Purpose				
Debt Purpose				
Debt Purpose				

SUMMARY OF DEBTS AND OBLIGATIONS	
1. TOTAL OUTSTANDING LOANS PLUS INTEREST FROM SCHEDULE B, PAGE 5, LINE 4	
2. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID ON BEHALF OF CANDIDATES/COMMITTEES FROM SCHEDULE E, PAGE 9, LINE 4	
3. TOTAL OUTSTANDING OBLIGATIONS, SCHEDULE F (Complete this line on the last page used.)	
4. TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1, 2 and 3. Carry forward to front page, Line 10.)	

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
Use a separate "SCHEDULE G" for each separate account.

Committee Name

BELMAR DEMOCRATIC COMMITTEE

Account Name

MAIN BANK ACCOUNT

Debtor Name and Address
(Number, Street, City, State, and Zip Code)

Balance Due
at beginning
of this Period

New Amount
this Period

Total Amount
Received
this Period

Balance Due
at Close of
this Period

Date Debt Incurred

Debt Description

Date Debt Incurred

Debt Description

Date Debt Incurred

Debt Description

Date Debt Incurred

Debt Description

Date Debt Incurred

Debt Description

SUMMARY OF DEBTS AND OBLIGATIONS

1. SUBTOTAL (Add all debts and obligations owed to committee listed on this page.)

2. TOTAL DEBTS AND OBLIGATIONS OWED TO COMMITTEE
(Complete this line on the last page used. Carry forward to front page, Line 8.)