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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)
Web site: <http://www.elec.state.nj.us/>

PLEASE TYPE OR PRINT

Candidate Name JAMES BEHN

Candidate Committee Name BETTER BELMAR 2011

Address (Number and Street, City, State, Zip Code) P.O. Box 391 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 BOROUGH OF BELMAR

Election Date Nov. 8, 2011 Political Party, if any REPUBLICAN Office Sought Council

Election Type: (CHECK ONE) Primary General Municipal Run-Off School Fire District Special Yes 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 BELMAR State NEW JERSEY Zip Code 07719

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

Resident Address 229 16TH AVENUE

City BELMAR State NEW JERSEY Zip Code 07719

DEPOSITORY INFORMATION

Name of Bank or Depository FNC BANK

Mailing Address 320 MAIN STREET

City AVON State NEW JERSEY Zip Code 07717

(Area) Day Telephone 732-502-8015

Account Name BETTER BELMAR 2011 Account Number 8046305789

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>BELMAR</i>	State <i>NEW JERSEY</i>	Zip Code <i>07719</i>
*(Area) Day Telephone	*(Area) Evening Telephone	

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.

10/10/11 JAMES F. BEAN [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.

10/10/11 JOHN YANNUZZI [Signature]
 DATE PRINT FULL NAME (CHAIRPERSON) SIGNATURE (CHAIRPERSON)

10/10/11 JOHN YANNUZZI [Signature]
 DATE PRINT FULL NAME (TREASURER) SIGNATURE (TREASURER)

Treasurers for Governorial 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# _____