



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.nj.gov

FORM A-1

FOR STATE USE ONLY

ELEC RECEIVED
MAY 21 2019

PLEASE TYPE OR PRINT

Candidate Name

Maggie McBride

Candidate Committee Name

McBride for Belmar

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

904 E Street, Belmar, NJ, 07719

*(Area) Day Telephone

732-672-1070

*(Area) Evening Telephone

732-672-1070

County

Monmouth

Legal Name of Election District or Municipality

Belmar

Committee Email (Optional)

maggiejcan@gmail.com

Committee Website (Optional)

Election Date

6/4/19

Political Party, if any

Democrat

Office Sought

Town Council

Election Type: (CHECK ONE)

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

Amendment

[] Yes [X] 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 \$5,100 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 \$5,100, 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 \$1,600 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 \$1,600 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.

Candidate Signature

Maggie

Date

5/19/19



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

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FORM D-1
FOR STATE USE ONLY

ELEC RECEIVED
MAY 21 2019

PLEASE TYPE OR PRINT

Candidate Name <i>Maggie McBride</i>		*(Area) Day Telephone <i>732-672-1070</i>
Candidate Committee Name <i>McBride for Belmar</i>		*(Area) Evening Telephone <i>732-672-1070</i>
Address (Number and Street, City, State, Zip Code)		
County <i>Monmouth</i>	Legal Name of Election District or Municipality <i>Belmar</i>	
Committee Email (Optional) <i>maggiejoan@gmail.com</i>		Committee Website (Optional)
Election Date <i>6/4/19</i>	Political Party, if any <i>Democrat</i>	Office Sought <i>Town Council</i>
Election Type: (CHECK ONE)		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> May Municipal <input type="checkbox"/> Run-Off <input type="checkbox"/> School <input type="checkbox"/> Fire District <input type="checkbox"/> Special Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

CHAIRPERSON

Name <i>Matthew D. Finizio</i>		
Mailing Address <i>1218 Briarwood Road</i>		
City <i>Belmar</i>	State <i>New Jersey</i>	Zip Code <i>07719</i>
*(Area) Day Telephone <i>609-332-2334</i>	*(Area) Evening Telephone <i>609-332-2334</i>	

TREASURER

Name <i>Gordon Estes</i>		
Mailing Address <i>1608 Oakwood Rd</i>		
City <i>Wall Twp</i>	State <i>NJ</i>	Zip Code <i>07719</i>
*(Area) Day Telephone <i>973-309-3966</i>	*(Area) Evening Telephone <i>973-309-3966</i>	
Resident Address <i>1608 Oakwood Rd</i>		
City <i>Wall Twp</i>	State <i>NJ</i>	Zip Code <i>07719</i>

DEPOSITORY INFORMATION

Name of Bank or Depository <i>TD Bank</i>		
Mailing Address <i>1840 Old Mill Rd</i>		
City <i>Wall Twp</i>	State <i>NJ</i>	Zip Code <i>07719</i>
(Area) Day Telephone <i>732-974-9248</i>		
Account Name <i>McBride for Belmar</i>	Account Number <i>43 6970 4296</i>	

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

Name <u>Gordon Estes</u>		
Mailing Address <u>1608 Oakwood Rd</u>		
City <u>Wall Twp</u>	State <u>NJ</u>	Zip Code <u>07719</u>
*(Area) Day Telephone <u>973-309-3966</u>	*(Area) Evening Telephone <u>973-309-3966</u>	

Name <u>Maggie McBride</u>		
Mailing Address <u>904 1st E Street</u>		
City <u>Belmar</u>	State <u>New Jersey</u>	Zip Code <u>07719</u>
*(Area) Day Telephone <u>732-672-1070</u>	*(Area) Evening Telephone <u>732-672-1070</u>	

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.

5/19/19 Maggie McBride Maggie
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.

5/19/2019 Matthew D. Finizio [Signature]
DATE PRINT FULL NAME (CHAIRPERSON) SIGNATURE (CHAIRPERSON)

5/18/19 Gordon Estes Gordon Estes
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# _____



JOINT CANDIDATES COMMITTEE – SWORN STATEMENT

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FORM A-2
FOR STATE USE ONLY

ELEC RECEIVED
MAY 21 2019

PLEASE TYPE OR PRINT

Joint Candidates Committee Name: Russo and McBride for Belmar
Candidate Name/Office Sought: Cheryl Russo/Town Council, Maggie McBride/Town Council
Committee Address:
*(Area) Day Telephone: 973-309-3966, *(Area) Evening Telephone: 973-309-3966
County: Monmouth, Legal Name of Election District or Municipality: Belmar
Election Date: 6/4/19, Political Party: Democrat
Election Type: Primary (checked), Amendment: No (checked)

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 \$9,700 for two candidates or \$14,000 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 \$9,700 for two candidates or \$14,000 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 \$1,600 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 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 the committee makes, incurs, or authorizes an expenditure of money or other thing of value in excess of \$1,600 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 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.

Cheryl Russo 5/19/19
Maggie McBride 5/19/19
CANDIDATE SIGNATURE DATE CANDIDATE SIGNATURE DATE



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

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FORM D-2
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ELEC RECEIVED
MAY 21 2019

PLEASE TYPE OR PRINT

Candidate Name/Office Sought <i>Cheryl Russo</i>		Candidate Name/Office Sought <i>Maggie McBride</i>	
Candidate Name/Office Sought		Candidate Name/Office Sought	
Joint Candidates Committee Name <i>Russo and McBride for Belmar</i>		*(Area) Day Telephone <i>973-309-3966</i>	
Committee Address (Number and Street, City, State, Zip Code)		*(Area) Evening Telephone <i>973-309-3966</i>	
County <i>Monmouth</i>	Legal Name of Election District or Municipality <i>Belmar</i>		
Committee Email (Optional)	Committee Website (Optional)		
Election Date <i>6/4/19</i>	Political Party, if any <i>Democrat</i>		
Election Type: (CHECK ONE) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> May Municipal <input type="checkbox"/> Run-Off <input type="checkbox"/> School <input type="checkbox"/> Fire District <input type="checkbox"/> Special			Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CHAIRPERSON

Name <i>Matthew D. Finizio</i>		
Mailing Address <i>1218 Briarwood Road</i>		
City <i>Belmar</i>	State <i>New Jersey</i>	Zip Code <i>07719</i>
*(Area) Day Telephone <i>609-332-2334</i>	*(Area) Evening Telephone <i>609-332-2334</i>	

TREASURER

Name <i>Gordon Estes</i>		
Mailing Address <i>1608 Oakwood Rd</i>		
City <i>Wall Twp</i>	State <i>NJ</i>	Zip Code <i>07719</i>
*(Area) Day Telephone <i>973-309-3966</i>	*(Area) Evening Telephone <i>973-309-3966</i>	
Resident Address <i>1608 Oakwood Rd</i>		
City <i>Wall Twp</i>	State <i>NJ</i>	Zip Code <i>07719</i>

DEPOSITORY INFORMATION

Name of Bank or Depository <i>TD Bank</i>		
Mailing Address <i>1840 Old Mill Rd</i>		
City <i>Wall Twp</i>	State <i>NJ</i>	Zip Code <i>07719</i>
(Area) Day Telephone <i>732-974-9248</i>		
Account Name <i>Russo and McBride for Belmar</i>	Account Number <i>4358042318</i>	

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

Name Gordon Estes

Mailing Address 1606 Oakwood Rd

City Wall Twp State Belmar Zip Code 07719

*(Area) Day Telephone 973-309-3966 *(Area) Evening Telephone 973-309-3966

Name Cheryl Russo

Mailing Address 1218 Briarwood Rd

City Belmar State NJ Zip Code 07719

*(Area) Day Telephone 732-710-1189 *(Area) Evening Telephone 732-710-1189

Name Maggie McBride

Mailing Address 904 E Street

City Belmar State NJ Zip Code 07719

*(Area) Day Telephone 732-672-1070 *(Area) Evening Telephone 732-672-1070

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>5/19/19</u> DATE	<u>Cheryl M Russo</u> PRINT FULL NAME (CANDIDATE)	<u>Cheryl Russo</u> SIGNATURE (CANDIDATE)
<u>5/19/19</u> DATE	<u>Maggie McBride</u> PRINT FULL NAME (CANDIDATE)	<u>Maggie</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>5/19/2019</u> DATE	<u>Matthew D. Finizio</u> PRINT FULL NAME (CHAIRPERSON)	<u>[Signature]</u> SIGNATURE (CHAIRPERSON)
<u>5/18/19</u> DATE	<u>Gordon Estes</u> PRINT FULL NAME (TREASURER)	<u>Gordon Estes</u> SIGNATURE (TREASURER)

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PLEASE TYPE OR PRINT

Candidate Name
Cheryl Russo

Candidate Committee Name
Russo for Belmar

Address (Number and Street, City, State, Zip Code)
1218 Briarwood Rd. Belmar, NJ 07719

*(Area) Day Telephone 732-710-1189 *(Area) Evening Telephone 732-710-1189

County Monmouth Legal Name of Election District or Municipality Belmar

Committee Email (Optional) CherylRusso@gmail.com Committee Website (Optional)

Election Date 6/4/19 Political Party, if any Democrat Office Sought Town Council

Election Type: (CHECK ONE)
[checked] Primary [] General [] May Municipal [] Run-Off [] Fire District [] Special
Amendment [] Yes [checked] 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 \$5,100 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 \$5,100, I am required to file a "Report of Contributions and Expenditures," Form R-1, on each subsequent reporting date.
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4. I am aware that if I receive a contribution in excess of \$1,600 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 \$1,600 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.

Candidate Signature Cheryl Russo Date 5/19/19



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

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FORM D-1
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MAY 21 2019

PLEASE TYPE OR PRINT

Candidate Name Cheryl Russo		*(Area) Day Telephone 732-710-1189	
Candidate Committee Name Russo for Belmar		*(Area) Evening Telephone 732-710-1189	
Address (Number and Street, City, State, Zip Code) 1218 Briarwood Rd, Belmar, NJ 07719			
County Monmouth	Legal Name of Election District or Municipality Belmar		
Committee Email (Optional)		Committee Website (Optional)	
Election Date 6/4/19	Political Party, if any Democrat	Office Sought Town Council	
Election Type: (CHECK ONE) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> May Municipal <input type="checkbox"/> Run-Off <input type="checkbox"/> School <input type="checkbox"/> Fire District <input type="checkbox"/> Special			Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CHAIRPERSON

Name Matthew D. Finizio			
Mailing Address 1218 Briarwood Road			
City Belmar	State New Jersey	Zip Code 07719	
*(Area) Day Telephone 609-332-2334		*(Area) Evening Telephone 609-332-2334	

TREASURER

Name Gordon Estes			
Mailing Address 1608 Oakwood Rd			
City Wall Twp	State NJ	Zip Code 07719	
*(Area) Day Telephone 973-309-3966		*(Area) Evening Telephone 973-309-3966	
Resident Address 1608 Oakwood Rd			
City Wall Twp	State NJ	Zip Code 07719	

DEPOSITORY INFORMATION

Name of Bank or Depository TD Bank			
Mailing Address 1840 Old Mill Rd			
City Wall Twp	State NJ	Zip Code 07719	
(Area) Day Telephone 732-974-9248			
Account Name Russo for Belmar		Account Number 4369704303	

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

Name <u>Gordon Estes</u>		
Mailing Address <u>1608 Oakwood Rd</u>		
City <u>Wall Twp</u>	State <u>NJ</u>	Zip Code <u>07719</u>
*(Area) Day Telephone <u>973-309-3966</u>	*(Area) Evening Telephone <u>973-309-3966</u>	

Name <u>Cheryl Russo</u>		
Mailing Address <u>1218 Briarwood Rd</u>		
City <u>Belmar</u>	State <u>NJ</u>	Zip Code <u>07719</u>
*(Area) Day Telephone <u>732-710-1189</u>	*(Area) Evening Telephone <u>732-710-1189</u>	

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.

5/19/19 Cheryl M Russo Cheryl Russo
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.

5/19/19 Matthew D. Finizio [Signature]
DATE PRINT FULL NAME (CHAIRPERSON) SIGNATURE (CHAIRPERSON)

5/18/19 Gordon Estes Gordon Estes
DATE PRINT FULL NAME (TREASURER) SIGNATURE (TREASURER)

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