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

PLEASE TYPE OR PRINT

Candidate Name/Office Sought <i>RICHARD WRIGHT / MAYOR</i>	Candidate Name/Office Sought <i>GREGORY DEMPSEY / COUNCILMAN</i>
Candidate Name/Office Sought <i>JAMES BEAN / COUNCILMAN</i>	Candidate Name/Office Sought

Joint Candidates Committee Name
WRIGHT, BEAN, DEMPSEY FOR BELMAR

Committee Address (Number and Street, City, State, Zip Code)
P.O. BOX 391 BELMAR NJ 07719

*(Area) Day Telephone <i>732-280-0434</i>	*(Area) Evening Telephone <i>732-280-0434</i>
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County <i>AVONMOUTH</i>	Legal Name of Election District or Municipality <i>BOROUGH OF BELMAR</i>
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Election Date <i>NOVEMBER 2, 2010</i>	Political Party, if any <i>REPUBLICAN</i>
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Election Type: (CHECK ONE)

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="checkbox"/> School	<input type="checkbox"/> Municipal	<input type="checkbox"/> Run-Off	<input type="checkbox"/> Special	Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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CHAIRPERSON
Name

Mailing Address

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

Name
JOHANNA CORALLO

Mailing Address
1201 A STREET

City <i>BELMAR</i>	State <i>NJ</i>	Zip Code <i>07719</i>
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*(Area) Day Telephone <i>732-280-0434</i>	*(Area) Evening Telephone <i>732-280-0434</i>
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Resident Address
1201 A STREET

City <i>BELMAR</i>	State <i>NJ</i>	Zip Code <i>07719</i>
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DEPOSITORY INFORMATION

Name of Bank or Depository
PNC BANK

Mailing Address
320 MAIN ST.

City <i>AVON</i>	State <i>NJ</i>	Zip Code <i>07717</i>
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(Area) Day Telephone
732-502 8015

Account Name <i>WRIGHT, BEAN, DEMPSEY FOR BELMAR</i>	Account Number <i>804 264 7108</i>
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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>JOHANNA CORALLO</i>		
Mailing Address <i>1201 A STREET</i>		
City <i>BELMAN</i>	State <i>NJ</i>	Zip Code <i>07719</i>
*(Area) Day Telephone <i>732-280-0434</i>		*(Area) Evening Telephone <i>732-280-0434</i>

Name <i>CHARLES KOEHLER</i>		
Mailing Address <i>225 16TH AVE.</i>		
City <i>BELMAN</i>	State <i>NJ</i>	Zip Code <i>07719</i>
*(Area) Day Telephone <i>732-681-7903</i>		*(Area) Evening Telephone <i>732-681-7903</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 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>6/25/10</u> DATE	<u>Richard J. Wright</u> PRINT FULL NAME (CANDIDATE)	<u>[Signature]</u> SIGNATURE (CANDIDATE)
<u>6/29/10</u> DATE	<u>Tanner F. Bean JR</u> PRINT FULL NAME (CANDIDATE)	<u>[Signature]</u> SIGNATURE (CANDIDATE)
<u>6/29/2010</u> DATE	<u>Gregory S. Dempsey</u> PRINT FULL NAME (CANDIDATE)	<u>[Signature]</u> 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>6/29/2010</u> DATE	<u>JOHANNA CORALLO</u> PRINT FULL NAME (CHAIRPERSON)	<u>[Signature]</u> SIGNATURE (CHAIRPERSON)
_____ 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# _____.

RECEIVED
10-2-10



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

PLEASE TYPE OR PRINT

Joint Candidates Committee Name <i>WRIGHT, BEAN, DEMPSEY FOR BELMAR</i>		Treasurer Name <i>JOHANNA CORALLO</i>	
Candidate Name/Office Sought <i>RICHARD WRIGHT / MAYOR</i>		Candidate Name/Office Sought <i>GREGORY DEMPSEY / COUNCILMAN</i>	
Candidate Name/Office Sought <i>JAMES BEAN / COUNCILMAN</i>		Candidate Name/Office Sought	
Committee Address (Number and Street, City, State, Zip Code) <i>P.O. BOX 391 BELMAR NJ 07719</i>			
*(Area) Day Telephone <i>732-280-0434</i>		*(Area) Evening Telephone <i>732-280-0434</i>	
County <i>MORRIS</i>		Legal Name of Election District or Municipality <i>BOROUGH OF BELMAR</i>	
Election Date <i>NOVEMBER 2, 2010</i>		Political Party, if any <i>REPUBLICAN</i>	
Election Type: (CHECK ONE) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> School <input type="checkbox"/> Municipal <input type="checkbox"/> Run-Off <input type="checkbox"/> Special			Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I, the undersigned, do hereby certify as follows:

- 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.
- 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.
- 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.
- 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.
- 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."
- 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	<i>6/28/2010</i> _____ DATE	 _____ CANDIDATE SIGNATURE	<i>6/29/10</i> _____ DATE
 _____ CANDIDATE SIGNATURE	<i>6/29/2010</i> _____ DATE	_____ CANDIDATE SIGNATURE	_____ DATE

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# _____.