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**JOINT CANDIDATES COMMITTEE - CERTIFICATE OF ORGANIZATION AND DESIGNATION OF CAMPAIGN TREASURER AND DEPOSITORY**

**FORM D-2**

FOR STATE USE ONLY

**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/

PLEASE TYPE OR PRINT

Candidate Name/Office Sought: *THOMAS BURKE - COUNCIL*      Candidate Name/Office Sought

Candidate Name/Office Sought: *DAVID SCHNECK - COUNCIL*      Candidate Name/Office Sought

Joint Candidates Committee Name: *BURKE AND SCHNECK FOR COUNCIL*

Committee Address (Number and Street, City, State, Zip Code): *P.O. Box 391, BELMAR, N.J. 07719*

\*(Area) Day Telephone: *732-681-6791*      \*(Area) Evening Telephone: *732-681-6791*

County: *MONMOUTH*      Legal Name of Election District or Municipality: *TOWNSHIP OF BELMAR*

Election Date: *JUNE 4, 2013*      Political Party, if any: *REPUBLICAN*

Election Type: (CHECK ONE)  
 Primary     General     May Municipal     Run-Off     School     Fire District     Special    Amendment  Yes  No

CHAIRPERSON  
Name

Mailing Address

City      State      Zip Code

\*(Area) Day Telephone      \*(Area) Evening Telephone

TREASURER  
Name

Mailing Address

City      State      Zip Code

\*(Area) Day Telephone      \*(Area) Evening Telephone

Resident Address

City      State      Zip Code

DEPOSITORY INFORMATION  
Name of Bank or Depository

Mailing Address

City      State      Zip Code

(Area) Day Telephone

Account Name      Account Number

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

Name <i>John Yanniuzzi</i>		
Mailing Address <i>229 16th Avenue</i>		
City <i>Belmar</i>	State <i>New Jersey</i>	Zip Code <i>07719</i>
*(Area) Day Telephone <i>732-681-6791</i>	*(Area) Evening Telephone <i>732-681-6791</i>	

Name		
Mailing Address		
City	State	Zip Code
*(Area) Day Telephone	*(Area) Evening Telephone	

Name		
Mailing Address		
City	State	Zip Code
*(Area) Day Telephone	*(Area) 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 joint candidates 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.

<u><i>MARCH 8, 2013</i></u> DATE	<u><i>THOMAS BURKE</i></u> PRINT-FULL NAME (CANDIDATE)	<u><i>Thomas Burke</i></u> SIGNATURE (CANDIDATE)
<u><i>MARCH 8, 2013</i></u> DATE	<u><i>DAVID SHNECK</i></u> PRINT-FULL NAME (CANDIDATE)	<u><i>David Shneck</i></u> SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (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.

<u><i>MARCH 8, 2013</i></u> DATE	<u><i>John Yanniuzzi</i></u> PRINT FULL NAME (CHAIRPERSON)	<u><i>John Yanniuzzi</i></u> SIGNATURE (CHAIRPERSON)
_____ DATE	<u>_____ PRINT FULL NAME (TREASURER)</u>	<u>_____ SIGNATURE (TREASURER)</u>

Treasurers for Governatorial 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# \_\_\_\_\_.

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JOINT CANDIDATES COMMITTEE - SWORN STATEMENT

FORM A-2

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PLEASE TYPE OR PRINT

Joint Candidates Committee Name BUCKE AND SCHNECK FOR COUNCIL

Candidate Name/Office Sought  
THOMAS BUCKE - COUNCIL

Candidate Name/Office Sought

Candidate Name/Office Sought  
DAVID SCHNECK - COUNCIL

Candidate Name/Office Sought

Committee Address (Number and Street, City, State, Zip Code) P.O. Box 391, BELMAR, N.J. 07719

\*(Area) Day Telephone 732-681-6791

\*(Area) Evening Telephone 732-681-6791

County MONMOUTH

Legal Name of Election District or Municipality  
TOWNSHIP OF BELMAR

Election Date JUNE 4, 2013

Political Party, if any  
REPUBLICAN

Election Type: (CHECK ONE)  
 Primary  General  May Municipal  Run-Off  Fire District  Special

Amendment  
 Yes  No

I, the undersigned, do hereby certify as follows:

- 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 \$8,500 for two candidates or \$12,300 for three or more candidates, for this election.
- 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 \$8,500 for two candidates or \$12,300 for three or more candidates, I am required to file a "Report of Contributions and Expenditures," Form R-1, on each subsequent reporting date.
- 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.
- I am aware that if the committee receives a contribution in excess of \$1,400 in the aggregate from one source starting with the 13<sup>th</sup> day before the election up to, and including, the day of the election, I am required to notify the Commission in writing within 48 hours of receipt of the contribution and to identify the source and the aggregate amount received therefrom during the period, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer.
- I am aware that if the committee makes, incurs, or authorizes an expenditure of money or other thing of value in excess of \$1,400 in the aggregate to support or defeat a candidate or public question, starting with the 13<sup>th</sup> day before the election up to and including the day of the election, I am required to notify the Commission in writing within 48 hours of the expenditure on the Form E-1, "Supplemental Expenditure Information."
- I am aware that a joint candidates committee is required to designate a campaign treasurer and campaign depository not later than the date on which the committee first receives any contribution or makes any expenditure. Further, I am aware that no later than the tenth day after such designation of campaign treasurer and campaign depository, the committee is required to notify the Commission of the name and address of the campaign treasurer and of the depository by the filing of "Certificate of Organization and Designation of Campaign Treasurer and Depository," Form D-2.

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.

[Signature] 3/8/13  
CANDIDATE SIGNATURE DATE

\_\_\_\_\_  
CANDIDATE SIGNATURE DATE

[Signature] 3/8/13  
CANDIDATE SIGNATURE DATE

\_\_\_\_\_  
CANDIDATE SIGNATURE DATE

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**SUPPLEMENTAL CONTRIBUTOR INFORMATION**

**FORM C-1**

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**CONTRIBUTIONS REPORT TYPE (CHECK ONE)**

- Committee spending under the R-1 reporting threshold (A-1 or A-2 filers etc.) who received a contribution in excess of \$300 in the aggregate from one source in the election, or any currency (cash) contributions.
- Committee receiving a contribution in excess of \$1,400 in the aggregate from one source starting with the 13<sup>th</sup> day before the election up to, and including the day of the election (48-Hour Notice).

Amendment?

- Yes
- No

**SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION**

Candidate(s) Name <i>THOMAS BURKE DAVID SCHWEIK</i>		Election Date <i>JUNE 4, 2013</i>
Committee Name <i>BURKE AND SCHWEIK FOR COUNCIL</i>		Election District/Municipality <i>TOWNSHIP OF BELMAR</i>
Candidate or Committee Address (Number and Street, City, State, Zip Code) <i>P.O. BOX 391, BELMAR, N.J. 07719</i>		
Office Sought <i>COUNCIL</i>	County <i>MONTMOUTH</i>	* (Area) Day Telephone <i>732-681-6791</i>
Political Party <i>REPUBLICAN</i>		* (Area) Evening Telephone <i>732-681-6791</i>

**SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check; B = In-Kind; C = Loan)**

Date Received <i>MARCH 6, 2013</i>	Contributor Name <i>TOM BURKE FOR BELMAR COUNCIL</i>	
Address (Number and Street, City, State, Zip Code) <i>P.O. BOX 391, BELMAR N.J. 07719</i>		Aggregate Amount \$ <i>1407.31</i>
Occupation (If Individual) <i>N/A</i>	Receipt Type <i>A</i>	Check if Currency <input type="checkbox"/>
Employer Name (If Individual) <i>N/A</i>		Employer Mailing Address (If Individual) <i>N/A</i>
Date Received	Contributor Name	
Address (Number and Street, City, State, Zip Code)		Aggregate Amount \$
Occupation (If Individual)	Receipt Type	Check if Currency <input type="checkbox"/>
Employer Name (If Individual)		Employer Mailing Address (If Individual)
Date Received	Contributor Name	
Address (Number and Street, City, State, Zip Code)		Aggregate Amount \$
Occupation (If Individual)	Receipt Type	Check if Currency <input type="checkbox"/>
Employer Name (If Individual)		Employer Mailing Address (If Individual)
Date Received	Contributor Name	
Address (Number and Street, City, State, Zip Code)		Aggregate Amount \$
Occupation (If Individual)	Receipt Type	Check if Currency <input type="checkbox"/>
Employer Name (If Individual)		Employer Mailing Address (If Individual)

<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>	<b>TOTAL, THIS PAGE</b>	\$ <i>1407.31</i>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>	<b>GRAND TOTAL</b>	\$ <i>1407.31</i>

Candidate or Treasurer Signature <i>John F. ...</i>	Date <i>MARCH 8, 2013</i>
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New Jersey Election Law Enforcement Commission  
\*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.