

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

FORM D-1

#### 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/

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OR	ST	ATE	USE	ONLY	

PLEASE TYPE OR PRINT					
Candidate Name Thomas E B	urKe				
Candidate Committee Name					
Address (Number and Street, City, State, Zip ものじょしなった。 けいといいと	Code)				
*(Area) Day Telephone 908-619-4132		*(Area) Evening Tele			
Monmo Jih	Legal Name of Election Distri			-	
Election Date 6-1-2015	Political Party, if any	an	Office Sought Borough (	ouncil	
Election Type: (CHECK ONE)	icipal 🔲 Run-Off 📗 Scho	_	☐ Special	Amendment ☐ Yes ☐ No	
CHAIRPERSON		-			
Name Dennis Bu	chanan				
Mailing Address HO9 9 th 17 L	ienue				
City 13elmar	Stat	رن		Zip Code 077/9	
*(Area) Day Telephone 732-456-044	14 *(An	ea) Evening Telephone 732 456-6	0444 C	cell)	
TREASURER				<del></del>	
Name Sail E To	Burke		-		
Mailing Address ROX パリゾ	Belman,	NJ, 077	19		
City Wall	Stat	10 1		Zip Code 0 7719	
*(Area) Day Telephone 732 - 890 - 9	632 ×(Ar	ea) Evening Telephone 732-8 90-	9632	·	
Resident Address 18	Al Avenue				
city wall	Sta	le NJ		Zip Code 07719	
DEPOSITORY INFORMATION					
Name of Bank or Depository TO Bank					
Mailing Address (8 40 Old Mill Rol					
City Wall Town	· · · · · · · · · · · · · · · · · · ·	i. N		Zip Code のマラノタ	
(Area) Day Telephone 732 974 - 9248					
Account Name Committee To elect		count Number 43/	46858	2	
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Flection Law Esforcement Commission FEE
ONTRIBUTIO
Committee s

## SUPPLEMENTAL CONTRIBUTOR INFORMATION

FORM C-1 FOR STATE USE ONLY

* Enforcement * NEW SERSET EL	Roy 185 Tranton NI		COMMENSSION			
P.O. Box 185, Trenton, NJ 08625-0185  (609) 292-8700 or Toil Free Within NJ 1-888-313-ELEC (3532)						
克姆克	20 (0002)					
www.elec.state.nj.us  CONTRIBUTIONS REPORT TYPE (CHECK ONE)						
@ Committee spending under the R-1 reporti		ers etc.) who rec	ceived a contribution in			
excess of \$300 in the aggregate from one s	source in the election, or ar	y currency (cash	h) aaatabustaaa	Amendment?		
<ul> <li>Committee receiving a contribution in excess</li> </ul>	s of \$1,400 in the aggregat	from one sourc				
day before the election up to, and including	the day of the election (48	Hour Notice).		Yes S No		
SECTION I. CANDIDATE, JOINT CANDI	DATES, OR POLITICA	L COMMITTE	EE INFORMATION			
Candidate(s) Name			Election Date/	<del></del>		
Thomas E Bur	Ke.		1111472	1015		
Committee Name	0	, Elec	ction District/Municipa			
CommiTTEE TO ELECT	Thomas E BL	nke is	selmar_			
Candidate or Committee Address (Number	and Street, City, State, 2	(ip Code)				
608 10 th Fuenue- 9	selman, NV	07719		<u> </u>		
Office Sought County	P	*(An	ea) Day Telephone	1177.		
Courtman Monin	80 (4	+/4-	08 618 4	1132		
Republican		, (An	rea) Evening Telephone ゆのようしを	1177		
- 1				<del></del>		
SECTION II. CONTRIBUTION INFORMA		A = Currenc	cy or Check; B = In-K	(ind; C = Loan)		
	tributor Name	Bunle				
2 [16   20   5   1	homas E			<del></del>		
Address (Number and Street, City, State, Zip		AG	ggregate Amount	Amount _		
Occupation (If Individual)	Receipt Type   Chec	1.0/16 3	60	\$ 60		
Ketired	Curre	ncy 🗐	escription, if In-Kind Co Loan To Coun	intribution		
Employer Name (If Individual)	<del></del>		ss (If Individual)	well - C		
NH	N A	and in 19 7 to or Co	ss (II III al Vidual)			
	ributor Name	<u> </u>	<del></del>	<del></del>		
2/17 /2015 T	tomac El	Bonke				
Address (Number and Street, City, State, Zig	Code)		ggregate Amount	Amount		
608 11) The Acres	Isplanov N.F	07714 \$	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	s 20"		
Occupation (If Individual)	Receipt Type Chec	1	escription, if In-Kind Co	ntribution		
Retered	Curre		<u> </u>			
Employer Name (If Individual)	ļ · · ·	~ <u>-</u>	s (If Individual)			
		Na_	·	<del></del>		
5 112015 J	ibutor Name  -e-5-4 Craile  Code)	1.1				
Address (Number and Street City State Zin	Code)	110	aroasta Amount	1 4		
Address (Number and Street, City, State, Zip	<t< td=""><td>s Ag</td><td>300 (</td><td>Amount \$ 300</td></t<>	s Ag	300 (	Amount \$ 300		
Occupation (If Individual)	Receipt Type Check		escription, if In-Kind Cor			
Owner	Curre		occupation, it in range our	in outon		
Employer Name (if Individual)	Employer N	Mailing Address	s (If Individual)			
Perfect NUTriTITION	'	J	Van NUUS, (	Co 91406		
Date Received Contr	ibutor Name		1,1-	<u>- U</u>		
5/2/2015 7	ony Cranch	e11				
Address (Number and Street, City, State, Zip		Ag	gregate Amount	Amount		
		V1410 8	50	\$ 50		
Occupation (If Individual)	Receipt Type Check		scription, if In-Kind Cor	itribution		
Kelived	Currer	است.				
Employer Name (If Individual)			s (If Individual)			
NP		<u> </u>				
COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$ $430^{\frac{20}{30}}$						
CONTROL FITE THE CHAIR FOR LAND FOR LAN						
COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$						
Candidate or Treasprer Signature Date						
Liciane	<del></del>		6/12/2	015		
w Jersey Election Law Enforcement Commission save this field blank if your telephone number is unlisted. Pursi	iad to N ISA 37 (A.I.f. co	ries falanhaa	nhoe in any n air beautiful	Form C-1 Revised 01/23/2015		

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*	CO:	amie E <b>J</b> EC		*. *
-		1973	*	

## SUPPLEMENTAL CONTRIBUTOR INFORMATION

FORM C-1

Flection				FOR STATE USE ONLY	
* Enforcement * NEW JERSEY					
# FEC * (600) 707					
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)  www.elec.state.nj.us					
CONTRIBUTIONS REPORT TYPE (C				-	
Committee spending under the R-1 reg	porting threshold (A	A-1 or A-2 filers etc.) w	ho received a contribution in		
excess of \$300 in the aggregate from a	one source in the e	election, or any currence	v (cash) contributions.	Amandmant2	
Committee receiving a contribution in e	excess of \$1,400 in	the aggregate from one	e source starting with the 13TH	1	
day before the election up to, and inclu		<del></del>	<del></del>	Yes No	
SECTION I. CANDIDATE, JOINT CAI	NDIDATES, OR	POLITICAL COM	<del></del>		
Candidate(s)/Name	Ronles	(Slage)	1/3 Election Date		
Committee Name		Clato	Election District/Munici	2015	
			Election District/Manage	pality	
Candidate or Committee Address (Numl	ber and Street, C	ity, State, Zip Code	)		
			,		
Office Sought County			*(Area) Day Telephone		
Political Dark					
Political Party			*(Area) Evening Telepho	one	
SECTION IS CONTRIBUTION INFO			<del></del>	· · · · · · · · · · · · · · · · · · ·	
SECTION II. CONTRIBUTION INFOR			rrency or Check; B = Ir	n-Kind; C = Loan)	
	Contributor Name 入り合し	e Jones			
Address (Number and Street, City, State	Zip Code)	J Car C -	Aggregate Amount	Amount	
	<del>-</del>	u ce 50036		\$ 15	
Occupation (If Individual)	Receipt Ty	pe Check if	Description, if In-Kind	Contribution	
SZeTired		Currency 🖺		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
Employer Name (If Individual)		Employer Mailing A	ddress (If Individual)		
Date Received 1 1	Oontributor Name	<u> </u>			
5/3/2015	Matt	Roussea			
Address (Number and Street, City, State,			Aggregate Amount	Amount	
more	risuille,	ira 1906)	\$ 25	\$ 25	
Occupation (If Individual)	Receipt Ty		Description, if In-Kind (	Contribution	
Employer Name (If Individual)		Currency §	<del></del> .	<del>_</del>	
Name (if individual)		Employer Mailing A	ddress (If Individual)		
Date Received 1	ontributor/Name				
5 (5 (2015	Thom	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rke		
Address (Number and Street, City, State,	Zip Code)	i	Aggregate Amount	Amount	
	Belmar, 1		\$ 180	\$ 100°	
Occupation (If Individual)	Receipt Typ	1	Description, if In-Kind C	Contribution	
Employer Name (If Individual)	Down of S		ddress (If Individual)	mini Tel	
WH"		U (4	adress (If Individual)		
Date Received ; C	ontributes Name				
5/7/2015	Juil	Burke	19		
Address (Number and Street, City, State	Zip Code)	1 1 1 1 1 1 1 1 1 1 1 1 1	Aggregate Amount	Amount	
2614 18 The A		Dalling	\$ 160	\$ 160	
Occupation (If Individual)	Receipt Typ		Description, if In-Kind C	ontribution	
Employer Name (If Individual)	_ Icheck	Currency	LOQUITU	Coumitree	
W A			oress (ir individual)		
<del></del>		·		70	
COMPLETE THIS LINE FOR EVERY PA	AGE USED)	TOTAL, THIS	PAGE \$ <u>3/</u>	U	
COMPLETE THIS LINE FOR LAST PAG	SE USED)	GRANDT	OTAL \$		
Candidate or Treasurer Signature			Date		
1 - Le E Belle			6/12/	2015	
V. Jarray Elocupo I am Enforcement Com-	-		<del></del>		

New Jersey Election Law Enforcement Commission
Form C-1 Revised: 01/23/
Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47 (A-1.1) an unlisted telephone number is not a public record and inust not be provided on this form. Form C-1 Revised: 01/23/2015

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*	l.av Enforcement Commission	*
*	* PEC	<b>大</b>

### SUPPLEMENTAL CONTRIBUTOR INFORMATION

SU JERS SU	PPLEMEN	TAL CON	ITRIBUTOR	INFORMATION	FORM C-1	
Election A NEW	FOR STATE USE ONLY					
** Referenced ** NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION ** 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					
CONTRIBUTIONS REPORT	TYPE (CHE		ec.state.rij.us			
Committee spending under	the R-1 reportir	ng threshold (A	-1 or A-2 filers etc.	) who received a contribution in		
excess of \$300 in the aggre	gate from one s	ource in the ele	ection, or any curre	ency (cash) contributions.  one source starting with the 13 <sup>TH</sup>	Amendment?	
day before the election up t	o, and including	the day of the	election (48-Hour I	Notice).	☐ Yes 📓 No	
SECTION I. CANDIDATE, J	OINT CANDI	DATES, OR	POLITICAL CO	MMITTEE INFORMATION	<del>, </del>	
Candidate(s) Name	E-	Burke	, 3/M	Election Date		
Committee Name			101	Election District/Municip	pality	
Candidate or Committee Addr	ess (Number a	and Street, Ci	tv. State. Zin Coo	de)		
Office Sought	County			*(Area) Day Telephone		
Political Party				*(Area) Evening Telepho	ne	
SECTION II. CONTRIBUTIO	M INFORMA	TION (Boosi	nt Tunna A - /	<u> </u>	10. 4. 5. 4.	
Date Received /		ributor Name			-Kind; C = Loan)	
5/15/2015		homas	<u>. E K</u>	irke		
Address (Number and Street,		Code) Hack NJ	T,0019	Aggregate Amount \$ 337,50	Amount \$ 157.50	
Occupation (If Individual)	Λ	Receipt Typ	De Check if	Description, if In-Kind (	Contribution	
Employer Name (If Individual)	<del></del>	<u> </u>	Currency Employer Mailing	□ Tu Kind-Carya Address (If Individual)	ove Lawn Sigus (5	
NI						
Date Received	Contr	ibutor Name				
Address (Number and Street, (	City, State, Zip	Code)	<del></del>	Aggregate Amount	Amount	
Occupation (If Individual)	<del></del>	Receipt Typ	e Check if	\$ Description, if In-Kind C	\$	
		Trecocipt Typ	Currency	Description, if it-Kind C	oninoulion	
Employer Name (If Individual)		15	Employer Mailing	Address (If Individual)		
Date Received	Contr	ibutor Name	<del></del>			
Address (Number and Street, C	Sity State Zie	Code		1.0		
_	nty, State, Zip	Code)		Aggregate Amount \$	Amount \$	
Occupation (If Individual)		Receipt Typ		Description, if In-Kind C	ontribution	
Employer Name (If Individual)		   E	Currency mployer Mailing	Address (If Individual)		
Date Received	Contri					
pale received	Contri	butor Name				
Address (Number and Street, City, State, Zip Code)  Aggregate Amount  Amount						
Occupation (If Individual)		Receipt Type		Description, if In-Kind Co	ontribution	
Employer Name (If Individual)			Currency mployer Mailing	Address (If Individual)		
COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$						
COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$ 297, 50						
andrdate or Treasurer Signature Date						
<u> </u>	1 Dur	<u> </u>		16112	2011	

New Jersey Election Law Enforcement Commission
Form C-1 Revised, 01/23/2015
Leave this field blank if your Telephone number is unlisted. Pursuant to N.J.S.A. 47 1A-1.1 an unlisted telephone number is not a public record and must not be provided on this form.

# NIERS

# 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)

(609) 292-8700 or Toll Free Within NJ 1-888-313-ELE www.elec.state.nj.us	C (3532)
PLEASE TYPE OR PRINT	
Candidate Namer Lower E. Burke	
Candidate Committee Name Committee To Elect Thomas E	Bunke
Address (Number and Street, City, State, 2) 50000 NUCLE (Mail	, NJ 07719
*(Area) Day Telephone	a) Evening Telephone 05 618 4132
County on would Legal Name of Election District	15 or out
Election Date Political Party, if any Republican	Borough Council - Belman
Election Type: (CHECK ONE)    May Municipal   Run-Off   Fire Di	_
I, the undersigned, do hereby certify as follows:	
The total amount expended or to be expended on behalf of my candidacy committee shall be zero, or shall not, in the aggregate, exceed \$4,500 for the committee shall be zero.	
I am aware that in the event the total amount expended or to be expended on candidate, person or committee shall, in the aggregate, exceed \$4,500, I am 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 aggregate (cash) contribution in any amount, I am required to report the contribution to the Information," Form C-1, including the identity of the source and the aggregation contributor is an individual, his/her occupation and the name and address	ate total of contributions therefrom, and, if the of his/her employer.
4. I am aware that if I receive a contribution in excess of \$1,400 in the aggregate before the election up to, and including, the day of the election, I am required "Supplemental Contributor Information," Form C-1, within 48 hours of received the aggregate amount received therefrom during the period, and, if the and the name and address of his/her employer.	reate from one source starting with the 13 day red to notify the Commission in writing on the pt of the contribution and to identify the source contributor is an individual, his/her occupation
5. I am aware that if I make, incur, or authorize an expenditure of money or aggregate to support or defeat a candidate or public question, starting wincluding the day of the election, I am required to notify the Commission in the Form E-1 "Supplemental Expenditure Information."	n writing within 48 hours of the expenditure on
6. I am aware that I, as a candidate, am required to designate a campaign t am required to file with the Commission a "Certificate of Organization Depository," Form D-1, no later than 10 days after receipt of any contribu making any expenditure on behalf of my candidacy, whichever comes fire.	tion on behalf of my candidacy or 10 days alter
I certify that the statements on this document are true. I am aware that if any of punishment.	the statements are willfully false, I may be subject to
NO. EBule	
Candidate Signature	Date 2/2 8/30/5

LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONI SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS	E NUMBER(S) OF ANY PERSON(S) AUTH	IORIZED TO			
Name Bail & Burke					
Mailing Address 2614 L& th avenue	ve				
City	State	Zip Code			
*(Area) Day Telephone 732-890-9632	*(Area) Evening Telephone 732-890-9632				
Name Thomas E Burke	-				
Mailing Address 608 10th Avenue					
City Belman	State	Zip Code 077/9			
*(Area) Day Telephone 908-618-4132	*(Area) Evening Telephone 906-618-4132				
Name					
Mailing Address					
City	State	Zip Code			
*(Area) Day Telephone	*(Area) Evening Telephone	1			
CANDIDATE CER	RTIFICATION				
I certify that the statements on this document are true. I further certify that I have not, and will not during the existence of the candidate committee, establish, authorize the establishment of, maintain, or participate directly or indirectly in the management or control of any political committee or continuing political committee. I am aware that if any of the statements are willfully false, I may be subject to punishment.     Alabiao 15					
CHAIRPERSON/TREASU	RER CERTIFICATION				
I certify 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 punishment.					
DATE DATE DELLA STANDARD PRINT FULL NAME (CHAIRPERSON)  DATE PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)	L			
Treasurers for Gubernatorial and Legislative candidates are required to receive training with the New Jersey Election Law Enforcement Commission. Check here [] if you have completed the training and enter your Treasurer Training ID#					