



CANDIDATE - SWORN STATEMENT

FORM A-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)
Website: www.elec.nj.gov

ELEC Received
Jun 20, 2021 1:18 PM

Amendment

Candidate Name: JODI L. KINNEY, Office Sought: COUNCIL OR MUNICIPAL OFFICE
Candidate Committee Name: JODI KINNEY FOR BELMAR COUNCIL
Street Address: 400 TENTH AVENUE
City: BELMAR, State: NJ, Zip Code: 07719, *Day Telephone: 732-915-6111
Election Type: Primary, Election Date: 06/08/2021
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 my candidacy by me or by any other candidate, person, or committee shall be zero, or shall not, in the aggregate, exceed \$5,800 for this election.
2. I am aware that in the event the total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person or committee shall, in the aggregate, exceed \$5,800, 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 I receive a contribution in excess of \$300 in the aggregate from one source in an election or acurrency (cash) contribution in any amount, I am required to report the contribution to the Commission on "SupplementalContributor Information," Form C-1, including the identity of the source and the aggregate total of contributions therefrom,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 I receive 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 onthe "Supplemental Contributor Information, " Form C-1, within 48 hours of receipt of the contribution and to identify thesource and the aggregate amount received therefrom during the period, and, if the contributor is an individual, his/heroccupation and the name and address of his/her employer.
5. I am aware that if I make, incur, or authorize an expenditure of money or other thing of value in excess of \$1,900 in the aggregate to support or defeat a candidate or public question, starting with the 13th day before the election up to andincluding the day of the election, I am required to notify the Commission in writing within 48 hours of the expenditure onthe "Supplemental Expenditure Information," Form E-1.
6. I am aware that I, as a candidate, am required to designate a campaign treasurer and a campaign depository and that I am required to file with the Commission a "Certificate of Organization and Designation of Campaign Treasurer andDepository," Form D-1, no later than 10 days after receipt of any contribution on behalf of my candidacy or 10 days aftermaking any expenditure on behalf of my candidacy, whichever comes first.

CANDIDATE 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.

Registration Number: *****
Candidate: JODI L KINNEY
PIN: *****
Date: 06/20/2021



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

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
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Website: www.elec.nj.gov

FORM D-1

ELEC Received
Jun 26, 2021 11:11 AM

Amendment

Candidate Name

JODI L. KINNEY

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Committee Name

JODI KINNEY FOR BELMAR COUNCIL

Street Address

400 TENTH AVENUE

City State Zip Code *Day Telephone *Evening Telephone

BELMAR NJ 07719 732-915-6111

Committee Email (Optional) Committee Website (Optional)

Election Type: Primary May Municipal Fire District Election Date
(Select One) General Run-Off Special 11/02/2021

County Legal Name of Election District or Municipality Political Party
MONMOUTH COUNTY BELMAR BOROUGH REPUBLICAN

CHAIRPERSON

Name

Mailing Address

City State Zip Code *Day Telephone *Evening Telephone

TREASURER

Name

MARY WALSIFER

Mailing Address

PO BOX 163

City State Zip Code *Day Telephone *Evening Telephone

BELMAR NJ 07719 732-280-0637

Resident Address

1011 OCEAN AVENUE

City State Zip Code

BELMAR NJ 07719

DEPOSITORY INFORMATION

Name of Bank or Depository

KEARNY BANK

Mailing Address

611 MAIN STREET

City State Zip Code Day Telephone

BELMAR NJ 07719 732-280-5400

Account Name

JODI KINNEY FOR BELMAR COUNCIL

Account Number

*****3373

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.

LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ANY PERSON(S) AUTHORIZED TO SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS

Name

MARY WALSIFER

Mailing Address

PO BOX 163

City	State	Zip Code	*Day Telephone	*Evening Telephone
BELMAR	NJ	07719	732-280-0637	

Name

Mailing Address

City	State	Zip Code	*Day Telephone	*Evening Telephone

Name

Mailing Address

City	State	Zip Code	*Day Telephone	*Evening Telephone

CANDIDATE CERTIFICATION: 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.

Registration Number	*****	PIN	*****
JODI L KINNEY		06/26/2021	
Candidate		Date	

CHAIRPERSON/TREASURER 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.

Registration Number		PIN	
Chairperson		Date	

Registration Number	*****	PIN	*****
MARY A WALSIFER		06/26/2021	
Treasurer		Date	

Treasurers for gubernatorial and legislative candidates are required to receive training with the NJ ELEC. If you have completed the training enter your Treasurer Training ID#

**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.*