



JOINT CANDIDATES COMMITTEE - SWORN STATEMENT

FORM A-2

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

FOR STATE USE ONLY

RECEIVED 7-8-13

PLEASE TYPE OR PRINT

Joint Candidates Committee Name
MAGOVERN - BLACKBURN FOR COUNCIL

Candidate Name/Office Sought
BRIAN MAGOVERN - COUNCIL

Candidate Name/Office Sought
JANIS KEOWN - BLACKBURN - COUNCIL

Committee Address (Number and Street, City, State, Zip Code)
207 SOUTH LAKE DRIVE, BELMAR, NJ 07719

*(Area) Day Telephone
732-681-3768

*(Area) Evening Telephone
732-681-3768

County
MONMOUTH

Legal Name of Election District or Municipality
BOROUGH OF BELMAR

Election Date
NOVEMBER 5, 2013

Political Party, if any
DEMOCRAT

Election Type: (CHECK ONE)
[] Primary [X] 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 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.
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 \$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.
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 \$1,400 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 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 \$1,400 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 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.

Brian Magovern 7/2/13
CANDIDATE SIGNATURE DATE

CANDIDATE SIGNATURE DATE

Janis Keown Blackburn 7/2/13
CANDIDATE SIGNATURE DATE

CANDIDATE SIGNATURE DATE



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PLEASE TYPE OR PRINT

Joint Candidates Committee Name

MAGOVERN - BLACKBURN FOR COUNCIL

Candidate Name/Office Sought

BRIAN MAGOVERN - COUNCIL

Candidate Name/Office Sought

Candidate Name/Office Sought

JANIS KEOWN - BLACKBURN - COUNCIL

Candidate Name/Office Sought

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

207 SOUTH LAKE DRIVE BELMAR, NJ 07719

*(Area) Day Telephone

732-681-3768

*(Area) Evening Telephone

732-681-3768

County

MONMOUTH

Legal Name of Election District or Municipality

BOROUGH OF BELMAR

Election Date

NOVEMBER 5, 2013

Political Party, if any

DEMOCRAT

Election Type: (CHECK ONE)

Primary General May Municipal Run-Off Fire District Special

Amendment

Yes No

I, the undersigned, do hereby certify as follows:

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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.

Brian Magovern 7/2/13
CANDIDATE SIGNATURE DATE

CANDIDATE SIGNATURE DATE

Janis Keown Blackburn 7/2/13
CANDIDATE SIGNATURE DATE

CANDIDATE SIGNATURE DATE



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 BRIAN MAGOVERN - COUNCIL	Candidate Name/Office Sought
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Candidate Name/Office Sought JANIS KEOWN - BLACKBURN - COUNCIL	Candidate Name/Office Sought
--	------------------------------

Joint Candidates Committee Name
MAGOVERN-BLACKBURN FOR COUNCIL

Committee Address (Number and Street, City, State, Zip Code)
207 SOUTH LAKE DRIVE, BELMAR, NJ 07719

*(Area) Day Telephone 732-681-3768	*(Area) Evening Telephone 732-681-3768
--	--

County MONMOUTH	Legal Name of Election District or Municipality BOROUGH OF BELMAR
---------------------------	---

Election Date NOVEMBER 5, 2013	Political Party, if any DEMOCRAT
--	--

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
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*(Area) Day Telephone	*(Area) Evening Telephone
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TREASURER

Name
JANET GROSSHAUOLER

Mailing Address
119 RACQUET RD.

City WALL	State NJ	Zip Code 07719
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*(Area) Day Telephone 732-773-0097	*(Area) Evening Telephone 732-773-0097
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Resident Address
119 RACQUET RD

City WALL	State NJ	Zip Code 07719
---------------------	--------------------	--------------------------

DEPOSITORY INFORMATION

Name of Bank or Depository
KEARNY FEDERAL SAVINGS / CENTRAL JERSEY

Mailing Address
611 MAIN STREET

City BELMAR	State NJ	Zip Code 07719
-----------------------	--------------------	--------------------------

(Area) Day Telephone
732-280-5400

Account Name BELMAR DEMOCRATIC COMMITTEE MAGOVERN-BLACKBURN FOR COUNCIL	Account Number 0403300601
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JOINT CANDIDATES COMMITTEE - SWORN STATEMENT

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PLEASE TYPE OR PRINT

Joint Candidates Committee Name
MAGOVERN - BLACKBURN FOR COUNCIL

Candidate Name/Office Sought
BRIAN MAGOVERN - COUNCIL

Candidate Name/Office Sought
JANIS KEOWN - BLACKBURN - COUNCIL

Committee Address (Number and Street, City, State, Zip Code)
207 SOUTH LAKE DRIVE BELMAR, NJ 07719

(Area) Day Telephone
732-681-3768

County
MONMOUTH

Election Date
NOVEMBER 5, 2013

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

Amendment
Yes [] No [X]

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Candidate Certification

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Brian Magovern 7/2/13
CANDIDATE SIGNATURE DATE

CANDIDATE SIGNATURE DATE

Janis Keown Blackburn 7/2/13
CANDIDATE SIGNATURE DATE

CANDIDATE SIGNATURE DATE



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

FORM D-2
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PLEASE TYPE OR PRINT

Candidate Name/Office Sought BRIAN MAGOVERN - COUNCIL	Candidate Name/Office Sought
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Candidate Name/Office Sought JAVIS KEOWN - BLACKBURN - COUNCIL	Candidate Name/Office Sought
--	------------------------------

Joint Candidates Committee Name
MAGOVERN-BLACKBURN FOR COUNCIL

Committee Address (Number and Street, City, State, Zip Code)
202 SOUTH LAKE DRIVE, BELMAR, NJ 07719

* (Area) Day Telephone 732-681-3768	* (Area) Evening Telephone 732-681-3768
---	---

County MONMOUTH	Legal Name of Election District or Municipality BOROUGH OF BELMAR
---------------------------	---

Election Date NOVEMBER 5, 2013	Political Party, if any DEMOCRAT
--	--

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
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TREASURER

Name
JANET GROSSHANDLER

Mailing Address
119 RACQUET RD.

City WALL	State NJ	Zip Code 07719
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* (Area) Day Telephone 732-773-0097	* (Area) Evening Telephone 732-773-0097
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PLEASE TYPE OR PRINT

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Candidate Name/Office Sought
BRIAN MAGOVERN - COUNCIL

Candidate Name/Office Sought
JANIS KEOWN - BLACKBURN - COUNCIL

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(Area) Day Telephone
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County
MONMOUTH

Election Date
NOVEMBER 5, 2013

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

Amendment
Yes [] No [X]

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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 and date for Brian Magovern (7/2/13)
Signature and date for Janis Keown Blackburn (7/2/13)



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

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PLEASE TYPE OR PRINT

Candidate Name/Office Sought BRIAN MAGOVERN - COUNCIL	Candidate Name/Office Sought
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Candidate Name/Office Sought JAULS KEOWN - BLACKBURN - COUNCIL	Candidate Name/Office Sought
--	------------------------------

Joint Candidates Committee Name
MAGOVERN - BLACKBURN FOR COUNCIL

Committee Address (Number and Street, City, State, Zip Code)
207 SOUTH LAKE DRIVE, BELMAR, NJ 07719

*(Area) Day Telephone 732-681-3768	*(Area) Evening Telephone 732-681-3768
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County MONMOUTH	Legal Name of Election District or Municipality BOROUGH OF BELMAR
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Election Date NOVEMBER 5, 2013	Political Party, if any DEMOCRAT
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Election Type: (CHECK ONE)

<input type="checkbox"/> Primary	<input checked="" 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
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CHAIRPERSON
Name

Mailing Address

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

Mailing Address

City WALL	State NJ	Zip Code 07719
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*(Area) Day Telephone 732-773-0097	*(Area) Evening Telephone 732-773-0097
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Resident Address

City WALL	State NJ	Zip Code 07719
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DEPOSITORY INFORMATION
Name of Bank or Depository

Mailing Address

City BELMAR	State NJ	Zip Code 07719
-----------------------	--------------------	--------------------------

(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: JANET GROSSHANDLER

Mailing Address: 119 RACQUET RD

City: WALL State: NJ Zip Code: 07719

*(Area) Day Telephone: 732-773-0097 *(Area) Evening Telephone: 732-773-0097

Name: BRIAN MAGOVERN

Mailing Address: 207 SOUTH LAKE DRIVE

City: BELMAR State: NJ Zip Code: 07719

*(Area) Day Telephone: 732-492-5029 *(Area) Evening Telephone: 732-681-3768

Name: JANIS KEOWN-BLACKBURN

Mailing Address: 106 RIVER COURT

City: BELMAR State: NJ Zip Code: 07719

*(Area) Day Telephone: 732-556-0595 *(Area) Evening Telephone: 732-556-0595

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>7/2/13</u> DATE	<u>BRIAN MAGOVERN</u> PRINT FULL NAME (CANDIDATE)	<u>Brian Magovern</u> SIGNATURE (CANDIDATE)
<u>7/2/13</u> DATE	<u>JANIS KEOWN-BLACKBURN</u> PRINT FULL NAME (CANDIDATE)	<u>Janis Keown-Blackburn</u> SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)

CHAIRPERSON/TREASURER CERTIFICATION

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_____ DATE	_____ PRINT FULL NAME (CHAIRPERSON)	_____ SIGNATURE (CHAIRPERSON)
<u>7/2/13</u> DATE	<u>JANET GROSSHANDLER</u> PRINT FULL NAME (TREASURER)	<u>Janet Grosshandler</u> 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# CF1300394