#### **CANDIDATE – SWORN STATEMENT**

# NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

FORM A-1 FOR STATE USE ONLY

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

	SE TYPE OR PRINT		
Candid	late Name		
	nomas 1= Burke		
Con	late Committee Name AMITTOR TO CLOCK Thomas E Burly	0	
Addres	ss (Number and Street, City, State, Zip Code)		Calman
<u>600</u>	Day Telephone Bol war NT, 0771	*(Area) Evening Telephone	13e Mar
	8 618 4132	(Alea) Evening Telephone	
County Y	Mon wouth Legal Name of Election I	District or Municipality	
Electio	nyDate 2/2011 Pelitical Party, if any	Office Sought	
	6/ 7/2016 Ropublican	Corneilman	
Election Pr	on Type: (CHECK ONE) imary	District	Amendment ☐ Yes ☐ No
I, the u	ndersigned, do hereby certify as follows:		
1.	The total amount expended or to be expended on behalf of my candid	acy by me or by any other candid	ate, person, or
	committee shall be zero, or shall not, in the aggregate, exceed \$4,500	for this election.	,
2.	I am aware that in the event the total amount expended or to be expende	d on behalf of my candidacy by me	or by any other
	candidate, person or committee shall, in the aggregate, exceed \$4,500, I	I am required to file a "Report of Co	ntributions and
	Expenditures," Form R-1, on each subsequent reporting date.		
3.	I am aware that if I receive a contribution in excess of \$300 in the aggreg	Tate from one source in an election	a or a currency
	(cash) contribution in any amount, I am required to report the contribution	to the Commission on "Supplemen	ital Contributor
	Information," Form C-1, including the identity of the source and the aggi	regate total of contributions therefr	rom, and, if the
	contributor is an individual, his/her occupation and the name and address	ess of his/her employer.	
4.	I am aware that if I receive a contribution in excess of \$1,400 in the agg	regate from one source starting w	ith the 13th day
	before the election up to, and including, the day of the election, I am re	quired to notify the Commission in	writing on the
	"Supplemental Contributor Information," Form C-1, within 48 hours of reand the aggregate amount received therefrom during the period, and, if t	ceipt of the contribution and to iden	ntify the source
	and the name and address of his/her employer.	tie contributor is an individual, tiis/i	ner occupation
_			
5.	I am aware that if I make, incur, or authorize an expenditure of money aggregate to support or defeat a candidate or public question, starting	or other thing of value in excess o	f \$1,400 in the
	including the day of the election, I am required to notify the Commission	, with the 15" day before the elect n in writing within 48 hours of the e	tion up to and
	the Form E-1, "Supplemental Expenditure Information."	The real of the control of the contr	»penalare on
6.	I am aware that I are a condidate an annuived to desire at		
Ų.	I am aware that I, as a candidate, am required to designate a campaign am required to file with the Commission a "Certificate of Organization	i treasurer and a campaign depos n and Designation of Campaign	itory and that I
	Depository," Form D-1, no later than 10 days after receipt of any contrib	ution on behalf of my candidacy of	r 10 days after
	making any expenditure on behalf of my candidacy, whichever comes	first.	Í
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	Allocation of the state of the		į
cerury punishr	that the statements on this document are true. I am aware that if any of	the statements are willfully false,	I may be subject to
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(	1. D. ES Suble		
Candida	ate Signature	Data /	
-u11414	ac organical o	Date 3 2 20	1.6



### SINGLE CANDIDATE COMMITTEE - CERTIFICATE OF ORGANIZATION AND DESIGNATION OF CAMPAIGN TREASURER AND DEPOSITORY

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NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

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FOR	S	TA	T	F	ī	ISE	ONI	•

PLEASE TYPE OR PRINT		
Candidate)Name Thomas E Borke		
Candidate Committee Name Committee Name elect Thomas E Bur	Ke	
Address (Number and Street, City, State Zip Code)	77.9	
"(Area) Day Telephone 9056184132	*(Area) Evening Telephone	120
County Legal Name of Election	District or Municipality	
Election Date 6 7 2016 Political Party, if any	an Co.	ought incilury
Election Type: (CHECK ONE)		Amendment Special Yes No
CHAIRPERSON		
Name Limas E Broke		
Mailing Address 608 10 Th Avenue		
Belmar	State N J	Zip Code
*(Area) Day Telephone 9086184132	*(Area) Evening Telephone 901. 413	32
TREASURER		
Name Gail E. Burke		
Mailing Address 14 18 th Frence		· · · · · · · · · · · · · · · · · · ·
City Wall	State 10 T	Zip Code 07719
*(Area) Day Telephone 732 890 4632	*(Area) Evening Telephone 732 890 4	1632
Resident Address 2614 18 th avenue		
city wall NJ	State	Zip Code 07719
DEPOSITORY INFORMATION		
Name of Bank or Depository		
Mailing Address Q+35, wall, NJ 07719	1	
city wall	State N 1	Zip Code 07フ1 <b>9</b>
(Area) Day Telephone  800 937 2000	Ų .	
Account Name Committee TO FLOIT TOMAS EBURKE	Account Number 431 - 4680	582

LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ANY PERSON(S) AUTHORIZED TO SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS						
Name Thomas E Burle						
Mailing Address 608 10 The Avenue						
City Bolmar No	State	Zip Code (27719				
*(Area) Day Telephone 908618 4132	*(Area) Evening Telephone	· · · /				
Name Cail E Burke						
Mailing Address 18-56 Fueure						
City Wall	State	Zip Code 07769				
*(Area) Day Telephone 7 3 2 890 96 3 2	*(Area) Evening Telephone	3.)				
Name	, , , , , , , , , , , , , , , , , , , ,					
Mailing Address						
City	State	Zip Code				
*(Area) Day Telephone	*(Area) Evening Telephone	<u> </u>				
CANDIDATE CER	TIEIC ATION	<del> </del>				
I certify that the statements on this document are true. I further certify	<del></del>	eo of the condidate				
committee, establish, authorize the establishment of, maintain, or par political committee or continuing political committee. I am aware that	ticipate directly or indirectly in the manageme	ent or control of any				
punishment.		A				
DATE 3 (2/2016 Thomas E 130) PRINT FULL NAME (CANDIDATE)	NCP JOLES SIGNATURE (CANDDATE)	ule_				
	, ,					
CHAIRPERSON/TREASU	RER CERTIFICATION					
I certify that the statements on this document are true. I am aware the punishment.	at if any of the statements are willfully false,	I may be subject to				
dolong F Broke	6 12-8-16	le				
DATE 3/2/2016 PRINT FULL NAME (CHAIRPERSON)	SIGNATURE (CHAIRPERSON)	7				
3/2/2016 GAIL E. PAIRIKE PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)	Le				
Treasurers for Gubernatorial and Legislative candidates are required to Commission. Check here if you have completed the training and e		n Law Enforcement				

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SUPPLEME	FORW C-1					
Election Law Enforcement Commission EEE  (609) 292-87	FOR STATE USE ONLY					
CONTRIBUTIONS REPORT TYPE (CI	HECK ONE)			The July OU OV		
Committee spending under the R-1 repo	orting threshold (A-1	or A-2 filers etc.) who	received a contribution in	(ee)		
excess of \$300 in the aggregate from or Committee receiving a contribution in ex day before the election up to, and include	cess of \$1,400 in the	aggregate from one s	ource starting with the 13TH	Amendment?		
SECTION I. CANDIDATE, JOINT CAN	IDIDATES, OR PO	DLITICAL COMMI	TTEE INFORMATION			
Candidate(s) Name	mas Bork		Election Date	2		
Candidate(s) Name  Committee To Elect The  Committee Name  Lowes E Burl	ce		Election District/Municip	pality		
Candidate or Committee Address (Number 1908)	er and Street, City	State, Zip Code)				
Office Sought County	i i		*(Area) Day Telephone 908618-4	132		
Political Party			*(Area) Evening Telepho 732 6分) ビ	ne '420		
SECTION II. CONTRIBUTION INFOR	MATION (Receir	t Types: A = Cur				
	Contributor Name	elliher				
Address (Number and Street, City, State		Pg 19067	Aggregate Amount \$ /50	Amount \$ /50		
Occupation (If Individual)	Receipt Typ んかと	e Check if Currency	Description, if In-Kind	Contribution		
Employer Name (If Individual)		mployer Mailing Ad んし	idress (If Individual)			
Date Received	Contributor Name	has Hols	-mem			
Address (Number and Street, City, State	Zip Code),	1,NT07719	Aggregate Amount \$ 300	Amount \$ 300		
Occupation (If Individual)	Receipt Typ とんこん	é Check if Currency	Description, if In-Kind	Contribution		
Employer Name (If Individual)	E	Employer Mailing Ag  Howe (L.)	ddress (If Individual)			
Date Received	Contributor Name			·		
Address (Number and Street, City, State	e, Zip Code)		Aggregate Amount \$	Amount \$		
Occupation (If Individual)	Receipt Typ	e Check if Currency	Description, if In-Kind	Contribution		
Employer Name (If Individual)	Ę	mployer Mailing A	ddress (If Individual)			
Date Received	Contributor Name	·				
Address (Number and Street, City, State	e, Zip Code)	<del>-</del> -	Aggregate Amount \$	Amount \$		
Occupation (If Individual)	Receipt Typ	e Check if Currency	Description, if In-Kind	Contribution		
Employer Name (If Individual)	1		ddress (If Individual)			
(COMPLETE THIS LINE FOR EVERY	COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$					
(COMPLETE THIS LINE FOR LAST PA	AGE USED)	GRAND	TOTAL \$	<u> </u>		
Candidate or Treasurer Signature			Date			



## SUPPLEMENTAL CONTRIBUTOR INFORMATION

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FOR	STATE	USE	ONL	Y.			
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CONTRIBUTIONS REPORT TYPE (CHECK ONE)									
Committee spending under the R-1	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 13 <sup>TH</sup>									
	day before the election up to, and including the day of the election (48-Hour Notice).								
SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION									
Constitution Name and American									
Candidate(s) Name Election Date 6/1/2016									
Committee Name Lown 1 Toe To Elect Thomas Burke Believen Bol man									
Candidate or Committee Address (Al	Thomas	, h	3001E	Delman					
Candidate or Committee Address (No. 130)	umber and Street,	City, a	State, Zip Code)						
Office Sought   L.Count	\/	_	7	*(Area) Day Telephone					
Carrelman W	honment	C,		On U LIST L	1127_				
Political Party	15			*(Area) Evening Telephor					
Kepublican				732-651-6	1420				
SECTION II. CONTRIBUTION INF	ORMATION (Rec	reint	Tunes: A = Cur	rency or Check: B = In.	Vind. C = 1 con)				
Date Received	Contributor Nan		Types. A - Oui	refley of Check, b = iis-	-Kind; C = Loan)				
200:100000	Continuoto radi	ΙIĢ							
Address (Number and Street, City, St	tate, Zip Code)			Aggregate Amount	Amount				
				\$	\$				
Occupation (If Individual)	Receipt 1	Гуре	Check if	Description, if In-Kind C	ontribution				
			Currency	ij	•				
Employer Name (If Individual)		Em	ployer Mailing Ad	ddress (If Individual)					
Date Received	Contributos Non			<del></del>					
Date Neceived	Contributor Nam	1e		•					
Address (Number and Street, City, St.	ate. Zip Code)			Aggregate Amount	1 Amount				
	,			\$	Amount \$				
Occupation (If Individual)	Receipt T	уре	Check if	Description, if In-Kind Co	1 •				
		·	Currency						
Employer Name (If Individual)	-	Emp	oloyer Mailing Ad	dress (If Individual)					
Date Bearings	T <del>a</del>	1		<del></del>					
Date Received	Contributor Nam	ie							
Address (Number and Street, City, Sta	to Zin Code)			T 6					
Addition (Marison Chie Chiech, Org., Or.	ite, zip Code,			Aggregate Amount	Amount				
Occupation (if Individual)	Receipt T	vne	Check if	Description, if In-Kind Co	antribution.				
•	,	,,,,	Currency	Description, it in think of	onunoution				
Employer Name (If Individual)		Emp		dress (If Individual)					
		L		,					
Date Received	Contributor Name	e							
Addition (Number and Object Office)	L								
Address (Number and Street, City, Sta	ite, Zip Code)			Aggregate Amount	Amount				
Occupation (If Individual)	Doggint Ti	1	lou.	\$	\$				
Occopation (if mulvidual)	Receipt Ty		Check if	Description, if In-Kind Co	ntribution				
Employer Name (If Individual)			Currency	Annua (16 la distributi)	·				
		<u>-</u>	loyer Mailing Auc	dress (If Individual)					
20101		<u> </u>			<del></del>				
COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$									
COMPLETE THIS LINE FOR LAST P	'AGE USED)		GRAND TO	ται ε	- ' <i>(</i> )				
andidate or Treasyrer Signature	-=		SILIEDIC	Date //	<del></del>				
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