



JOINT CANDIDATES COMMITTEE – SWORN STATEMENT

FORM A-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

Joint Candidates Committee Name

Candidate Name/Office Sought

Candidate Name/Office Sought

Candidate Name/Office Sought

Candidate Name/Office Sought

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

*(Area) Day Telephone

*(Area) Evening Telephone

County

Legal Name of Election District or Municipality

Election Date

Political Party, if any

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 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.

CANDIDATE SIGNATURE

DATE

CANDIDATE SIGNATURE

DATE

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 <i>MARK WALSHER / COUNCIL</i>		Candidate Name/Office Sought	
Candidate Name/Office Sought <i>JOSHUA VALEARIO / COUNCIL</i>		Candidate Name/Office Sought	
Joint Candidates Committee Name <i>MARK AND JOSH FOR BELMAR COUNCIL</i>			
Committee Address (Number and Street, City, State, Zip Code) <i>P.O. Box 163 BELMAR, N.J. 07719</i>			
*(Area) Day Telephone <i>732-681-6791</i>		*(Area) Evening Telephone <i>732-681-6791</i>	
County <i>MONMOUTH</i>	Legal Name of Election District or Municipality <i>BOROUGH OF BELMAR</i>		
Election Date <i>NOVEMBER 8, 2016</i>	Political Party, if any <i>REPUBLICAN</i>		
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

CHAIRPERSON

Name

Mailing Address

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

TREASURER

Name
JOHN YANNUZZI

Mailing Address
229 16TH AVENUE

City <i>BELMAR</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>	

Resident Address
SAME

City	State	Zip Code
------	-------	----------

DEPOSITORY INFORMATION

Name of Bank or Depository
FNC BANK

Mailing Address
320 MAIN STREET

City <i>AVON</i>	State <i>NEW JERSEY</i>	Zip Code <i>07717</i>
(Area) Day Telephone <i>732-502-8014</i>		

Account Name <i>MARK AND JOSH FOR BELMAR COUNCIL</i>	Account Number <i>8060327204</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 <i>JOHN YANNUZZI</i>		
Mailing Address <i>229 16TH AVENUE</i>		
City <i>ELMUR</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 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>7-6-14</u>	<u><i>Mark Worsfold</i></u>	<u><i>[Signature]</i></u>
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
<u>7-6-14</u>	<u><i>Isma Valencio</i></u>	<u><i>[Signature]</i></u>
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
_____	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
_____	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.

_____	_____	_____
DATE	PRINT FULL NAME (CHAIRPERSON)	SIGNATURE (CHAIRPERSON)
<u>7/6/14</u>	<u><i>John Yannuzzi</i></u>	<u><i>[Signature]</i></u>
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)

Treasurers for Governatorial 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# _____