



JOINT CANDIDATES 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
 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
 www.elec.nj.gov

FORM D-2
FOR STATE USE ONLY

PLEASE TYPE OR PRINT

| | | | |
|--|---|------------------------------|--|
| Candidate Name/Office Sought | | Candidate Name/Office Sought | |
| Candidate Name/Office Sought | | Candidate Name/Office Sought | |
| Joint Candidates Committee Name | | *(Area) Day Telephone | |
| Committee Address (Number and Street, City, State, Zip Code) | | *(Area) Evening Telephone | |
| County | Legal Name of Election District or Municipality | | |
| Committee Email (Optional) | Committee Website (Optional) | | |
| Election Date | Political Party, if any | | |

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

Mailing Address

| | | |
|-----------------------|-------|---------------------------|
| City | State | Zip Code |
| *(Area) Day Telephone | | *(Area) Evening Telephone |

Resident Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

DEPOSITORY INFORMATION

Name of Bank or Depository

Mailing Address

| | | |
|----------------------|-------|----------|
| City | State | Zip Code |
| (Area) Day Telephone | | |

| | |
|--------------|----------------|
| Account Name | Account Number |
|--------------|----------------|

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

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 |
|-----------------------|---------------------------|

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.

| | | |
|-------|-----------------------------|-----------------------|
| _____ | _____ | _____ |
| DATE | PRINT FULL NAME (CANDIDATE) | SIGNATURE (CANDIDATE) |
| _____ | _____ | _____ |
| DATE | PRINT FULL NAME (CANDIDATE) | 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.

| | | |
|-------|-------------------------------|-------------------------|
| _____ | _____ | _____ |
| DATE | PRINT FULL NAME (CHAIRPERSON) | 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# _____.