



# CANDIDATE - SWORN STATEMENT

## FORM A-1

### NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185

Phone: (609) 292-8700

Website: [www.elec.nj.gov](http://www.elec.nj.gov)

ELEC Received  
Jun 17, 2024 11:03 AM

Amendment

Candidate Name		Office Sought		
<u>JODI L. KINNEY</u>		<u>COUNCIL OR MUNICIPAL OFFICE</u>		
Candidate Committee Name				
<u>JODI KINNEY FOR BELMAR COUNCIL</u>				
Street Address				
<u>1011 OCEAN AVE</u>				
City	State	Zip Code	*Day Telephone	*Evening Telephone
<u>BELMAR</u>	<u>NJ</u>	<u>07719</u>	<u>732-915-6111</u>	<u>732-915-6111</u>
Committee Email (Optional)		Committee Website (Optional)		
<u></u>		<u></u>		
Election Type:	<input type="radio"/> Primary	<input type="radio"/> May Municipal	<input type="radio"/> Fire District	Election Date
(Select One)	<input checked="" type="radio"/> General	<input type="radio"/> Run-Off	<input type="radio"/> Special	<u>11/05/2024</u>
County	Legal Name of Election District or Municipality		Political Party	
<u>MONMOUTH COUNTY</u>	<u>BELMAR BOROUGH</u>		<u>REPUBLICAN</u>	

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 \$5,800 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 \$5,800, I am required to file the Form R-1 (Report of Contributions and Expenditures) through ELEC eFile, on each subsequent reporting date.
3. I am aware that if I receive a contribution in excess of \$200 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 Form C-1 (Supplemental Contributor Information). I am aware that I am required to identify the source and the aggregate total of the 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 contributions received in excess of \$200 in the aggregate from one source starting with the 13th day before the election, up to and including the 8th day before the election must be reported to the Commission within 72 hours of receipt, and starting with the 7th day before the election, up to and including, the day of the election, must be reported to the Commission within 24 hours of receipt. I am aware that I am required to identify the source and the aggregate total of the contributions therefrom during the period, and if the contributor is an individual, his/her occupation and the name and address of his/her employer on Form C-1 (Supplemental Contributor Information).
5. I am aware that if I make, incur or authorize an expenditure of money or other thing of value in excess of \$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 8th day before the election, it must be reported to the Commission within 72 hours, and starting with the 7th day before the election, up to and including, the day of the election, it must be reported to the Commission within 24 hours on Form E-1 (Supplemental Expenditure Information).
6. I am aware that I am required to designate a campaign treasurer and depository by filing Form D-1 (Certificate of Organization and Designation of Campaign Treasurer and Depository) with the Commission no later than 10 days after receipt of any contribution or no later than 10 days after making any expenditure, whichever comes first.

**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.

Registration Number	<u>*****</u>	PIN	<u>*****</u>
Candidate	<u>JODI L KINNEY</u>	Date	<u>06/17/2024</u>

\*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.



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

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185

Phone: (609) 292-8700

Website: www.elec.nj.gov

FORM D-1

ELEC Received Jun 27, 2024 2:17 PM

Amendment

Candidate Name (required)

JODI KINNEY

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Committee Name

JODI KINNEY FOR BELMAR COUNCIL

Street Address

1011 OCEAN AVE

City

BELMAR

State

NJ

Zip Code

07719

\*Day Telephone

732-915-6111

\*Evening Telephone

732-915-6111

Committee Email (Optional)

Committee Website (Optional)

Election Type:

Primary

May Municipal

Fire District

Election Date

(Select One)

General

Run-Off

Special

11/05/2024

County

MONMOUTH COUNTY

Legal Name of Election District or Municipality

BELMAR BOROUGH

Political Party

REPUBLICAN

CHAIRPERSON

Name

Mailing Address

City

State

Zip Code

\*Day Telephone

\*Evening Telephone

TREASURER (required)

Name

MARY A WALSIFER

Mailing Address

1011 OCEAN AVE

City

BELMAR

State

NJ

Zip Code

07719

\*Day Telephone

732-513-3369

\*Evening Telephone

732-513-3369

Resident Address

1011 OCEAN AVE

City

BELMAR

State

NJ

Zip Code

07719

DEPOSITORY INFORMATION

Name of Bank or Depository

KEARNY BANK

Mailing Address

611 MAIN ST

City

BELMAR

State

NJ

Zip Code

07719

Day Telephone

732-280-5400

Account Name

JODI KINNEY FOR BELMAR COUNCIL

Account Number

\*\*\*\*\*3753

\*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

**LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ANY PERSON(S) AUTHORIZED TO SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS**

Name

MARY A WALSIFER

Mailing Address

1011 OCEAN AVE

City

State

Zip Code

\*Day Telephone

\*Evening Telephone

BELMAR

NJ

07719

732-513-3369

732-513-3369

Name

Mailing Address

City

State

Zip Code

\*Day Telephone

\*Evening Telephone

Name

Mailing Address

City

State

Zip Code

\*Day Telephone

\*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.

Registration Number

\*\*\*\*\*

PIN

\*\*\*\*\*

JODI L KINNEY

06/27/2024

Candidate (required)

Date

**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.

Registration Number

\*\*\*\*\*

PIN

\*\*\*\*\*

MARY A WALSIFER

06/27/2024

Treasurer (required)

Date

Registration Number

PIN

Chairperson

Date

Treasurers for gubernatorial and legislative candidates are required to receive training with the NJ ELEC. If you have completed the training enter your Treasurer Training ID#

*\*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.*