FORM R-1	FORM R-1 REPORT OF CONTRIBUTIONS AND EXPENDITURES				REPORT (CHECK ONE): 29 - DAY PRE-ELECTION			
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION				☐ 11 - DAY PR	E-ELECTION			
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				20 - DAY POST-ELECTION Apr. 15,				
CANDIDATE OR CO THOMA	S W. BRO	☐ July 15, ☐ Oct. 15, ☐ Jan. 15,						
STREET ADDRESS	S ITH AVENU							
CITY				Amendment Yes	L No ₩ te Use Onlv			
Beuma	K	STATE ZIP CODE 077/9		1010	te Use Offiny			
COUNTY ELECTION DISTRICT OR MUNICIPALITY MONNOWTH BELMAR			TY		_			
POLITICAL PARTY, IF ANY OFFICE SOUGHT				1				
Democi		CONNCIEMAN		<u> </u>				
ELECTION DATE	ELECTION TYPE (CHECK ONE)	GENERAL RUN-OFF		L SCHOOL FIRE DIS				
SUMMARY TABL	ES DO NOT ATTEM APPROPRIATE	MPT TO COMPLETE TABLES I AND II U SCHEDULES HAVE BEEN COMPLETE	NTIL D					
TABLE I. RECEIF	PTS			THIS REPORT	CUMULATIVE TO DATE			
		NS OF \$300 OR LESS	\$	609,67	\$ 6014 67			
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY			\$		\$ 0			
CONTRIBUTIONS [Schedule A] 3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$	Õ	\$ 90.84			
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]			\$	Ö	\$ 2190.00			
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS				<u> </u>	\$ 0			
[Schedule C]			\$	<u></u> .	\$			
6. SUB TOTAL (ADD LINES 1 THRU 5)			⁵⁾ L_	609,67	8295.57			
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)			-) \$		\$ 🖰			
8. TOTAL CONTR	8. TOTAL CONTRIBUTIONS			639.67	\$ 8295,51			
9. ADD FUNDS TR	ANSFERRED FROM	PRIOR CAMPAIGN (+	+) \$		\$ 0			
10. TOTAL RECEIP	тѕ	(ADD LINE 8 + LINE 9	9) \$	604,67	s 50.95.81			
TABLE II. EXPEN	IDITURES			05(2.5 / No.)	0 4-7-400			
1. DISBURSEMEN	NTS - CAMPAIGN EX	PENSES [Schedule 1(D)]	\$	2514,27	\$ 6689.33			
	NTS - OTHER [Schedu	· · · ·	\$	\$	\$ 50			
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER			\$	0	\$,7:			
CANDIDATES/COMMITTEES [Schedule 3(D)] 4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]			\$		\$			
5. IN-KIND CONT	RIBUTIONS OF \$300	OR LESS (TABLE I, LINE 3)	\$	(\$,~,			
6. IN-KIND CONTI	RIBUTIONS IN EXCE	SS OF \$300 (TABLE I, LINE 4)	\$	2 \	\$ _>			
7. SUB TOTAL		(ADD LINES 1 THRU	\$) \$	D & M.D?				
8. REFUNDED DIS	SBURSEMENTS [Sch	edule F] (-) \$	50 (2 1 .) M.)	\$ 00			
9. TOTAL EXPEN	DITURES	(LINE 7 MINUS LINE 8		5 57 5 37	\$ 6089.90			

SCHEDULE A

Monetary Contributions in Excess of \$300 and All Currency Contributions

CONTRIBUTOR NAME	EMPLOYER NAME	,
GRACE FITZGERALD	į.	TIREA
CONTRIBUTOR ADDRESS	EMPLOYER ADDRES	SS
1902 JURE AUC.		
BELMAR, NO 07714		
	NT DATE(S) BEGENVED	
CHECK IF CURRENCY \$ / 00 .00	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIO
L Frey ice o	11/13/17	100.00
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS		- EMELON ENT
SOUTH TON ADDRESS	EMPLOYER ADDRES	
	- FE:	C. E. S. S. W. D.
CHECK IF AGGREGATE AMOUN	IT DATE(S) RECEIVED	AMOUNT(O) DECEMBER
CURRENCY \$ \$	IT DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOR
I KETILE WILLIAM	4,00	by, 00
CONTRIBUTOR NAME DAVID TAPLOR	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	RET 11	
302 11TH Ave,	EMPLOYER ADDRESS	3
		LOW GOVERNMENT
Brumar, NJ		Leavening.
CHECK IF AGGREGATE AMOUN	T DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
17 3-43 11		182
CONTRIBUTOR NAME	10/20/17	160,00 LOAN
TO HN HYTCHINSOV	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	RETII	
5 GTP AVP	EMPLOYER ADDRESS	
Berman		
CHECK IF AGGREGATE AMOUNT CURRENCY S		AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION RETURED	9/25/17	\$ 9,25
CONTRIBUTOR NAME	1/2-64/11	LOAV.
SANDY TAYLOR	EMPLOYER NAME	O Part
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	ar C. sa
302 11TH ADE	TO LETTINODICESS	
BELAGE, 115 grand		
CHECK IF AGGREGATE AMOUNT CURRENCY \$ \$ 7.50	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
DECUPATION ASTRONOMY		\$ 57,60
and the second s		LDAN
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	TAI THIS DAGE	
	TAL, THIS PAGE	\$ 355,75
(COMPLETE THIS LINE FOR LAST PAGE USED) GR	AND TOTAL	SECONT AME
item Jessey Election Law Enforcement Conscission 2		
	~	FCRM R-1 Revised 03 97/2013

SCHEDULE A
Monetary Contributions in Excess of \$300 and All Currency Contributions

CONTRIBUTOR NAME	EMPLOYER NAME	
DAVID Z, TAYCOR	RETIR	7 * Q
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
302 1/TH AUC	LIMI FOLLY VODICEO	
BECMAN, NT.	FOD EX MA	
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
CHECK IF AGGREGATE AMOUNT CURRENCY S 100.00	10/11/17.	\$ 90,54 LOAN
CONTRIBUTOR NAME TOMAR ROWN AND CONTRIBUTOR ADDRESS	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	ELEM SEKOVE
CHECK IF AGGREGATE AMOUNT CURRENCY S	FACEOOLA	
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION TEACHER	11/25/17	\$ 166118 40AN
CONTRIBUTOR NAME	EMPLOYER NAME	Maria San Carlo
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
	,	
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
CURRENCY \$		\$
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
CURRENCY \$		\$
CONTRIBUTOR NAME		
	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER NAME EMPLOYER ADDRESS	
CONTRIBUTOR ADDRESS		
	EMPLOYER ADDRESS	
CHECK IF CURRENCY AGGREGATE AMOUNT CURRENCY \$	EMPLOYER ADDRESS	AMOUNT(S) RECEIVED THIS PERIOD
CHECK IF AGGREGATE AMOUNT CURRENCY \$	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT CURRENCY \$	EMPLOYER ADDRESS	
CHECK IF CURRENCY S OCCUPATION (COMPLETE THIS LINE FOR EVERY PAGE USED) TO	EMPLOYER ADDRESS DATE(S) RECEIVED	

SCHEDULE B In-Kind Contributions in Excess of \$300

CONTRIBUTOR NAME		EMPLOYER NAME	
		CIALL POLET (IALMATE	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	S
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONT	RIBUTION(S)		
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
		EMPLUTER ADDRESS	S
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION		†	\$
DESCRIPTION OF IN-KIND CONTI	RIBUTION(S)	•	
CONTRIBUTOR NAME	ı	EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	3
	AGGREGATE AMOUNT	DATE(S) RECEIVED	TAMOUNT(S) DECEIVED THIS BEDIOD
OCCUPATION	\$	DAIL(O) ILOLIVID	AMOUNT(S) RECEIVED THIS PERIOD \$
DESCRIPTION OF IN-KIND CONTR	≀IBUTION(S)		
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	3
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			4
DESCRIPTION OF IN-KIND CONTR	UBUTION(S)		
COMBI ETE TUIC I INE EOD EVE			
(COMPLETE THIS LINE FOR EVER		TAL, THIS PAGE	\$
(COMPLETE THIS LINE FOR LAS	「PAGE USED) GR/	AND TOTAL	\$

SCHEDULE C Loans Received in Excess of \$300 and All Currency Loans

LENDER NAME		EMPLOYER	NAME	
LENDER ADDRESS		EMPLOYER	ADDR	ESS

OCCUPATION				
CO CIONED MANE				
CO-SIGNER NAME		EMPLOYER	NAME	
CO-SIGNER ADDRESS		EMPLOYER /	ADDRE	ESS
OCCUPATION		\$	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO	UNT		CHECK IF CURRENCY
LENDER NAME		EMPLOYER I	NAME	
LENDER ADDRESS		EMPLOYER A	ADDRE	ESS
OCCUPATION				
CO-SIGNER NAME		EMPLOYER N	VAME	,
CO-SIGNER ADDRESS	:	EMPLOYER A	NDDRE	SS
OCCUPATION DESCRIPTION		\$	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMOL	TNT		CHECK IF CURRENCY
TOTAL AMOUNT OF LOANS RECEIVED T	HIS REPORT PERIO	Ð	\$	
			, '	

ADJUSTMENT SCHEDULE

Refund of Contributions

					
PAYMENT DATE	CHECK NO.	P	AYEE NAME AND AD	DRESS	REFUNDED AMOUNT
		<u></u>			\$
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o					
	1				:
<u>.</u>					
ĺ					
(COMPLETE THIS I	INE FOR EVERY PA	GE USED)	TOTAL, THIS PAGE		
(COMPLETE THIS L	INE FOR LAST PAG	E USED)	GRAND TOTAL	3	

SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

	TI T			
PRO-RATA AMOUNT OTHERS	€9	\$10	Q \$	
PRO-RATA AMOUNT THIS REPORTING ENTITY	€	S	0	
FULL AMOUNT	# 1	\$ 7.5.64	\$ 1. 6. 6. 6. 8	
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PAYMENT DATE		(COMPLETE THIS	(COMPLETE THIS	

FORM R-1 Revised 03/07/2013

SCHEDULE 2(D) - DISBURSEMENTS Other

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		T	
PRO-RATA AMOUNT OTHERS	₩	↔	₩
PRO-RATA AMOUNT THIS REPORTING ENTITY	↔	\$	\$
FULL AMOUNT	69	₩	₩
PURPOSE		TOTAL, THIS PAGE	
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FORM R-1 Revised 03/07/2013

SCHEDULE 3(D) - DISBURSEMENTS Contributions made to other Candidates/Committees

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDÁTE/COMMITTEE	ADDRESS	TNIIOMA
				INDOM.
				<i>↔</i>
(COMPLETE THIS LINE FOR EVERY PAGE USED)	NE FOR EVERY PAG	SE USED)	TOTAL, THIS PAGE	€\$
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SCHEDULE 3(D) GRAND TOTAL	AND TOTAL			1. \$
ADD THE "PRO - RA	TA AMOUNT OTHER	ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHED!!! FS 1(D) AND 2/D)		4
			Đ	٠٠. ﴿
GRAND TOTAL OF C	CONTRIBUTIONS MA	GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES		

FORM R-1 Revised 03/07/2013

SCHEDULE E

Outstanding Obligations

Date(s)	Creditor's Name	Address	Description	Amount
				\$
*	·		TOTAL	
			TOTAL OUTSTANDING OBLIGATIONS	\$

SCHEDULE F

Refunded Disbursements

Date(s)	Check #	Full Name	Address	Description	Amount
					\$
New Jersey Election Lav	v Enforcemen	d Completion		SCHEDULE F TOTAL	\$

SCHEDULE G Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDID	ATE/COMMITTEE			
MAILING ADDRESS				
		,		
OFFICE SOUGHT	ELECTION DISTRICT OR MU	ELECTION DISTRICT OR MUNICIPALITY		
CHECK NUMBER				
	PAYMENT DATE	AMOUNT \$		
NAME OF RECIPIENT CANDIDA	ATE/COMMITTEE	·		
MAILING ADDRESS				
OFFICE SOUGHT	ELECTION DISTRICT OR MUI	NICIPALITY		
CHECK NUMBER	DAVAGENT DATE			
	PAYMENT DATE	AMOUNT \$		
NAME OF RECIPIENT CANDIDA	ATE/COMMITTEE			
MAILING ADDRESS				
OFFICE SOUGHT	ELECTION DISTRICT OR MUI	NICIPALITY		
CHECK NUMBER	PAYMENT DATE	LALLOUINT		
MANE OF BEODERY CAMBIN		AMOUNT \$:	
NAME OF RECIPIENT CANDIDA	TE/COMMITTEE			
MAILING ADDRESS			,	
05-101-001-01-				
OFFICE SOUGHT	ELECTION DISTRICT OR MUN	IICIPALITY	*	
CHECK NUMBER	PAYMENT DATE	AMOUNT		
NAME OF RECIPIENT CANDIDA		\$		
VAINE OF RECIPIENT CANDIDA	TE/COMMITTEE			
MAILING ADDRESS				
OFFICE SOUGHT				
PERIOR SOUGHT	ELECTION DISTRICT OR MUN	ICIPALITY		
CHECK NUMBER	PAYMENT DATE	AMOUNT		
		\$		
ew Jersey Election I aw Enforcement Commission				

	NT OF CAMPAIGN DEPOSITORY	AND CAMBAIAN	1
ESPERMIN DOIGHUE, THIS P	PROIT		TREASURER
(Insert closing balance of las insert zero.)	st report, or, if this is the first report filed by this	entity for this election,	s 4, 226, 04
Funds Transferred from	Prior Campaign		s O
Deposits (Include interest)			\$ 184200
Disbursements (Include b	pank charges)		\$
Closing Balance, this Re	eport		s 1,816,77
NAME OF BANK OR DEPO	SITORY	Campaigu	FUNG TO ReniesT
611 MAIN	STREET BELMAR, A ADDRESS OF BANK OR DEP	1.5. 07714	NAME OF ACCOUNT
DAVID 2. 7	ADDRESS OF BANK OR DEP	OSITORY	
NAME OF TREASURER 322 // T/+ A	ve. Becman, NV 07		2-749-0034 TELEPHONE NUMBER (DAY)
	ADDRESS OF TREASUL		
I certify that the statements	CERTIFICATION	V	
designated by law. I am awar	on this document are true, and that the con e that if any of the statements are willfully false	tribution amounts recei	ved conform with the limitations
	The state incited are willing laise.	I may be subject to pun	ishment.
1127/17	Thomas W. Brenza		4/1/
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATU	RE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATU	RE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATU	RE (CANDIDATE)
11/22/17		ORIVATOR	RE (CANDIDATE)
DATE	PRINT FULL NAME (TREASURER)	X plays	Ans/
		•	RE (TREASURER)
reasurers for Gubernatorial a Enforcement Commission. Ch	and Legislative candidates are required to received to receive here if you have completed the training in the completed the training in the complete the training in the complete the training in the complete the	ve training with the New and enter your Treasure	Jersey Election Law r Training ID#
	DECLARATION OF FINAL	REPORT	
f this is the final remark at			
	pplicable Declaration below as well as Certifica o file reports with the Commission until all camp	paign business is wound	up and the fund is dissolved.
I certify that all contribution	ns or other monies received by this election fund and that the election fund has wound up its bus		
	·	with the pool (488	oviveu.
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATUR	E (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATUR	E (CANDIDATE)
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DATE	PRINT CHE MAKE (TO THE COLUMN TO THE COLUMN		
	PRINT FULL NAME (TREASURER)	SIGNATUR	(TREASURER)



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

FORM D 4

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/

	1	V		/ 1	IJ-	J	
FOR	S	TA	TE	U	SE	ONL	Y

			i	
PLEASE TYPE OR PRINT				
Candidate Name	7147 W			
THOMAS W. BRENNAN				
Candidate Committee Name	~~~~	AND THE STATE OF T		······································
Address (Number and Street, City, State, Zip	Code)			
404 1174 Avenue 6	Code) DELMAR, News	tersey 07	7 . 0	
I (Area) Day Felebiione	veer week	*(Area) Evening Te		
732-829-4433		732-829		
County	Legal Name of Election Dis	strict or Municipality		
Election Date 11/29/17	Political Party, if any		Office Sought	0.10.0.64
L	Democrat	10	COUNCIL	MAN
·	cipal ☐ Run-Off ☐ Sc	hool	t 🔲 Special	Amendment ☐ Yes ☑ No
CHAIRPERSON	•			1 10
Name TOHN HUTCHINSON				
Mailing Address 519 GT# Avenue				
City Bernar	St	ate New Jerse	3	Zip Code
*(Area) Day Telephone	*//	Area) Evening Telephone		07719
732-771-5840		732 - 771 -S	840	
TREASURER				
Name DAVID Z. TAYLOR	17 10 10 10 10 10 10 10 10 10 10 10 10 10			
Mailing Address 302 11TH AUR			<u>, </u>	
City	Sta	ate		7: 0 !
Bernan	J.	Newstersey		Zip Code のフフノタ
*(Area) Day Telephone 732-949 - 603 4	*(A	rea) Evening Telephone	-0034	0///
Resident Address 302 / STA PUE	•			
City BECMAR	Sta	ite New Tensey	100	Zip Code 077/9
DEPOSITORY INFORMATION		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Name of Bank or Depository ドミチャック BANK		-		
Mailing Address 611 MAIN STRET				
City	104	to.	***************************************	
Beimar	Sta	New Tersey		Zip Code
(Area) Day Telephone				07719
Account Name				
CAMPAISH FUND TO RECUCE 1	om BRENNAN ACC	count Number 2212706	, Alm	23
ew Jersey Election Law Enforcement Commission		2212106	1 / - 079	22 0263/ L

LIST THE NAME(S), MAILING ADDRESS(I SIGN CHECKS OR OTHERWISE MAKE TR	S) AND TELEPHONE NUMBER(S) OF ANY PERSON(S	S) AUTHORIZED TO
Name		
JOHN HUTCHINSON		
Mailing Address 519 674 Avenue		
City		
Beimae	State Newser sey	Zip Code 0 771 9
*(Area) Day Telephone 732-771-5940	*(Area) Evening Telephone	······································
Name DAUD Z. TAYLOR		
Mailing Address		
302 JITH AUR		
Bermar, 1	State	Zip Code
*(4) 5- 7-1-1	New Jerse 4	07719
*(Area) Day Telephone	*(Area) Evening Telephone	
732-749-0034 Name	732-749-0034	
TOM BREAMAN		
Mailing Address 404 //TH AVEN WE		
City Becompr	State	
	New Jersey	Zip Code のアで19
*(Area) Day Telephone	*(Area) Evening Telephone	
732-829-4433	*(Area) Evening Telephone	
, addionize are establishing	Example CANDIDATE CERTIFICATION The true. I further certify that I have not, and will not during the not of, maintain, or participate directly or indirectly in the manittee. I am aware that if any of the statements are willfully with the company of the statements.	
	CANDIDATE) SIGNATURE (CANDIDATE) PERSON/TREASURER CERTIFICATION e true. I am aware that if any of the statements are willfully	false, I may be subject to
1 2	THATCH NOON CHAIRPERSON) SIGNATURE (CHAIRPERSON) C. TAY, LO A (REASURER) SIGNATURE (TREASURER)	
reasurers for Gubernatorial and Legislative cand	didates are required to receive training with the Now Jorgan	
commission. Check here	ed the training and enter your Treasurer Training ID#	