



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

ELEC RECEIVED
AUG 12 2019

PLEASE TYPE OR PRINT

Candidate Name/Office Sought: **KIRK DEL RUSSO / COUNCIL** Candidate Name/Office Sought: **LYNETTE A. CAVADAS / COUNCIL**

Candidate Name/Office Sought: **DONNA A. BOCCHINO / COUNCIL** Candidate Name/Office Sought:

Joint Candidates Committee Name: **DEL RUSSO - CAVADAS - BOCCHINO**

Committee Address (Number and Street, City, State, Zip Code): **37 STRATFORD PI NO. ARLINGTON, NJ 09031**

*(Area) Day Telephone: **201-726-7306** *(Area) Evening Telephone: **201-997-4690**

County: **BERGEN** Legal Name of Election District or Municipality: **NORTH ARLINGTON**

Election Date: **NOV 5, 2019** Political Party, if any: **REPUBLICAN**

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

CHAIRPERSON

Name: **JAMES V BOCCHINO**

Mailing Address: **37 STRATFORD PLACE**

City: **NO. ARLINGTON** State: **NJ** Zip Code: **07031**

*(Area) Day Telephone: **201-726-7306** *(Area) Evening Telephone: **201-726-7306**

TREASURER

Name: **LINDA B BOCCHINO**

Mailing Address: **37 STRATFORD PI**

City: **NO. ARLINGTON** State: **NJ** Zip Code: **07031**

*(Area) Day Telephone: **201-997-4690** *(Area) Evening Telephone: **201-997-4690**

Resident Address: **37 STRATFORD PI**

City: **NO. ARLINGTON** State: **NJ** Zip Code: **07031**

DEPOSITORY INFORMATION

Name of Bank or Depository: **KEARNY BANK**

Mailing Address: **80 RIDGE RD.**

City: **NO. ARLINGTON** State: **NJ** Zip Code: **07031**

(Area) Day Telephone: **201-991-2355**

Account Name: **ELECTION FUND OF DEL RUSSO CAVADAS** Account Number: **0012603254**

4 BOCCHINO

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

Name LINDA B BOCCHINO

Mailing Address 37 STRATFORD PI

City NO. ARLINGTON State NJ Zip Code 07031

*(Area) Day Telephone 201-997-4690 *(Area) Evening Telephone 201-997-4690

Name JAMES V BOCCHINO

Mailing Address 37 STRATFORD PI

City NO. ARLINGTON State NJ Zip Code 07031

*(Area) Day Telephone 201-726-7306 *(Area) Evening Telephone 201-997-4690

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>7/27/19</u> DATE	<u>KIRK L DEL RUOSO</u> PRINT FULL NAME (CANDIDATE)	<u>Kirk L Del Russo</u> SIGNATURE (CANDIDATE)
<u>7/27/19</u> DATE	<u>LYNETTE A CAUADAS</u> PRINT FULL NAME (CANDIDATE)	<u>Lynette Cauadas</u> SIGNATURE (CANDIDATE)
<u>7/27/19</u> DATE	<u>DONNA A BOCCHINO</u> PRINT FULL NAME (CANDIDATE)	<u>Donna Bocchino</u> 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>7/27/19</u> DATE	<u>JAMES V. BOCCHINO</u> PRINT FULL NAME (CHAIRPERSON)	<u>James V. Bocchino</u> SIGNATURE (CHAIRPERSON)
<u>7/27/19</u> DATE	<u>LINDA B. BOCCHINO</u> PRINT FULL NAME (TREASURER)	<u>Linda B. Bocchino</u> 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# _____.