

Received 7-28-17



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

PLEASE TYPE OR PRINT

Candidate Name

Joshua Vallardo

Candidate Committee Name

VALLARDO FOR BEZMAR COUNCIL

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

P.O. Box 595, BEZMAR, N.J. 07719

*(Area) Day Telephone

732-742-7330

*(Area) Evening Telephone

732-742-7330

County

Monmouth

Legal Name of Election District or Municipality

Township of Bezmar

Election Date

Nov. 7, 2017

Political Party, if any

REPUBLICAN

Office Sought

COUNCIL

Election Type: (CHECK ONE)

Primary General May 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 \$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

[Handwritten Signature]

Date

7/28/2017



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

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 www.elec.state.nj.us/

FORM D-1
FOR STATE USE ONLY

PLEASE TYPE OR PRINT

Candidate Name: Joseph Vignararo

Candidate Committee Name: Vignararo for Bermar Council

Address (Number and Street, City, State, Zip Code): P.O. BOX 595, BERMAR, N.J. 07719

*(Area) Day Telephone: 732-742-7330 *(Area) Evening Telephone: 732-742-7330

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

Election Date: Nov 7, 2017 Political Party, if any: REPUBLICAN Office Sought: COUNCIL

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

CHAIRPERSON

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

*(Area) Day Telephone: _____ *(Area) Evening Telephone: _____

TREASURER

Name: John Vannuzzi

Mailing Address: 229 16th Avenue

City: Bermar State: NEW JERSEY Zip Code: 07719

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

Resident Address: 229 16th Avenue

City: Bermar State: NEW JERSEY Zip Code: 07719

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 VAVARUZZI</i>		
Mailing Address <i>729 16TH AVENUE</i>		
City <i>BRUNSWICK</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 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.

7/28/2017 *JOSEPH VAVARUZZI* *[Signature]*
 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.

July 20, 2017 *JOHN VAVARUZZI* *[Signature]*
 DATE PRINT FULL NAME (CHAIRPERSON) SIGNATURE (CHAIRPERSON)

July 20, 2017 *JOHN VAVARUZZI* *[Signature]*
 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# _____