



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)
Website: www.elec.nj.gov

FORM D-2

ELEC Received
Aug 24, 2021 1:12 PM

Amendment

Joint Candidates Committee Name

ARUNQAWIBOE2021

Candidate Name

ARUN VADLAMANI

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Name

QAWI TELESFORD

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Name

Office Sought

Candidate Name

Office Sought

Candidate Name

Office Sought

Candidate Name

Office Sought

Street Address

505 HILLSIDE TERRACE

City State Zip Code \*Day Telephone \*Evening Telephone
SOUTH ORANGE NJ 07079 9737270996 9737270996

Committee Email (Optional) Committee Website (Optional)

Election Type: Primary May Municipal Fire District Election Date
(Select One) General Run-Off Special 11/02/2021

County Legal Name of Election District or Municipality Political Party
ESSEX COUNTY SOUTH ORANGE VILLAGE NONPARTISAN

CHAIRPERSON

Name
RACHEL FISHER

Mailing Address
27 NORTH CRESCENT

City State Zip Code \*Day Telephone \*Evening Telephone
MAPLEWOOD NJ 07040 347-581-3608 347-581-3608

TREASURER

Name
RICHARD INSERRO

Mailing Address
44 CRESTWOOD DRIVE

City State Zip Code \*Day Telephone \*Evening Telephone
MAPLEWOOD NJ 07040 9179410864 9179410864

Resident Address
44 CRESTWOOD DRIVE

City State Zip Code
MAPLEWOOD NJ 07040

\*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

**DEPOSITORY INFORMATION**

Name of Bank or Depository

BCB BANK

Mailing Address

156 MAPLEWOOD AVE

City

MAPLEWOOD

State

NJ

Zip Code

07040

Day Telephone

2018230700

Account Name

ARUNQAWIBOE2021

Account Number

\*\*\*\*\*0876

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

Name

ARUN VADLAMANI

Mailing Address

505 HILLSIDE TERRACE

City

SOUTH ORANGE

State

NJ

Zip Code

07079

\*Day Telephone

9737270996

\*Evening Telephone

9737270996

Name

RICHARD INSERRO

Mailing Address

44 CRESTWOOD DR

City

MAPLEWOOD

State

NJ

Zip Code

07040

\*Day Telephone

9179410864

\*Evening Telephone

9179410864

Name

MARY ELLEN DAWKINS

Mailing Address

30 HEADLEY PL

City

MAPLEWOOD

State

NJ

Zip Code

07040

\*Day Telephone

2019517353

\*Evening Telephone

2019517353

**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 candidate 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.

Registration Number \*\*\*\*\* PIN \*\*\*\*\* Candidate ARUN VADLAMANI Date 08/24/2021

Registration Number \*\*\*\*\* PIN \*\*\*\*\* Candidate QAWI K TELESFORD Date 08/24/2021

Registration Number \_\_\_\_\_ PIN \_\_\_\_\_ Candidate \_\_\_\_\_ Date \_\_\_\_\_

Registration Number \_\_\_\_\_ PIN \_\_\_\_\_ Candidate \_\_\_\_\_ Date \_\_\_\_\_

Registration Number \_\_\_\_\_ PIN \_\_\_\_\_ Candidate \_\_\_\_\_ Date \_\_\_\_\_

Registration Number \_\_\_\_\_ PIN \_\_\_\_\_ Candidate \_\_\_\_\_ Date \_\_\_\_\_

**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.

Registration Number \*\*\*\*\* PIN \*\*\*\*\* Chairperson RACHEL FISHER Date 08/24/2021

Registration Number \*\*\*\*\* PIN \*\*\*\*\* Treasurer RICHARD INSERRO Date 08/23/2021

Treasurers for gubernatorial and legislative candidates are required to receive training with the NJ ELEC. If you have completed the training enter your Treasurer Training ID# \_\_\_\_\_

\*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.