



JOINT CANDIDATES COMMITTEE - 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

FORM A-2

ELEC Received
Apr 06, 2018
7:42 AM

Amendment

Joint Candidates Committee Name

PUTTING BELMAR FIRST

Candidate Name

BRIAN MAGOVERN

Candidate Name

JENNIFER NICOLAY

Office Sought

MAYOR

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Name

Candidate Name

Office Sought

Office Sought

Candidate Name

Candidate Name

Office Sought

Office Sought

Street Address

207 S LAKE DRIVE

City: BELMAR, State: NJ, Zip Code: 07719, *(Area Code) Day Telephone: 732-773-0097, *(Area Code) Evening Telephone: 732-773-0097

Email: JANETGROSSHANDLER@GMAIL.COM

Website

Election Type: Primary (selected), May Municipal, Fire District, General, Run-Off, Special

Election Date: 06/05/2018

County: MONMOUTH COUNTY

Legal Name of Election District or Municipality: BELMAR BOROUGH

Political Party: DEMOCRAT

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 the "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 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.

*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.



I, the undersigned, do hereby certify as follows: (continued)

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 "Supplemental Expenditure Information," Form E-1.

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.

Registration Number ***** PIN *****
Candidate BRIAN P MAGOVERN Date 04/06/2018

Registration Number ***** PIN *****
Candidate JENNIFER A NICOLAY Date 04/06/2018

Registration Number _____ PIN _____
Candidate _____ Date _____

Registration Number _____ PIN _____
Candidate _____ Date _____

Registration Number _____ PIN _____
Candidate _____ Date _____

Registration Number _____ PIN _____
Candidate _____ Date _____



JOINT CANDIDATES 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)
 Website: www.elec.nj.gov

FORM D-2

ELEC Received
 Apr 06, 2018
 3:35 PM

Amendment

Joint Candidates Committee Name
 PUTTING BELMAR FIRST

Candidate Name BRIAN MAGOVERN	Candidate Name JENNIFER NICOLAY
Office Sought MAYOR	Office Sought COUNCIL OR MUNICIPAL OFFICE
Candidate Name	Candidate Name
Office Sought	Office Sought
Candidate Name	Candidate Name
Office Sought	Office Sought

Street Address
 207 S LAKE DRIVE

City BELMAR	State NJ	Zip Code 07719	*(Area Code) Day Telephone 732-773-0097	*(Area Code) Evening Telephone 732-773-0097
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Email
 JANETGROSSHANDLER@GMAIL.COM

Website
 NONE

Election Type: Primary May Municipal Fire District
 General Run-Off Special

Election Date
 06/05/2018

County
 MONMOUTH COUNTY

Legal Name of Election District or Municipality
 BELMAR BOROUGH

Political Party
 DEMOCRAT

CHAIRPERSON

Name

Mailing Address

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

Name
 BRIAN MAGOVERN

Mailing Address
 207 S LAKE DRIVE

City BELMAR	State NJ	Zip Code 07719	*(Area Code) Day Telephone 732-773-0097	*(Area Code) Evening Telephone 732-773-0097
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Resident Address
 207 S LAKE DRIVE

City BELMAR	State NJ	Zip Code 07719
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*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.



DEPOSITORY INFORMATIONName of Bank or Depository
KEARNY BANKMailing Address
611 MAIN STREET

City BELMAR	State NJ	Zip Code 07719	(Area Code) Day Telephone 732-280-5400
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Account Name
PUTTING BELMAR FIRSTAccount Number
*****2433**LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ANY PERSON(S) AUTHORIZED TO SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS**Name
BRIAN MAGOVERNMailing Address
207 S LAKE DRIVE

City BELMAR	State NJ	Zip Code 07719	*(Area Code) Day Telephone 732-773-0097	*(Area Code) Evening Telephone 732-773-0097
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Name
JANET GROSSHANDLERMailing Address
PO BOX 787

City BELMAR	State NJ	Zip Code 07719	*(Area Code) Day Telephone 732-773-0097	*(Area Code) Evening Telephone 732-773-0097
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Name

Mailing Address

City	State	Zip Code	*(Area Code) Day Telephone	*(Area Code) Evening Telephone
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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.Registration Number ***** PIN ***** Candidate BRIAN P MAGOVERN Date 04/06/2018Registration Number ***** PIN ***** Candidate JENNIFER A NICOLAY Date 04/06/2018

Registration Number _____ PIN _____ Candidate _____ Date _____

Registration Number _____ PIN _____ Candidate _____ Date _____

Registration Number _____ PIN _____ Candidate _____ Date _____

Registration Number _____ PIN _____ Candidate _____ Date _____

Registration Number _____ PIN _____ Candidate _____ Date _____

Registration Number _____ PIN _____ Candidate _____ Date _____

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 _____ Chairperson _____ Date _____

Registration Number ***** PIN ***** Treasurer BRIAN P MAGOVERN Date 05/06/2018

Treasurers for Governatorial 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.