Enforcement Commission

CANDIDATE - 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

FO	RM	A-1
----	----	------------

ELEC Received Jun 20, 2021 1:18 PM

Candidate Name				
Candidate Name			Office Sought	
JODI L. KINNEY			COUNCIL OR MU	JNICIPAL OFFICE
Candidate Committee Nam	e			
JODI KINNEY FOR BELMA	AR COUNCIL			
Street Address				
400 TENTH AVENUE				
City		State Zip Code	*Day Telephone	*Evening Telephone
BELMAR		NJ 07719	732-915-6111	
Committee Email (Optional)	Com	mittee Website (Optional)	
Election Type:	Primary	O May Municipal	O Fire District	Election Date
(Select One)	O General	O Run-Off	O Special	06/08/2021
County		Logal Name of Election Di	strict or Municipality	Political Party
County MONMOUTH COUNTY		Legal Name of Election Dis BELMAR BOROUGH	strict or wurncipality	REPUBLICAN
	Experientales, Torri	R-1, on each subsequent		file a "Report of
(cash) contribution Information," Form contributor is an in- 4. I am aware that day before the elec onthe "Supplementhesource and the his/heroccupation and the aggregate to supplementhesource.	if I receive a contribe in any amount, I am C-1, including the ic dividual, his/her occi if I receive a contribe tion up to, and inclu- tal Contributor Inforraggregate amount nand the name and a if I make, incur, or a ort or defeat a candi	ution in excess of \$300 in required to report the cor- lentity of the source and trupation and the name and ution in excess of \$1,900 in ding, the day of the electionation, " Form C-1, within eceived therefrom during the ddress of his/her employed the public question, state or question or ques	the aggregate from one sour stribution to the Commission he aggregate total of contribution address of his/her employer in the aggregate from one soon, I am required to notify the 48 hours of receipt of the conhe period, and, if the contribution.	ce in an election or acurrency on "SupplementalContributor ations therefrom, and, if the commission in writing an individual, are in excess of \$1,900 in the re the election up to
(cash) contribution Information," Form contributor is an incontributor is an aware that aggregate to supplement and including the donthe "Supplement 6. I am aware that am required to file and Depository," For aftermaking any expenses	if I receive a contribution any amount, I am C-1, including the iddividual, his/her occidividual, his/her occidividual, his/her occiditor up to, and inclutal Contributor Informaggregate amount mand the name and actif I make, incur, or a port or defeat a candidaty of the election, I at Expenditure Information I, as a candidate, ar with the Commission orm D-1, no later that penditure on behalf	ution in excess of \$300 in required to report the corlentity of the source and trupation and the name and ution in excess of \$1,900 in ding, the day of the electionation, "Form C-1, within eceived therefrom during the ddress of his/her employed uthorize an expenditure of date or public question, start required to notify the Comation," Form E-1. In required to designate a contact of a "Certificate of Organizan 10 days after receipt of of my candidacy, whichey	the aggregate from one sour stribution to the Commission the aggregate total of contributed address of his/her employer on the aggregate from one soon, I am required to notify the 48 hours of receipt of the contributed and the period, and, if the contributed with the 13th day before ommission in writing within 4 campaign treasurer and a capation and Designation of Carany contribution on behalf of the comes first.	ce in an election or acurrency on "SupplementalContributor ations therefrom, and, if the commission in writing antribution and to identify ator is an individual, are in excess of \$1,900 in the re the election up to 8 hours of the expenditure ampaign depository and that I an any candidacy or 10 days
(cash) contribution Information," Form contributor is an incontributor is an aware that aggregate to suppose and including the donthe "Supplement 6. I am aware that am required to file and Depository," For aftermaking any expenses the contributor is a supplement of the contributor is an aware that am required to file and Depository, "For aftermaking any expenses the contributor is an aware that am required to file and Depository, "For aftermaking any expenses the contributor is an incontributor in the contributor is an incontributor is an incontributor is an incontributor is an incontributor in the contributor is an incontributor in the contributor in the contributor is an incontributor in the contributor in the contributor is an incontributor in the contributor in the contributor is an incontributor in the contributor in the c	if I receive a contribution any amount, I am C-1, including the iddividual, his/her occidividual, his/her occidividual, his/her occidividual, his/her occiding up to, and included Contributor Informand the name and an and the name and an art or defeat a candidary of the election, I are a candidate, are with the Commission orm D-1, no later that openditure on behalf CATION: I certify the false, I may be subjected.	ation in excess of \$300 in required to report the corporative and the partial required to report the corporation and the name and ation in excess of \$1,900 in ding, the day of the election ation, "Form C-1, within eceived therefrom during the days of his/her employed athorize an expenditure of date or public question, start required to notify the Comation," Form E-1. In required to designate a contain a "Certificate of Organizan 10 days after receipt of of my candidacy, whiches that the statements on this	the aggregate from one sour stribution to the Commission he aggregate total of contributed address of his/her employer in the aggregate from one soon, I am required to notify the 48 hours of receipt of the contributed he period, and, if the contributed he period, and, if the contributed he period, and the contributed he period and the 13th day before the period of the sampaign treasurer and a capation and Designation of Carany contribution on behalf of the comes first.	ce in an election or acurrency on "SupplementalContributor ations therefrom, and, if the commission in writing antribution and to identify ator is an individual, are in excess of \$1,900 in the re the election up to 8 hours of the expenditure ampaign depository and that I an any candidacy or 10 days
(cash) contribution Information," Form contributor is an incontributor is an aware that aggregate to suppose and including the donthe "Supplement 6. I am aware that am required to file and Depository," For aftermaking any expenses	if I receive a contribution any amount, I am C-1, including the iddividual, his/her occidividual, his/her occidividual, his/her occidividual, his/her occiding up to, and included Contributor Informand the name and an and the name and an art or defeat a candidary of the election, I are a candidate, are with the Commission orm D-1, no later that openditure on behalf CATION: I certify the false, I may be subjected.	ation in excess of \$300 in required to report the corporative and the partial required to report the corporation and the name and ation in excess of \$1,900 in ding, the day of the election ation, "Form C-1, within eceived therefrom during the days of his/her employed athorize an expenditure of date or public question, start required to notify the Comation," Form E-1. In required to designate a contain a "Certificate of Organizan 10 days after receipt of of my candidacy, whiches that the statements on this	the aggregate from one sour stribution to the Commission the aggregate total of contributed address of his/her employer on the aggregate from one soon, I am required to notify the 48 hours of receipt of the contributed and the period, and, if the contributed with the 13th day before ommission in writing within 4 campaign treasurer and a capation and Designation of Carany contribution on behalf of the comes first.	ce in an election or acurrency on "SupplementalContributor ations therefrom, and, if the commission in writing antribution and to identify ator is an individual, are in excess of \$1,900 in the re the election up to 8 hours of the expenditure ampaign depository and that I an any candidacy or 10 days



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

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)

We	bsite:	www.e	lec.n	ί.αον
***	ひるにて.	44 44 44 · C	100.11	1.4UV

FORM D

ELEC Received Jun 26, 2021 11:11 AM

□Amendment	

					Of	fice Sought
JODI L. KINNEY					co	DUNCIL OR MUNICIPAL OFFICE
Candidate Committee Name						
JODI KINNEY FOR BELMAR CO	DUNCIL					
Street Address						
400 TENTH AVENUE						
City		State	Zip Code	*Day Te	elephone	*Evening Telephone
BELMAR		NJ	07719	732-915		
Committee Email (Optional)			Cor	nmittee Website (O	ptional)	
Election Type:	O Primary	O May	Municipal	O Fire District	:	Election Date
(Select One)	General	O Run	-Off	O Special		11/02/2021
County		Legal Nam	e of Election Dis	strict or Municipality		Political Party
MONMOUTH COUNTY		_	BOROUGH			REPUBLICAN
HAIRPERSON Name Mailing Address	· · · · · · · · · · · · · · · · · · ·					
City		State	Zip Code	*Day Telepho	one	*Evening Telephone
REASURER Name			-			
MARY WALSIFER						
Mailing Address						
Mailing Address PO BOX 163						
		State	Zip Code	*Day Telepho	one	*Evening Telephone
PO BOX 163 City			•			*Evening Telephone
PO BOX 163			Zip Code 07719	*Day Teleph 732-280-063		*Evening Telephone
PO BOX 163 City BELMAR Resident Address			•			*Evening Telephone
PO BOX 163 City BELMAR			•		7	*Evening Telephone Zip Code
PO BOX 163 City BELMAR Resident Address 1011 OCEAN AVENUE City			•	732-280-063 State	7	Zip Code
PO BOX 163 City BELMAR Resident Address 1011 OCEAN AVENUE City BELMAR			•	732-280-063	7	
PO BOX 163 City BELMAR Resident Address 1011 OCEAN AVENUE City BELMAR PEPOSITORY INFORMATION			•	732-280-063 State	7	Zip Code
PO BOX 163 City BELMAR Resident Address 1011 OCEAN AVENUE City BELMAR PEPOSITORY INFORMATION Name of Bank or Depository			•	732-280-063 State	7	Zip Code
PO BOX 163 City BELMAR Resident Address 1011 OCEAN AVENUE City BELMAR EPOSITORY INFORMATION Name of Bank or Depository KEARNY BANK			•	732-280-063 State	7	Zip Code
PO BOX 163 City BELMAR Resident Address 1011 OCEAN AVENUE City BELMAR EPOSITORY INFORMATION Name of Bank or Depository KEARNY BANK Mailing Address			•	732-280-063 State	7	Zip Code 07719
PO BOX 163 City BELMAR Resident Address 1011 OCEAN AVENUE City BELMAR EPOSITORY INFORMATION Name of Bank or Depository KEARNY BANK Mailing Address 611 MAIN STREET			•	732-280-063 State NJ	7	Zip Code 07719
PO BOX 163 City BELMAR Resident Address 1011 OCEAN AVENUE City BELMAR EPOSITORY INFORMATION Name of Bank or Depository KEARNY BANK Mailing Address 611 MAIN STREET City			•	732-280-063 State NJ	7 Zip Code	Zip Code 07719
PO BOX 163 City BELMAR Resident Address 1011 OCEAN AVENUE City BELMAR EPOSITORY INFORMATION Name of Bank or Depository KEARNY BANK Mailing Address 611 MAIN STREET City BELMAR			•	732-280-063 State NJ	7	Zip Code 07719
PO BOX 163 City BELMAR Resident Address 1011 OCEAN AVENUE City BELMAR PEPOSITORY INFORMATION Name of Bank or Depository KEARNY BANK Mailing Address 611 MAIN STREET City BELMAR Account Name			•	732-280-063 State NJ	7 Zip Code	Zip Code 07719
PO BOX 163 City BELMAR Resident Address 1011 OCEAN AVENUE City BELMAR EPOSITORY INFORMATION Name of Bank or Depository KEARNY BANK Mailing Address 611 MAIN STREET City BELMAR	DUNCIL		•	732-280-063 State NJ	7 Zip Code	Zip Code 07719

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 *Evening Telephone *Day Telephone City State Zip Code Name Mailing Address *Evening Telephone *Day Telephone City State Zip Code 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. PIN Registration Number 06/26/2021 JODI L KINNEY Date Candidate 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 Date Chairperson **Registration Number** PIN MARY A WALSIFER 06/26/2021 Date Treasurer 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.