



**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.state.nj.us/

**FORM D-2**  
 FOR STATE USE ONLY

PLEASE TYPE OR PRINT

Candidate Name/Office Sought <i>THOMAS BURKE - Council</i>		Candidate Name/Office Sought
Candidate Name/Office Sought <i>DAVID SCHNECK - Council</i>		Candidate Name/Office Sought
Joint Candidates Committee Name <i>BURKE AND SCHNECK FOR COUNCIL</i>		
Committee Address (Number and Street, City, State, Zip Code) <i>P.O. Box 391 BELMAR, N.J. 07719</i>		
*(Area) Day Telephone <i>732-681-6791</i>		*(Area) Evening Telephone
County <i>MONMOUTH</i>	Legal Name of Election District or Municipality <i>BOROUGH OF BELMAR</i>	
Election Date <i>NOVEMBER 5, 2013</i>	Political Party, if any <i>REPUBLICAN</i>	
Election Type: (CHECK ONE)		Amendment
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> May Municipal <input type="checkbox"/> Run-Off <input type="checkbox"/> School <input type="checkbox"/> Fire District <input type="checkbox"/> Special		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**CHAIRPERSON**

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

**TREASURER**

Name <i>JOHN YANNUZZI</i>		
Mailing Address <i>229 16TH AVENUE</i>		
City <i>BELMAR</i>	State <i>NEW JERSEY</i>	Zip Code <i>07719</i>
*(Area) Day Telephone <i>732-681-6791</i>	*(Area) Evening Telephone	

Resident Address <i>229 16TH AVENUE</i>		
City <i>BELMAR</i>	State <i>NEW JERSEY</i>	Zip Code <i>07719</i>

**DEPOSITORY INFORMATION**

Name of Bank or Depository <i>PNC BANK</i>		
Mailing Address <i>320 MAIN STREET</i>		
City <i>AVON</i>	State <i>NEW JERSEY</i>	Zip Code <i>07717</i>
(Area) Day Telephone <i>732-502-8013</i>	Account Number <i>8052494416</i>	
Account Name <i>BURKE AND SCHNECK FOR COUNCIL</i>		

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

Name JOHN VANNUZZI

Mailing Address 229 16TH AVENUE

City BERMAD State NEW JERSEY Zip Code 07719

\*(Area) Day Telephone 732-681-6791 \*(Area) Evening Telephone 732-681-6791

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.

<u>July 22, 2013</u> DATE	<u>THOMAS BURKE</u> PRINT FULL NAME (CANDIDATE)	<u>[Signature]</u> SIGNATURE (CANDIDATE)
<u>July 22, 2013</u> DATE	<u>DAVID SCHNECK</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.

_____ DATE	_____ PRINT FULL NAME (CHAIRPERSON)	_____ SIGNATURE (CHAIRPERSON)
<u>July 22, 2013</u> DATE	<u>JOHN VANNUZZI</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# \_\_\_\_\_