



SUPPLEMENTAL CONTRIBUTOR INFORMATION
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
 P.O. Box 185, Trenton, NJ 08825-0185
 (800) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
www.elec.state.nj.us

FORM C-1
FOR STATE USE ONLY
ELEC RECEIVED
NOV 04 2016

CONTRIBUTIONS REPORT TYPE (CHECK ONE)
 Committee spending under the R-1 reporting threshold (A-1 or A-2 filers etc.) who received a contribution in excess of \$300 in the aggregate from one source in the election, or any currency (cash) contributions.
 Committee receiving a contribution in excess of \$1,400 in the aggregate from one source starting with the 13th day before the election up to, and including the day of the election (48-Hour Notice).

Amendment?
 Yes No

SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION

Candidate(s) Name: Matthew Doherty Election Date: 11/8/16
 Committee Name: Doherty for Freeholder Election District/Municipality: Monmouth County
 Candidate or Committee Address (Number and Street, City, State, Zip Code): 1340 Rt 36 Sae 28 Hackett NJ 07730
 Office Sought: Freeholder County: Monmouth *(Area) Day Telephone: 732 739 8888
 Political Party: Democrat *(Area) Evening Telephone:

SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check; B = In-Kind; C = Loan)

Date Received	Contributor Name	Address (Number and Street, City, State, Zip Code)	Aggregate Amount	Amount
<u>10/28/16</u>	<u>Matthew Doherty</u>	<u>115 Inlet Ter Belmar NJ 07718</u>	<u>\$ 50.000</u>	<u>\$ 50.000</u>
Occupation (If Individual)	Receipt Type	Check if Currency	Description, if In-Kind Contribution	
<u>Financial Advisor</u>	<u>C</u>	<input type="checkbox"/>		
Employer Name (If Individual)	Employer Mailing Address (If Individual)			
<u>Matlike Client Care</u>	<u>1305 Corpus Hwy Wall NJ 07719</u>			

Date Received	Contributor Name	Address (Number and Street, City, State, Zip Code)	Aggregate Amount	Amount
			\$	\$
Occupation (If Individual)	Receipt Type	Check if Currency	Description, if In-Kind Contribution	
		<input type="checkbox"/>		
Employer Name (If Individual)	Employer Mailing Address (If Individual)			

Date Received	Contributor Name	Address (Number and Street, City, State, Zip Code)	Aggregate Amount	Amount
			\$	\$
Occupation (If Individual)	Receipt Type	Check if Currency	Description, if In-Kind Contribution	
		<input type="checkbox"/>		
Employer Name (If Individual)	Employer Mailing Address (If Individual)			

RECEIVED VIA FAX

(COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$ 50.000
 (COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$ 50.000
 Candidate or Treasurer Signature: [Signature] Date: 11/3/16