



JOINT CANDIDATES COMMITTEE - SWORN STATEMENT

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)
Website: www.elec.nj.gov

FORM A-2

ELEC Received
Mar 31, 2022 4:21 PM

Amendment

Joint Candidates Committee Name

M J K FOR BELMAR

Candidate Name

MARK WALSIKER

Office Sought

MAYOR

Candidate Name

JAMES MCCRACKEN

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Name

KATRINA CLAPSI

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Name

Office Sought

Candidate Name

Office Sought

Candidate Name

Office Sought

Street Address

PO BOX 163

City

BELMAR

State

NJ

Zip Code

07719

*Day Telephone

732-513-1723

*Evening Telephone

732-513-1723

Committee Email (Optional)

Committee Website (Optional)

Election Type:
(Select One)

Primary
 General

May Municipal
 Run-Off

Fire District
 Special

Election Date
06/07/2022

County

MONMOUTH COUNTY

Legal Name of Election District or Municipality

BELMAR BOROUGH

Political Party

REPUBLICAN

I, the undersigned, do hereby certify as follows:

1. The total amount expended or to be expended on behalf of candidates by this committee shall be zero, or shall not, in the aggregate, exceed \$11,000 for two candidates or \$15,800 for three or more candidates, for this election.
2. I am aware that in the event the total amount expended or to be expended on behalf of candidates by this committee, in the aggregate, exceeds \$11,000 for two candidates or \$15,800 for three or more candidates, I am required to file a "Report of Contributions and Expenditures," Form R-1, on each subsequent reporting date.
3. I am aware that if contributions from one source aggregate more than \$300, or if I receive currency (cash) contributions in any amount, I am required to report the contributions to the Commission on "Supplemental Contributor Information," Form C-1, including the identity of the source and the aggregate total of contributions, and if the contributor is an individual, his/her occupation and the name and address of his/her employer.
4. I am aware that if the committee receives a contribution in excess of \$1,900 in the aggregate from one source starting with the 13th day before the election up to, and including, the day of the election, I am required to notify the Commission in writing on the "Supplemental Contributor Information," Form C-1, within 48 hours of receipt of the contribution and to identify the source and the aggregate amount received there from during the period, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer.

*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.

