



**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**  
**APR 28 2014**

PLEASE TYPE OR PRINT

Candidate Name/Office Sought <i>JASON CASTLE / COUNCIL</i>	Candidate Name/Office Sought
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Candidate Name/Office Sought <i>ALAN SOHN / COUNCIL</i>	Candidate Name/Office Sought
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Joint Candidates Committee Name  
*ONE TEANECK CASTLE SOHN FOR COUNCIL*

Committee Address (Number and Street, City, State, Zip Code)  
*PO BOX 65 TEANECK NJ 07666*

*(Area) Day Telephone <i>(201) 744-3733</i>	*(Area) Evening Telephone
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County <i>BERGEN</i>	Legal Name of Election District or Municipality
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Election Date <i>MAY 13, 2014</i>	Political Party, if any
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Election Type (CHECK ONE)  
 Primary  General  May Municipal  Run-Off  School  Fire District  Special  Amendment Yes  No

**CHAIRPERSON**

Name  
*Sarah Peppaport*

Mailing Address  
*747 Mildred Street*

City <i>Teaneck</i>	State <i>NJ</i>	Zip Code <i>07666</i>
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*(Area) Day Telephone <i>201-638-4716</i>	*(Area) Evening Telephone <i>201-638-4716</i>
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**TREASURER**

Name  
*JUANITA MIKELL*

Mailing Address  
*695 SUFFERN RD*

City <i>TEANECK</i>	State <i>NJ</i>	Zip Code <i>07666</i>
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*(Area) Day Telephone <i>(201) 923-8745</i>	*(Area) Evening Telephone <i>(201) 923-8745</i>
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Resident Address  
*695 SUFFERN RD*

City <i>TEANECK</i>	State <i>NJ</i>	Zip Code <i>07666</i>
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**DEPOSITORY INFORMATION**

Name of Bank or Depository  
*TD BANK*

Mailing Address  
*9 E DEMAREST AVENUE*

City <i>ENGLEWOOD</i>	State <i>NJ</i>	Zip Code <i>C7631</i>
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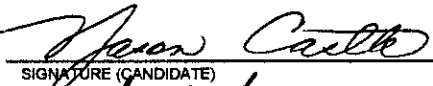

(Area) Day Telephone <i>(201) 569-4051</i>	Account Number <i>4288435865</i>
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**LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ANY PERSON(S) AUTHORIZED TO SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS**

Name		
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	


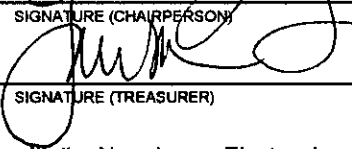
**CANDIDATE CERTIFICATION**

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

<u>3-28-2014</u>	<u>JASON PAUL N CASTLE</u>	
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
<u>3/28/2014</u>	<u>Alan Sohn</u>	
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)

**CHAIRPERSON/TREASURER CERTIFICATION**

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<u>3/28/2014</u>	<u>CHONDRA YOUNG</u>	
DATE	PRINT FULL NAME (CHAIRPERSON)	SIGNATURE (CHAIRPERSON)
<u>3/28/2014</u>	<u>Juanita Mikell</u>	
DATE	PRINT FULL NAME (TREASURER)	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# \_\_\_\_\_



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**FORM D-2**  
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**APR 28 2014**

PLEASE TYPE OR PRINT

Candidate Name/Office Sought: JASON CASTLE / COUNCIL

Candidate Name/Office Sought: ALAN SOHN / COUNCIL

Joint Candidates Committee Name: ONE TEANECK CASTLE SOHN FOR COUNCIL

Committee Address (Number and Street, City, State, Zip Code):  
PO BOX 65 TEANECK NJ 07666

\*(Area) Day Telephone: (201) 744-3733 \*(Area) Evening Telephone: \_\_\_\_\_

County: BERGEN Legal Name of Election District or Municipality: \_\_\_\_\_

Election Date: MAY 13, 2014 Political Party, if any: \_\_\_\_\_

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

**CHAIRPERSON**  
 Name: CHONDRA YOUNG

Mailing Address: 158 CRANFORD PL

City: TEANECK State: NJ Zip Code: 07666

\*(Area) Day Telephone: (201) 776-6354 \*(Area) Evening Telephone: (201) 776-6354

**TREASURER**  
 Name: JUANITA MIKELL

Mailing Address: 695 SUFFERN RD

City: TEANECK State: NJ Zip Code: 07666

\*(Area) Day Telephone: (201) 923-8745 \*(Area) Evening Telephone: (201) 923-8745

Resident Address: 695 SUFFERN RD

City: TEANECK State: NJ Zip Code: 07666

**DEPOSITORY INFORMATION**  
 Name of Bank or Depository: TD BANK

Mailing Address: 9 E. DENAREST AVENUE

City: ENGLEWOOD State: NJ Zip Code: 07666

(Area) Day Telephone: (201) 569-4051

Account Name: ONE TEANECK Account Number: 4288435865

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Mailing Address		
City	State	Zip Code
*(Area) Day Telephone	*(Area) Evening Telephone	
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Mailing Address		
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3-28-2014  
DATE

3/28/2014  
DATE

\_\_\_\_\_  
DATE


\_\_\_\_\_  
DATE

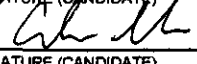
JASON PAUL N CASTLE  
PRINT FULL NAME (CANDIDATE)

Alan Sohn  
PRINT FULL NAME (CANDIDATE)

\_\_\_\_\_  
PRINT FULL NAME (CANDIDATE)

\_\_\_\_\_  
PRINT FULL NAME (CANDIDATE)

  
SIGNATURE (CANDIDATE)

  
SIGNATURE (CANDIDATE)

\_\_\_\_\_  
SIGNATURE (CANDIDATE)

\_\_\_\_\_  
SIGNATURE (CANDIDATE)

**CHAIRPERSON/TREASURER CERTIFICATION**


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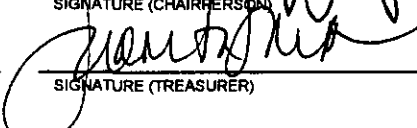
3-28-2014  
DATE

4-9-2014  
DATE

Sarah Rappoport  
PRINT FULL NAME (CHAIRPERSON)

Juanita Mikel  
PRINT FULL NAME (TREASURER)

  
SIGNATURE (CHAIRPERSON)

  
SIGNATURE (TREASURER)

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JOINT CANDIDATES COMMITTEE - SWORN STATEMENT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P O Box 185, Trenton, NJ 08625-0185
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FORM A-2

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PLEASE TYPE OR PRINT

Joint Candidates Committee Name

ONE TEANECK CASTLE SOHN FOR COUNCIL

Candidate Name/Office Sought

JASON CASTLE / COUNCIL

Candidate Name/Office Sought

Candidate Name/Office Sought

ALAN SOHN / COUNCIL

Candidate Name/Office Sought

Committee Address (Number and Street, City, State, Zip Code)

PO BOX 65 TEANECK NJ 07666

\*(Area) Day Telephone

(201) 744-3733

\*(Area) Evening Telephone

County

BERGEN

Legal Name of Election District or Municipality

Election Date

MAY 13, 2014

Political Party, if any

Election Type. (CHECK ONE)

Primary General May Municipal Run-Off Fire District Special

Amendment

Yes No

I, the undersigned, do hereby certify as follows

- 1 The total amount expended or to be expended on behalf of candidates by this committee shall be zero, or shall not, in the aggregate, exceed \$8,500 for two candidates or \$12,300 for three or more candidates, for this election
2 I am aware that in the event the total amount expended or to be expended on behalf of candidates by this committee, in the aggregate, exceeds \$8,500 for two candidates or \$12,300 for three or more candidates, I am required to file a "Report of Contributions and Expenditures," Form R-1, on each subsequent reporting date
3 I am aware that if contributions from one source aggregate more than \$300, or if I receive currency (cash) contributions in any amount, I am required to report the contributions to the Commission on "Supplemental Contributor Information," Form C-1, including the identity of the source and the aggregate total of contributions, and if the contributor is an individual, his/her occupation and the name and address of his/her employer
4 I am aware that if the committee receives a contribution in excess of \$1,400 in the aggregate from one source starting with the 13th day before the election up to, and including, the day of the election, I am required to notify the Commission in writing within 48 hours of receipt of the contribution and to identify the source and the aggregate amount received therefrom during the period, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer
5 I am aware that if the committee makes, incurs, or authorizes an expenditure of money or other thing of value in excess of \$1,400 in the aggregate to support or defeat a candidate or public question, starting with the 13th day before the election up to and including the day of the election, I am required to notify the Commission in writing within 48 hours of the expenditure on the Form E-1, "Supplemental Expenditure Information"
6 I am aware that a joint candidates committee is required to designate a campaign treasurer and campaign depository not later than the date on which the committee first receives any contribution or makes any expenditure. Further, I am aware that no later than the tenth day after such designation of campaign treasurer and campaign depository, the committee is required to notify the Commission of the name and address of the campaign treasurer and of the depository by the filing of "Certificate of Organization and Designation of Campaign Treasurer and Depository," Form D-2

Candidate 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.

Signature of Jason Castle, Date 3/28/14

Signature of Alan Sohn, Date 3/28/14

Empty signature and date lines

Empty signature and date lines