



COPY

JOINT CANDIDATES COMMITTEE - 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)
Web site: http://www.elec.state.nj.us/

FORM A-2

FOR STATE USE ONLY



PLEASE TYPE OR PRINT

Joint Candidates Committee Name: WRIGHT, BEAN, DEMPSEY FOR BELMAR
Treasurer Name: JOHANNA CORALLO

Candidate Name/Office Sought: RICHARD WRIGHT / MAYOR
Candidate Name/Office Sought: GREGORY DEMPSEY / COUNCILMAN

Candidate Name/Office Sought: JAMES BEAN / COUNCILMAN
Candidate Name/Office Sought: (blank)

Committee Address (Number and Street, City, State, Zip Code): PO BOX 391 BELMAR, NJ 07719

*(Area) Day Telephone: 732-280-0434
*(Area) Evening Telephone: 732-280-0434

County: MONMOUTH
Legal Name of Election District or Municipality: BOROUGH OF BELMAR

Election Date: JUNE 8, 2010
Political Party, if any: REPUBLICAN

Election Type: (CHECK ONE)
[X] Primary [] General [] School [] Municipal [] Run-Off [] 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 \$7,600 for two candidates or \$11,000 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 \$7,600 for two candidates or \$11,000 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 \$1,200 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 \$1,200 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: [Signature] DATE: 4-28-10
CANDIDATE SIGNATURE: [Signature] DATE: 4-28-10

CANDIDATE SIGNATURE: [Signature] DATE: 4/28/2010
CANDIDATE SIGNATURE: [Signature] DATE: [blank]

Treasurers for Gubernatorial and Legislative candidates are required to receive training with the New Jersey Election Law Enforcement Commission. Check here [] if the treasurer named above has received the training and enter the Treasurer Training ID#