



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

FORM D-1

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 Thomas E Burke

Candidate Committee Name _____

Address (Number and Street, City, State, Zip Code)
608 10th Avenue

*(Area) Day Telephone 908-618-4132 *(Area) Evening Telephone Same

County Monmouth Legal Name of Election District or Municipality Belmar

Election Date 6-2-2015 Political Party, if any Republican Office Sought Borough Council

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

CHAIRPERSON

Name Dennis Buchanan

Mailing Address 409 9th Avenue

City Belmar State NJ Zip Code 07719

*(Area) Day Telephone 732-456-0444 *(Area) Evening Telephone 732-456-0444 (cell)

TREASURER

Name Gail E Burke

Mailing Address * PO Box 1114 Belmar, NJ, 07719

City Wall State NJ Zip Code 07719

*(Area) Day Telephone 732-890-9632 *(Area) Evening Telephone 732-890-9632

Resident Address 18th Avenue

City Wall State NJ Zip Code 07719

DEPOSITORY INFORMATION


Name of Bank or Depository TD Bank

Mailing Address 1840 Old Mill Rd

City Wall Township State NJ Zip Code 07719

(Area) Day Telephone 732 974-9248

Account Name Committee to elect Thomas E Burke Account Number 431468582

	SUPPLEMENTAL CONTRIBUTOR INFORMATION 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	FORM C-1 FOR STATE USE ONLY
CONTRIBUTIONS REPORT TYPE (CHECK ONE) <input checked="" type="checkbox"/> Committee spending under the R-1 reporting threshold (A-1 or A-2 filers etc.) who received a contribution in excess of \$300 in the aggregate from one source in the election, or any currency (cash) contributions. <input type="checkbox"/> Committee receiving a contribution in excess of \$1,400 in the aggregate from one source starting with the 13 th day before the election up to, and including the day of the election (48-Hour Notice).		Amendment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION		
Candidate(s) Name <i>Thomas E Burke</i>		Election Date <i>11/4/2015</i>
Committee Name <i>Committee To Elect Thomas E Burke</i>		Election District/Municipality <i>Belmar</i>
Candidate or Committee Address (Number and Street, City, State, Zip Code) <i>608 10th Avenue - Belmar, NJ 07719</i>		
Office Sought <i>Councilman</i>	County <i>Monmouth</i>	* (Area) Day Telephone <i>908 618 4132</i>
Political Party <i>Republican</i>		* (Area) Evening Telephone <i>908 618 4132</i>
SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check; B = In-Kind; C = Loan)		
Date Received <i>2/16/2015</i>	Contributor Name <i>Thomas E Burke</i>	
Address (Number and Street, City, State, Zip Code) <i>608 10th Avenue, Belmar, NJ, 07719</i>		Aggregate Amount \$ <i>60</i>
Amount \$ <i>60</i>	Occupation (If Individual) <i>Retired</i>	Receipt Type <input checked="" type="checkbox"/> Currency <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan
Employer Name (If Individual) <i>NA</i>		Description, if In-Kind Contribution <i>Loan to Committee</i>
Employer Mailing Address (If Individual) <i>NA</i>		
Date Received <i>2/17/2015</i>	Contributor Name <i>Thomas E Burke</i>	
Address (Number and Street, City, State, Zip Code) <i>608 10th Ave Belmar NJ 07719</i>		Aggregate Amount \$ <i>80</i>
Amount \$ <i>20</i>	Occupation (If Individual) <i>Retired</i>	Receipt Type <input checked="" type="checkbox"/> Currency <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan
Employer Name (If Individual) <i>NA</i>		Description, if In-Kind Contribution
Employer Mailing Address (If Individual) <i>NA</i>		
Date Received <i>5/1/2015</i>	Contributor Name <i>Jeff Ciarella</i>	
Address (Number and Street, City, State, Zip Code) <i>16201 Lindbergh St</i>		Aggregate Amount \$ <i>300</i>
Amount \$ <i>300</i>	Occupation (If Individual) <i>Owner</i>	Receipt Type <input checked="" type="checkbox"/> Currency <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan
Employer Name (If Individual) <i>PERFECT NUTRITION</i>		Description, if In-Kind Contribution
Employer Mailing Address (If Individual) <i>Van Nuys, Ca 91406</i>		
Date Received <i>5/2/2015</i>	Contributor Name <i>Tony Cranchell</i>	
Address (Number and Street, City, State, Zip Code) <i>501 N. Walnut St Lumberton La 50140</i>		Aggregate Amount \$ <i>50</i>
Amount \$ <i>50</i>	Occupation (If Individual) <i>Retired</i>	Receipt Type <input checked="" type="checkbox"/> Currency <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan
Employer Name (If Individual) <i>NA</i>		Description, if In-Kind Contribution
Employer Mailing Address (If Individual) <i>NA</i>		
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE \$ <i>430⁰⁰</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL \$ _____
Candidate or Treasurer Signature <i>[Signature]</i>		Date <i>6/12/2015</i>



SUPPLEMENTAL CONTRIBUTOR INFORMATION

FORM C-1

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CONTRIBUTIONS REPORT TYPE (CHECK ONE)

- Committee spending under the R-1 reporting threshold (A-1 or A-2 filers etc.) who received a contribution in excess of \$300 in the aggregate from one source in the election, or any currency (cash) contributions.
- Committee receiving 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 (48-Hour Notice).

Amendment?

Yes No

SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION

Candidate(s) Name <i>Thomas E Burke (Page 2 of 3)</i>		Election Date <i>11/4/2015</i>
Committee Name		Election District/Municipality
Candidate or Committee Address (Number and Street, City, State, Zip Code)		
Office Sought	County	*(Area) Day Telephone
Political Party		*(Area) Evening Telephone

SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check; B = In-Kind; C = Loan)

Date Received <i>5/3/2015</i>	Contributor Name <i>Noel Jones</i>		Aggregate Amount \$ <i>25</i>	Amount \$ <i>25</i>
Address (Number and Street, City, State, Zip Code) <i>Green Street, Boone, Iowa 50036</i>			Description, if In-Kind Contribution	
Occupation (If Individual) <i>Retired</i>	Receipt Type	Check if Currency <input checked="" type="checkbox"/>		
Employer Name (If Individual) <i>NA</i>		Employer Mailing Address (If Individual) <i>NA</i>		
Date Received <i>5/3/2015</i>	Contributor Name <i>Matt Rousseau</i>		Aggregate Amount \$ <i>25</i>	Amount \$ <i>25</i>
Address (Number and Street, City, State, Zip Code) <i>Morrisville, Pa 19067</i>			Description, if In-Kind Contribution	
Occupation (If Individual) <i>Retired</i>	Receipt Type	Check if Currency <input checked="" type="checkbox"/>		
Employer Name (If Individual) <i>NA</i>		Employer Mailing Address (If Individual) <i>NA</i>		
Date Received <i>5/5/2015</i>	Contributor Name <i>Thomas E Burke</i>		Aggregate Amount \$ <i>180</i>	Amount \$ <i>100</i>
Address (Number and Street, City, State, Zip Code) <i>608 10th Avenue, Belmar, NJ 07719</i>			Description, if In-Kind Contribution <i>Loan to Committee</i>	
Occupation (If Individual) <i>Retired</i>	Receipt Type <i>Deposit Slip</i>	Check if Currency <input checked="" type="checkbox"/>		
Employer Name (If Individual) <i>NA</i>		Employer Mailing Address (If Individual) <i>NA</i>		
Date Received <i>5/7/2015</i>	Contributor Name <i>Gail Burke</i>		Aggregate Amount \$ <i>160</i>	Amount \$ <i>160</i>
Address (Number and Street, City, State, Zip Code) <i>2614 18th Avenue, Wall, NJ 07797</i>			Description, if In-Kind Contribution <i>Loan to Committee</i>	
Occupation (If Individual) <i>Retired</i>	Receipt Type <i>check</i>	Check if Currency <input type="checkbox"/>		
Employer Name (If Individual) <i>NA</i>		Employer Mailing Address (If Individual) <i>NA</i>		
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ <i>310</i>	
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$	
Candidate or Treasurer Signature <i>Thomas E Burke</i>			Date <i>6/12/2015</i>	



SUPPLEMENTAL CONTRIBUTOR INFORMATION

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CONTRIBUTIONS REPORT TYPE (CHECK ONE)

- Committee spending under the R-1 reporting threshold (A-1 or A-2 filers etc.) who received a contribution in excess of \$300 in the aggregate from one source in the election, or any currency (cash) contributions.
- Committee receiving 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 (48-Hour Notice).

Amendment?
 Yes No

SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION

Candidate(s) Name: Thomas E Burke 3/13 Election Date

Committee Name Election District/Municipality

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

Office Sought County *(Area) Day Telephone

Political Party *(Area) Evening Telephone

SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check; B = In-Kind; C = Loan)

Date Received	Contributor Name	Aggregate Amount	Amount
<u>5/15/2015</u>	<u>Thomas E Burke</u>	\$ <u>337.50</u>	\$ <u>157.50</u>
Address (Number and Street, City, State, Zip Code)	Receipt Type	Check if Currency	Description, if In-Kind Contribution
<u>608 10th Ave Belmar, NJ, 07719</u>		<input type="checkbox"/>	<u>In Kind - Caryove Lawn Signs (50)</u>
Occupation (If Individual)	Employer Name (If Individual)	Employer Mailing Address (If Individual)	
<u>Retired</u>	<u>NA</u>	<u>NA</u>	
Date Received	Contributor Name	Aggregate Amount	Amount
		\$	\$
Address (Number and Street, City, State, Zip Code)	Receipt Type	Check if Currency	Description, if In-Kind Contribution
		<input type="checkbox"/>	
Employer Name (If Individual)	Employer Mailing Address (If Individual)		
Date Received	Contributor Name	Aggregate Amount	Amount
		\$	\$
Address (Number and Street, City, State, Zip Code)	Receipt Type	Check if Currency	Description, if In-Kind Contribution
		<input type="checkbox"/>	
Employer Name (If Individual)	Employer Mailing Address (If Individual)		
Date Received	Contributor Name	Aggregate Amount	Amount
		\$	\$
Address (Number and Street, City, State, Zip Code)	Receipt Type	Check if Currency	Description, if In-Kind Contribution
		<input type="checkbox"/>	
Employer Name (If Individual)	Employer Mailing Address (If Individual)		

(COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$ 157.50

(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$ 897.50

Candidate or Treasurer Signature: [Signature] Date: 6/12/2015



CANDIDATE - SWORN STATEMENT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
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FORM A-1

FOR STATE USE ONLY

PLEASE TYPE OR PRINT

Candidate Name: Thomas E. Burke

Candidate Committee Name: Committee to Elect Thomas E Burke

Address (Number and Street, City, State, Zip Code): 608 10th Avenue Belmar, NJ 07719

*(Area) Day Telephone: 908 618 4132

*(Area) Evening Telephone: 908 618 4132

County: Monmouth

Legal Name of Election District or Municipality: Belmar Borough

Election Date: 6-2-2015

Political Party, if any: Republican

Office Sought: Borough Council - Belmar

Election Type: (CHECK ONE)
[X] 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 \$4,500 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 \$4,500, 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 \$1,400 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 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 \$1,400 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 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: 2/28/2015

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>Gail E. Burke</i>		
Mailing Address <i>2614 18th Avenue</i>		
City <i>Wall</i>	State <i>NJ</i>	Zip Code <i>07719</i>
*(Area) Day Telephone <i>732-890-9632</i>	*(Area) Evening Telephone <i>732-890-9632</i>	

Name <i>Thomas E Burke</i>		
Mailing Address <i>608 10th Avenue</i>		
City <i>Belmar</i>	State <i>NJ</i>	Zip Code <i>07719</i>
*(Area) Day Telephone <i>908-618-4132</i>	*(Area) Evening Telephone <i>908-618-4132</i>	

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.

2/28/2015 Thomas E Burke *Thomas E Burke*
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.

2/28/2015 Dennis Buchanan *Dennis Buchanan*
DATE PRINT FULL NAME (CHAIRPERSON) SIGNATURE (CHAIRPERSON)

2/28/2015 Gail E Burke *Gail E Burke*
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# _____