



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)
www.elec.state.nj.us

FORM A-1

FOR STATE USE ONLY

PLEASE TYPE OR PRINT

Candidate Name

Thomas E Burke

Candidate Committee Name

Committee to elect Thomas E Burke

Address (Number and Street, City, State, Zip Code)

60810th Avenue Belmar, NJ, 07719 PO Box 1114 Belmar

\*(Area) Day Telephone

908 618 4132

\*(Area) Evening Telephone

County

Monmouth

Legal Name of Election District or Municipality

Belmar

Election Date

6/7/2016

Political Party, if any

Republican

Office Sought

Councilman

Election Type: (CHECK ONE)

[X] Primary [ ] General [ ] Municipal [ ] Run-Off [ ] Fire District [ ] Special

Amendment

[ ] Yes [ ] No

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 \$4,500 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 \$4,500, 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 a currency (cash) contribution in any amount, I am required to report the contribution to the Commission on "Supplemental Contributor 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 \$1,400 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 therefrom during the period, and, if the contributor is an individual, his/her occupation 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 \$1,400 in the aggregate to support or defeat a candidate or public question, 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 within 48 hours of the expenditure on the Form E-1, "Supplemental Expenditure Information."
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 and Depository," Form D-1, no later than 10 days after receipt of any contribution on behalf of my candidacy or 10 days after making any expenditure on behalf of my candidacy, whichever comes first.

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.

[Handwritten Signature]

Candidate Signature

Date

3/2/2016



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

**FORM D-1**  
FOR STATE USE ONLY

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PLEASE TYPE OR PRINT

Candidate Name

Thomas E Burke

Candidate Committee Name

Committee to elect Thomas E Burke

Address (Number and Street, City, State, Zip Code)

PO Box 1114 Belmar, NJ 07719

\*(Area) Day Telephone

908 618 4132

\*(Area) Evening Telephone

732 681 4420

County

Monmouth

Legal Name of Election District or Municipality

Belmar

Election Date

6/7/2016

Political Party, if any

Republican

Office Sought

Councilman

Election Type: (CHECK ONE)

Primary  General  May Municipal  Run-Off  School  Fire District  Special  Amendment

Amendment

Yes  No

**CHAIRPERSON**

Name

Thomas E Burke

Mailing Address

608 10th Avenue

City

Belmar

State

NJ

Zip Code

07719

\*(Area) Day Telephone

908 618 4132

\*(Area) Evening Telephone

908 618 4132

**TREASURER**

Name

Gail E. Burke

Mailing Address

2614 18th Avenue

City

Wall

State

NJ

Zip Code

07719

\*(Area) Day Telephone

732 890 4632

\*(Area) Evening Telephone

732 890 4632

Resident Address

2614 18th Avenue

City

Wall NJ

State

NJ

Zip Code

07719

**DEPOSITORY INFORMATION**

Name of Bank or Depository

TD Bank

Mailing Address

Rt 35, Wall, NJ 07719

City

Wall

State

NJ

Zip Code

07719

(Area) Day Telephone

800 937 2000

Account Name

Committee to Elect Thomas E Burke

Account Number

431-4680582

**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>Thomas E Burke</i>		
Mailing Address <i>608 10th Avenue</i>		
City <i>Belmar NJ</i>	State <i>NJ</i>	Zip Code <i>07719</i>
*(Area) Day Telephone <i>908 618 4132</i>		*(Area) Evening Telephone <i>732 681 4420</i>

Name <i>Gail E Burke</i>		
Mailing Address <i>18th Avenue</i>		
City <i>Wall</i>	State <i>NJ</i>	Zip Code <i>07719</i>
*(Area) Day Telephone <i>732 890 9632</i>		*(Area) Evening Telephone <i>732 890 9632</i>

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 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.

3/2/2016      Thomas E Burke      *Thomas E Burke*  
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.

3/2/2016      Thomas E Burke      *Thomas E Burke*  
DATE                      PRINT FULL NAME (CHAIRPERSON)                      SIGNATURE (CHAIRPERSON)

3/2/2016      GAIL E. BURKE      *Gail E Burke*  
DATE                      PRINT FULL NAME (TREASURER)                      SIGNATURE (TREASURER)

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# \_\_\_\_\_

 <b>SUPPLEMENTAL CONTRIBUTOR INFORMATION</b>		<b>FORM C-1</b> <b>FOR STATE USE ONLY</b>	
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) <a href="http://www.elec.state.nj.us">www.elec.state.nj.us</a>		<i>29 Dec Report</i> <i>CCP</i>	
<b>CONTRIBUTIONS REPORT TYPE (CHECK ONE)</b> <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION</b>			
Candidate(s) Name <i>Committee To Elect Thomas Burke</i>		Election Date <i>6/2/2016</i>	
Committee Name <i>Thomas E Burke</i>		Election District/Municipality	
Candidate or Committee Address (Number and Street, City, State, Zip Code) <i>PO Box 1114 Belmar, NJ 07719</i>			
Office Sought <i>Councilman</i>	County <i>Morris</i>	*(Area) Day Telephone <i>908 668 4132</i>	
Political Party <i>Republican</i>		*(Area) Evening Telephone <i>732 651 4420</i>	
<b>SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check; B = In-Kind; C = Loan)</b>			
Date Received <i>4/18/2016</i>		Contributor Name <i>John Kelliher</i>	
Address (Number and Street, City, State, Zip Code) <i>5 McKinly Rd Yardley, Pa 19067</i>		Aggregate Amount <i>\$ 150</i>	Amount <i>\$ 150</i>
Occupation (If Individual) <i>Retired</i>	Receipt Type <i>None</i>	Check if Currency <input checked="" type="checkbox"/>	Description, if In-Kind Contribution
Employer Name (If Individual) <i>Retired</i>		Employer Mailing Address (If Individual) <i>Na</i>	
Date Received <i>5/1/2016</i>		Contributor Name <i>CHRISTOPHER HOFFMAN</i>	
Address (Number and Street, City, State, Zip Code) <i>504 12th Ave Belmar, NJ 07719</i>		Aggregate Amount <i>\$ 300</i>	Amount <i>\$ 300</i>
Occupation (If Individual) <i>Consultant</i>	Receipt Type <i>check</i>	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution
Employer Name (If Individual)		Employer Mailing Address (If Individual) <i>Home Address</i>	
Date Received		Contributor Name	
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)	Receipt Type	Check if Currency	Description, if In-Kind Contribution
Employer Name (If Individual)		Employer Mailing Address (If Individual)	
Date Received		Contributor Name	
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)	Receipt Type	Check if Currency	Description, if In-Kind Contribution
Employer Name (If Individual)		Employer Mailing Address (If Individual)	
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	<b>\$ _____</b>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	<b>\$ _____</b>
Candidate or Treasurer Signature			Date



**SUPPLEMENTAL CONTRIBUTOR INFORMATION**

**NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION**

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**FORM C-1**

**FOR STATE USE ONLY**

*11 Day*

**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 E. Burke</i>		Election Date <i>6/7/2016</i>
Committee Name <i>Committee To Elect Thomas Burke</i>		Election District/Municipality <i>Belmar</i>
Candidate or Committee Address (Number and Street, City, State, Zip Code) <i>Po Box 1114 Belmar, NJ 07719</i>		
Office Sought <i>Councilman</i>	County <i>Monmouth</i>	*(Area) Day Telephone <i>908 615 4132</i>
Political Party <i>Republican</i>		*(Area) Evening Telephone <i>732-651-4420</i>

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

Date Received		Contributor Name		Address (Number and Street, City, State, Zip Code)		Aggregate Amount \$	Amount \$
Occupation (If Individual)		Receipt Type	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution			
Employer Name (If Individual)		Employer Mailing Address (If Individual)					
Date Received		Contributor Name		Address (Number and Street, City, State, Zip Code)		Aggregate Amount \$	Amount \$
Occupation (If Individual)		Receipt Type	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution			
Employer Name (If Individual)		Employer Mailing Address (If Individual)					
Date Received		Contributor Name		Address (Number and Street, City, State, Zip Code)		Aggregate Amount \$	Amount \$
Occupation (If Individual)		Receipt Type	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution			
Employer Name (If Individual)		Employer Mailing Address (If Individual)					
Date Received		Contributor Name		Address (Number and Street, City, State, Zip Code)		Aggregate Amount \$	Amount \$
Occupation (If Individual)		Receipt Type	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution			
Employer Name (If Individual)		Employer Mailing Address (If Individual)					

(COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$ *0*

(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$ *0*

Candidate or Treasurer Signature *Thomas E. Burke* Date *5/24/2016*