



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)
www.elec.state.nj.us/

PLEASE TYPE OR PRINT

Candidate Name/Office Sought	Candidate Name/Office Sought
Candidate Name/Office Sought	Candidate Name/Office Sought

Joint Candidates Committee Name

Committee Address (Number and Street, City, State, Zip Code)

*(Area) Day Telephone	*(Area) Evening Telephone
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County	Legal Name of Election District or Municipality
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Election Date	Political Party, if any
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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
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*(Area) Day Telephone	*(Area) Evening Telephone
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TREASURER

Name

Mailing Address

City	State	Zip Code
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*(Area) Day Telephone	*(Area) Evening Telephone
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Resident Address

City	State	Zip Code
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DEPOSITORY INFORMATION

Name of Bank or Depository

Mailing Address

City	State	Zip Code
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(Area) Day Telephone

Account Name	Account Number
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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

Mailing Address

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

Mailing Address

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

Mailing Address

City	State	Zip Code
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*(Area) Day Telephone	*(Area) Evening Telephone
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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#_____.