



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 MARK AND JOSH FOR BERMAR COUNCIL

Candidate Name/Office Sought MARK WILSONER / COUNCIL Candidate Name/Office Sought

Candidate Name/Office Sought JOSH VALLARIO / COUNCIL Candidate Name/Office Sought

Committee Address (Number and Street, City, State, Zip Code) P.O. Box 163, BERMAR, N.J. 07719

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

County MONMOUTH Legal Name of Election District or Municipality BOROUGH OF BERMAR

Election Date JUNE 7, 2016 Political Party, if any REPUBLICAN

Election Type: (CHECK ONE) [X] Primary [] 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.

CANDIDATE SIGNATURE DATE 4/1/16

CANDIDATE SIGNATURE DATE

CANDIDATE SIGNATURE DATE 4/1/16

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 *MARK WALSH / Council* Candidate Name/Office Sought

Candidate Name/Office Sought *ASHUA VALLARDO / Council* Candidate Name/Office Sought

Joint Candidates Committee Name *MARK AND JUST FOR BELMAR COUNCIL*

Committee Address (Number and Street, City, State, Zip Code) *P.O. BOX 163 BELMAR, N.J. 07719*

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

County *MONMOUTH* Legal Name of Election District or Municipality *TOWNSHIP OF BELMAR*

Election Date *JUNE 7, 2016* Political Party, if any *REPUBLICAN*

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

TREASURER

Name *JOHN YANUZZI*

Mailing Address *229 16TH AVENUE*

City *BELMAR* State *NEW JERSEY* Zip Code *07719*

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

Resident Address *SAME*

City State Zip Code

DEPOSITORY INFORMATION

Name of Bank or Depository *PNC BANK*

Mailing Address *320 MAIN STREET*

City *AVON* State *NEW JERSEY* Zip Code *07717*

(Area) Day Telephone *732-507-8014*

Account Name *MARK AND JUST FOR BELMAR COUNCIL* Account Number *8060327204*

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 YANUZZI</i>		
Mailing Address <i>229 16TH AVENUE</i>		
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>	

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>4.1.16</u> DATE	<u>MARK WASSER</u> PRINT FULL NAME (CANDIDATE)	<u>[Signature]</u> SIGNATURE (CANDIDATE)
<u>4.1.16</u> DATE	<u>JOSUA VALLARIO</u> PRINT FULL NAME (CANDIDATE)	<u>[Signature]</u> SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ 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.

<u>4/2/16</u> DATE	<u>JOHN YANUZZI</u> PRINT FULL NAME (CHAIRPERSON)	<u>[Signature]</u> SIGNATURE (CHAIRPERSON)
_____ DATE	<u>[Signature]</u> PRINT FULL NAME (TREASURER)	<u>[Signature]</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# _____.