### W HER ommission

### JOINT CANDIDATES COMMITTEE - SWORN STATEMENT

FOR STATE USE ONLY **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 A-2

PLEASE TYPE OR PRINT		
Joint Candidates Committee Name MAGOVERN - BLACKBURN F	OK COUNCL	
Candidate Name/Office Sought  BICIAN MAGOVERN - COUNCIL	Candidate Name/Office Sought	
Candidate Name/Office Sought  THUS KSOULD - BLACKBURN - COUNCLE	Candidate Name/Office Sought	
Committee Address (Number and Street, City, State, Zip Code) 307 SOUTH LAKE DEIVE BEL	MAR, N5 07769	
*(Area) Day Telephone 733 - 681 - 3768	*(Area) Evening Telephone 732-681-3768	
County MON MOUTH	Legal Name of Election District or Municipality BOROUGH OF BELM	Dif.
Election Date NOVEMBER 5, 2013	Political Party, if any  (1) EMOCRA	
Election Type: (CHECK ONE)  Primary General May Municipal Run-C		Amendment ☐ Yes X No
I, the undersigned, do hereby certify as follows:		
The total amount expended or to be expended on behalf of carse exceed \$8,500 for two candidates or \$12,300 for three or mo.	lidates by this committee shall be zero, or shall no re candidates, for this election.	t, in the aggregate,
2.1 am aware that in the event the total amount expended or aggregate, exceeds \$8,500 for two candidates or \$12,300 Contributions and Expenditures," Form R-1, on each subsequence.	for three or more candidates, I am required to	committee, in the office a "Report of
3.1 am aware that if contributions from one source aggregate n amount, I am required to report the contributions to the Commis the identity of the source and the aggregate total of contributio name and address of his/her employer.	sion on "Supplemental Contributor Information." F	Form C-1, including
4. I am aware that if the committee receives a contribution in exceeday before the election up to, and including, the day of the election freezipt of the contribution and to identify the source and the contributor is an individual, his/her occupation and the name	ion, I am required to notify the Commission in writ aggregate amount received therefrom during the	ing within 48 hours
5. I am aware that if the committee makes, incurs, or authorizes in the aggregate to support or defeat a candidate or public ques the day of the election, I am required to notify the Commissi "Supplemental Expenditure Information."	tion, starting with the 13th day before the election	up to and including
6. I am aware that a joint candidates committee is required to des the date on which the committee first receives any contributio the tenth day after such designation of campaign treasurer Commission of the name and address of the campaign treasurer and Designation of Campaign Treasurer and Depository," Fo	n or makes any expenditure. Further, I am awar and campaign depository, the committee is re- rer and of the depository by the filing of "Certification."	e that no later than uired to notify the
Candidate	Certification	
I certify that the statements on this document are true. I am aware punishment.	that if any of the statements are willfully false, I	may be subject to
Brian Maguren 7/2/13		
CANDIDATE SIGNATURE DATE	CANDIDATE SIGNATURE	DATE
CAMPIDIATE SIGNATURE DATE	CANDIDATE SIGNATURE	DATE

## Election Law Enforcement Commission

### JOINT CANDIDATES COMMITTEE - SWORN STATEMENT

### NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

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www.elec.state.nj.us

FORM A-2
FOR STATE USE ONLY

PLEASE TYPE OR PRINT		
Joint Candidates Committee Name MAGOVERN - BLACKBURN F	OK COUNCL	· · · · · · · · · · · · · · · · · · ·
Candidate Name/Office Sought  BRIAN MAGOVERN - COUNCIL	Candidate Name/Office Sought	
Candidate Name/Office Sought  SANS KEDWN - BLACKBURN - COUNCIL	Candidate Name/Office Sought	
Committee Address (Number and Street, City, State, Zip Code)  307 SUUTH LAKE NEIVE BEL	MAR, NS 07719	
*(Area) Day Telephone 732-681-3768	*(Area) Evening Telephone 732-681-3768	
County MON MOUTH	Legal Name of Election District or Municipality BOROUGH OF BELMA	
Election Date NOVEMBER 5, 2013	Political Party, if any () EMOCRA	
Election Type: (CHECK ONE)  Primary General May Municipal Run-C		Amendment ☐ Yes X No
I, the undersigned, do hereby certify as follows:		
The total amount expended or to be expended on behalf of carx exceed \$8,500 for two candidates or \$12,300 for three or mo	re candidates, for this election.	
2.1 am aware that in the event the total amount expended or aggregate, exceeds \$8,500 for two candidates or \$12,300 Contributions and Expenditures," Form R-1, on each subsequent to the contribution of th	for three or more candidates, I am required to	committee, in the file a "Report of
3. I am aware that if contributions from one source aggregate n amount, I am required to report the contributions to the Commis the identity of the source and the aggregate total of contributio name and address of his/her employer.	sion on "Supplemental Contributor Information." F	orm C-1 including
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5. I am aware that if the committee makes, incurs, or authorizes in the aggregate to support or defeat a candidate or public quest the day of the election. I am required to notify the Commissi "Supplemental Expenditure Information."	stion, starting with the 13th day before the election (	up to and including
6. I am aware that a joint candidates committee is required to des the date on which the committee first receives any contributio the tenth day after such designation of campaign treasurer Commission of the name and address of the campaign treasuren and Designation of Campaign Treasurer and Depository," Fo	n or makes any expenditure. Further, I am aware and campaign depository, the committee is requirer and of the depository by the filing of "Certifica"	that no later than uired to notify the
Candidate	Certification	
I certify that the statements on this document are true. I am aware punishment.	e that if any of the statements are willfully false, I r	nay be subject to
Brian Maguren 7/2/13		
CANDIDATE SIGNATURE DATE	CANDIDATE SIGNATURE	DATE
CANDIDATE SIGNATURE SIGNATURE SIGNATURE SIGNATURE	CANDIDATE SIGNATURE	DATE



### JOINT CANDIDATES COMMITTEE - CERTIFICATE OF ORGANIZATION AND DESIGNATION OF CAMPAIGN TREASURER AND DEPOSITORY

FORM D-2
FOR STATE USE ONLY

### 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/	
PLEASE TYPE OR PRINT		
Candidate Name/Office Sought BRIAN MAGOVERN - COUNCIL	Candidate Name/Office Sought	
Candidate Name/Office Sought  JANIS KEOWN - BLACKBURN-COUNCIL	Candidate Name/Office Sought	
Joint Candidates Committee Name MAGOVERN-BLACKBURN FO	OR COUNCIL	
Committee Address (Number and Street, City, State, Zip Code)		
OCT SOUTH LAKE DRIVE *(Area) Day Telephone	, BEL MAK, NJ 07719	
732-681-3768	*(Area) Evening Telephone 732-681-3768	
County MONMOUTH Legal Nam	e of Election District or Municipality ROUGHOF BELMAN	
Political Pa	ROUGH OF BELMANC  irty, if any  DEMOCRAT	· · · · · · · · · · · · · · · · · · ·
		Amendment
	School Fire District Special	Yes No
CHAIRPERSON Name	<u> </u>	
	•	
Mailing Address		· · · · · · · · · · · · · · · · · · ·
City	State	Zip Code
*(Area) Day Telephone	*(Area) Evening Telephone	
TREASURER		<u> </u>
Name JANET GROSSHANOLER		
Mailing Address 119 RACQUET RD.		
City WALL	State NT	Zip Code
*(Area) Day Telephone 732-773-0097	*(Area) Evening Telephone	7
Resident Address		
City	State NJ	Zip Code (177/9
DEPOSITORY INFORMATION		<u> </u>
Name of Bank or Depository  KEARNY FEDERAL SAVIN	US/ CENTRAL JERSEY	
Mailing Address (011 MAIN STREET	of content of order	· · · · · · · · · · · · · · · · · · ·
City BELMAN	State	Zip Code
(Area) Day Telephone 730 - 280 - 5400	100	0 [ 11 ]
Account Name BELMAN DEMOCRATIC COMMITTEE	Account Number	
MAGOVEN - BLACK BURN FOR COUNCIL  New Jersey Election Law Enforcement Commission	0403300601	B 2 Perinasi 02/05/2012

# N. H.R.

### JOINT CANDIDATES COMMITTEE - SWORN STATEMENT

FORM A-2 FOR STATE USE ONLY

**NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION** 

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PLEASE TYPE OR PRINT		
Joint Candidates Committee Name MAGOVERN - BLACKBURN F	OK COUNCL	
Candidate Name/Office Sought  BRIAN MAGOVERN - COUNCIL	Candidate Name/Office Sought	
Candidate Name/Office Sought  JANIS KEOWN - BLACKBURN - COUNCIL	Candidate Name/Office Sought	
Committee Address (Number and Street, City, State, Zip Code)	MAR, N5 07719	
*(Area) Day Telephone 737-681-3768	*(Area) Evening Telephone フラン・6を1ー376	8
County MON MOUTH	Legal Name of Election District or Munic	
Election Date NOVEMBER 5, 2013	Political Party, if any	
Election Type: (CHECK ONE)  Primary General May Municipal Run-C		Amendment ☐ Yes X No
t, the undersigned, do hereby certify as follows:		
The total amount expended or to be expended on behalf of care exceed \$8,500 for two candidates or \$12,300 for three or mo	lidates by this committee shall be zero, or re candidates, for this election.	shall not, in the aggregate,
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3. I am aware that if contributions from one source aggregate n amount, I am required to report the contributions to the Commis the identity of the source and the aggregate total of contributio name and address of his/her employer.	sion on "Supplemental Contributor Informa	ation," Form C-1, including
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5. I am aware that if the committee makes, incurs, or authorizes in the aggregate to support or defeat a candidate or public ques the day of the election, I am required to notify the Commissi "Supplemental Expenditure Information."	ition, starting with the 13th day before the e	election up to and including
6. I am aware that a joint candidates committee is required to des the date on which the committee first receives any contributio the tenth day after such designation of campaign treasurer Commission of the name and address of the campaign treasurer and Designation of Campaign Treasurer and Depository," Fo	n or makes any expenditure. Further, I at and campaign depository, the committe rer and of the depository by the filing of "	m aware that no later than e is required to notify the
Candidate	Certification	
I certify that the statements on this document are true. I am aware punishment.	that if any of the statements are willfully	false, I may be subject to
Brian Maguren 7/2/13		
DATE SARMATURE SARMATURE	CANDIDATE SIGNATURE	DATE
CAMBIBATE SIGNATURE DATE	CANDIDATE SIGNATURE	DATE



### JOINT CANDIDATES COMMITTEE - CERTIFICATE OF ORGANIZATION AND DESIGNATION OF CAMPAIGN TREASURER AND DEPOSITORY

FORM D-2
FOR STATE USE ONLY

#### 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/

PLEASE TYPE OR PRINT	·	
BRIAN MAGOVERN - COUNCIL	indidate Name/Office Sought	
Capdidate Name/Office Sought  JAUIS KEOWN - BLACKBURN-COUNCIL	indidate Name/Office Sought	
Joint Candidates Committee Name  MAGOVERN-BLACKBURN FOR	COUNCIL	
Committee Address (Number and Street, City, State, Zip Code)	BELMAK, NJ 07719	
*(Area) Day Telephone 737-681-3768	*(Area) Evening Telephone	?
TONMOUTH 150R	F Election District or Municipality  OUGHOF BELMAN	
Election Date  NOVEMBER 5, 2013  Political Party	DEMOCRAT	
Election Type: (CHECK ONE)  Primary General May Municipal Run-Off [	☐ School ☐ Fire District ☐ Special	Amendment  Yes No
CHAIRPERSON		
Name		
Mailing Address		
City	State	Zip Code
*(Area) Day Telephone	*(Area) Evening Telephone	<del></del>
TREASURER		
Name JANET GROSSHANDLER	***************************************	
Mailing Address 119 RACQUET BD.		
City WALL	State NJ	Zip Code 07719
*(Area) Day Telephone 732-773-0097	*(Area) Evening Telephone 73ターフフォーの	97
Resident Address		
City WALL	State NJ	Zip Code 02719
DEPOSITORY INFORMATION		
Name of Bank or Depository KEARNY FEDERAL SAVINGS	S/ CENTRAL JERSEY	
Mailing Address (Oll MAIN STREET	· · · · · · · · · · · · · · · · · · ·	
BELMAN	State N J	Zip Code 07719
(Area) Day Telephone 732 - 280 - 5400 Account Name BELMAIL DEMOCRATIC COHMITTEE		
Account Name BELMAIL DEMOCRATIC COHMITTEE	Account Number 0403300601	
MAGOVEN-BLACKBURN FOR COONCIL	1 0403300601	

## N. HERS

### JOINT CANDIDATES COMMITTEE - SWORN STATEMENT

**NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION** P.O. Box 185, Trenton, NJ 08625-0185

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FORM A-2

FOR STATE USE ONLY

$\overline{\Box}$	7-8-13)

PLEASE TYPE OR PRINT		
Joint Candidates Committee Name MAGOVERN - BLACKBURN F	OK COUNCL	
Candidate Name/Office Sought  RRIAN MAGOVERN - COUNCIL	Candidate Name/Office Sought	
Candidate Name/Office Sought  JAVIS KEDWN - BLACKBURN - COUNCIL	Candidate Name/Office Sought	
Committee Address (Number and Street, City, State, Zip Code)	MAR, NS 07719	
*(Area) Day Telephone 132-681-3768	*(Area) Evening Telephone 732-681-3768	
County MON MONTH	Legal Name of Election District or Municipality BOROUGH OF DELM	AR
NOVEMBER 5 2013	Political Party, if any  NEMOCRAT	
Election Type: (CHECK ONE)  Primary General May Municipal Run-C	ff  Fire District	Amendment  Yes No
I, the undersigned, do hereby certify as follows:		
The total amount expended or to be expended on behalf of carse exceed \$8,500 for two candidates or \$12,300 for three or more	lidates by this committee shall be zero, or shall no re candidates, for this election.	ot, in the aggregate,
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Candidate	Certification	
I certify that the statements on this document are true. I am aware punishment.	that if any of the statements are willfully false, I	may be subject to
Brian Maguren 7/2/13		· · · · · · · · · · · · · · · · · · ·
May Sin - 18/a - Chen 7/2/13	CANDIDATE SIGNATURE	DATE
CANDEDATE SIGNATURE DATE	CANDIDATE SIGNATURE	DATE



### JOINT CANDIDATES COMMITTEE - CERTIFICATE OF ORGANIZATION AND DESIGNATION OF CAMPAIGN TREASURER AND DEPOSITORY

FORM D-2
FOR STATE USE ONLY

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/

PLEASE TYPE OR PRINT		
BRIAN MAGOVERN - COUNCIL	Candidate Name/Office Sought	
JANIS KEDWN-BLACKBURN-COUNCIL	Candidate Name/Office Sought	
Joint Candidates Committee Name  MA-6-0VERN-BLACKBURN FO	R COUNCIL	
Committee Address (Number and Street, City, State, Zip Code)	, BEL MAK NJ U7719	<del></del>
"(Area) Day Telephone	*(Area) Evening Telephone 732-681-3768	
737-681-3768 County Legal Name	732-681-3768	, ————————————————————————————————————
170NMOUTH BO,	e of Election District or Municipality COUGH OF BELMAN	<b></b>
Election Date  NOVEMBER 5, 2013  Political Par	nty, if any DEHOCKAT	
Election Type: (CHECK ONE)  Primary General May Municipal Run-Off	☐ School ☐ Fire District ☐ Special	Amendment.
CHAIRPERSON		
Name		
Mailing Address		, , , , , , , , , , , , , , , , , , ,
City	State	Zip Code
*(Area) Day Telephone	*(Area) Evening Telephone	
TREASURER		
Name JANET GROSSHANDLER		
Mailing Address 119 RACQUET RD.		
City WALL	State NJ	Zip Code 07719
*(Area) Day Telephone 737-773-0097	*(Area) Evening Telephone 733 - 009	7
Resident Address [19 RACQUET RD		
City WALL	State NJ	Zip Code 07719
DEPOSITORY INFORMATION	4	*******
Name of Bank or Depository  KEARNY FEDERAL SAVING	IS CENTRAL JERSEY	
Mailing Address (II MAIN STREET		
City DELMON_	State N J	Zip Code 07719
(Area) Day Telephone 733 - 280 - 5400 Account Name BELMAN DEMONATIC COMMITTEE		
Account Name BELMAN DEMOCRATIC COMMITTEE	Account Number 0403300 601	
MAGOVEN - BLACK RURN FOR COUNCIL  New Jersey Election Lew Enforcement Commission		22 B 2 Resident 02/05/2012

Zip Code 077/9 768	73 2 - 773 - 009 7  Zip  A) Evening Telephone  73 2 - 681 - 3768	MAR 32-492-5029	ame JANCT lailing Address 1/9 RA ity WALL Area) Day Telephone 7333 lame BRIAL lailing Address
07719   097   Zip Code   02719   768	73 2 - 773 - 009 7  Zip  A) Evening Telephone  73 2 - 681 - 3768	JC QUET RD - 2-773-0097 N MA GOVERN SOUTH LAKE DR MAR 32-492-5029	lailing Address  19 RA ity  WALL Area) Day Telephone 73 a iame BRIAL lailing Address 207 ity BEL M
07719   097   Zip Code   02719   768	73 2 - 773 - 009 7  Zip  A) Evening Telephone  73 2 - 681 - 3768	- 2-773-0097 N MA GOVERN SOUTH LAKE DR MAR 32-492-5029	ity  WALL Area) Day Telephone 7333 Iame  BRIAL Iailing Address 307 ity  BEL M
07719   097   Zip Code   02719   768	73 2 - 773 - 009 7  Zip  A) Evening Telephone  73 2 - 681 - 3768	- 2-773-0097 N MA GOVERN SOUTH LAKE DR MAR 32-492-5029	ity  Area) Day Telephone 737  arrie  BRIAL  lailing Address  \$07  ity  BEL M
Zip Code   077/9   768	z) Evening Telephone 73 2 - 773 - 009 7  Zip  Discovering Telephone 732 - 681 - 3768	N MA GOVERN SOUTH LAKE DR MAR 32-492-5029	latine BRIAL PLANTING Address BUT
Zip Code 077/9 768	Zip   Zip   C   C   C   C   C   C   C   C   C	N MA GOVERN SOUTH LAKE DR MAR 32-492-5029	ame BRIAL PAIRING Address BUT
107719 768	ル) (O pa) Evening Telephone 733-681-3768	SOUTH LAKE DR MAR 32-492-5029	lailing Address  RU7 ity  BEL M
107719 768	ル) (O pa) Evening Telephone 733-681-3768	MAR 32-492-5029	BELM
107719 768	ル) (O pa) Evening Telephone 733-681-3768	32-492-5029	BELM
		32-492-5029	
			ame
		UIS KEDWN-BLAC	Tailing Address
<u> </u>		6 RIVER COURT	106
Zip Code 1/27/9	N T	ELMAR	ÄΥ
	ea) Evening Telephone		Area) Day Telephone
95_	732-556-0595	2-556-0595	73
	of the statements are willfully false, I may		
mier	Brian Magne	BRIAN MAGON	7/2/13
M. A.	SIGNATURE (CANDIDATE)	PRINT FULL NAME (CANDIDATE)	DATE // 3
	SIGNATURE (CANDIDATE)	PRINT FULL NAME (CANDIDATE)	DATE
		The state of the s	
	SIGNATURE (CAMPIDATE)	PRINT FULL NAME (CANDIDATE)	DATE
	SIGNATURE (CANDIDATE) SIGNATURE (CANDIDATE)	PRINT FULL NAME (CANDIDATE)	DATE
	SIGNATURE (CANDIDATE)		
ne , l	e not, and will not during the existence of a directly or indirectly in the management of the statements are willfully false, I  Buan Magri SIGNATURE (CANDIDATE)	BRIAN MAGOU PRINT FULL NAME (CANEDIATE) JANIS KEOUN - BU	committee, establish, auticolitical committee or continuishment.  7/3/13  DATE 7/3/13  DATE

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