



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

FORM D-2

FOR STATE USE ONLY

RECEIVED
6-20-11

PLEASE TYPE OR PRINT

| | |
|---|--|
| Candidate Name/Office Sought <i>Jennifer Nicolay/Councilmember</i> | Candidate Name/Office Sought <i>Concetta (Connie) Gutierrez/Councilmember</i> |
| Candidate Name/Office Sought | Candidate Name/Office Sought |

Joint Candidates Committee Name *Jenn and Connie for Council 2011*

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

| | |
|---|---|
| * (Area) Day Telephone <i>(732) 804-9196</i> | * (Area) Evening Telephone <i>SAME</i> |
|---|---|

| | |
|---------------------------|---|
| County <i>Monmouth</i> | Legal Name of Election District or Municipality <i>Borough of Belmar</i> |
|---------------------------|---|

| | |
|---------------|--|
| Election Date | Political Party, if any <i>Democratic Party</i> |
|---------------|--|

Election Type: (CHECK ONE)
 Primary General Municipal Run-Off School Fire District Special Amendment Yes No

CHAIRPERSON

Name *Lois B. Palido*

Mailing Address
1320 State Route 71, Unit 107

| | | |
|-----------------------|--------------------|--------------------------|
| City <i>Belmar</i> | State <i>NJ</i> | Zip Code <i>07719</i> |
|-----------------------|--------------------|--------------------------|

| | |
|---|---|
| * (Area) Day Telephone <i>(732) 804-9196</i> | * (Area) Evening Telephone <i>SAME</i> |
|---|---|

TREASURER

Name *Conor Egan*

Mailing Address
1000 River Road, Unit 8L

| | | |
|-----------------------|--------------------|--------------------------|
| City <i>Belmar</i> | State <i>NJ</i> | Zip Code <i>07719</i> |
|-----------------------|--------------------|--------------------------|

| | |
|---|---|
| * (Area) Day Telephone <i>(732) 492-6506</i> | * (Area) Evening Telephone <i>SAME</i> |
|---|---|

Resident Address
SAME

| | | |
|------|-------|----------|
| 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.

5/12/11
DATE

Jennifer Nicolay
PRINT FULL NAME (CANDIDATE)

Jennifer Nicolay
SIGNATURE (CANDIDATE)

5/12/11
DATE

Concetta (Connie) Gutierrez
PRINT FULL NAME (CANDIDATE)

Concetta Gutierrez
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.

5/12/11
DATE

Luis B. Pulido
PRINT FULL NAME (CHAIRPERSON)

Luis B. Pulido
SIGNATURE (CHAIRPERSON)

5/12/11
DATE

Conor Egan
PRINT FULL NAME (TREASURER)

Conor Egan
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# _____