



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/>

RECEIVED
 REC-2-10 D

PLEASE TYPE OR PRINT

Candidate Name/Office Sought <i>Jennifer Nicolay / Council</i>	Candidate Name/Office Sought <i>Concetta Gutierrez / Council</i>
Candidate Name/Office Sought	Candidate Name/Office Sought

Joint Candidates Committee Name
Jen and Connie for Council 2011

Committee Address (Number and Street, City, State, Zip Code)
1320 State Rte 71, Unit 107, Belmar, NJ, 07719

*(Area) Day Telephone <i>732-804-9196</i>	*(Area) Evening Telephone <i>Same</i>
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County <i>Monmouth</i>	Legal Name of Election District or Municipality <i>Borough of Belmar</i>
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Election Date <i>11/8/11</i>	Political Party, if any <i>Democratic</i>
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Election Type: (CHECK ONE)

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

Name
Luis B. Pulido

Mailing Address
1320 State Rte 70, Unit 107

City <i>Belmar</i>	State <i>NJ</i>	Zip Code <i>07719</i>
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*(Area) Day Telephone <i>732-804-9196</i>	*(Area) Evening Telephone <i>Same</i>
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TREASURER

Name
Conor Egan

Mailing Address
1000 River Rd, 8L

City <i>Belmar</i>	State <i>NJ</i>	Zip Code <i>07719</i>
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*(Area) Day Telephone <i>732-492-6506</i>	*(Area) Evening Telephone <i>Same</i>
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Resident Address
Same

City	State	Zip Code
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DEPOSITORY INFORMATION

Name of Bank or Depository
Central Jersey Bank

Mailing Address
611 Main St

City <i>Belmar</i>	State <i>NJ</i>	Zip Code <i>07719</i>
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(Area) Day Telephone
732-280-5400

Account Name <i>Jen and Connie for Council 2011</i>	Account Number <i>100845163</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 Luis Pulido

Mailing Address 1300 State Rt 71, Unit 107

City <u>Belmar</u>	State <u>NJ</u>	Zip Code <u>07719</u>
*(Area) Day Telephone <u>732-804-9196</u>	*(Area) Evening Telephone <u>Same</u>	

Name Conor Egan

Mailing Address 1000 River Rd 8L

City <u>Belmar</u>	State <u>NJ</u>	Zip Code <u>07719</u>
*(Area) Day Telephone <u>732-497-6506</u>	*(Area) Evening Telephone <u>Same</u>	

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>6/4/11</u> DATE	<u>Jennifer Nicday</u> PRINT FULL NAME (CANDIDATE)	<u>[Signature]</u> SIGNATURE (CANDIDATE)
<u>6/4/11</u> DATE	<u>Concetta Gutierrez</u> PRINT FULL NAME (CANDIDATE)	<u>[Signature]</u> 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.

<u>6/4/11</u> DATE	<u>Luis Pulido</u> PRINT FULL NAME (CHAIRPERSON)	<u>[Signature]</u> SIGNATURE (CHAIRPERSON)
<u>6/4/11</u> DATE	<u>Conor Egan</u> PRINT FULL NAME (TREASURER)	<u>[Signature]</u> SIGNATURE (TREASURER)

Treasurers for Governatorial 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# _____