



CANDIDATE CERTIFICATION
ISSUE ADVOCACY ORGANIZATION PARTICIPATION

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
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FORM P-2A

FOR STATE USE ONLY

Candidate Name:
Street Address:
City, State, Zip:
Election Date:

CANDIDATE CERTIFICATION

Select paragraph "A" or "B" below:

A. I am a candidate for the Office of Governor or Lieutenant Governor in the above election, and I have applied to receive public matching funds. I hereby certify that during the four years prior to the date upon which I became a candidate, I have not formed, assisted in the formation of, or am not now involved in any way in the management of an issue advocacy organization, as described in N.J.S.A. 19:44A-27.1, organized under:
(a) Section 527 of the federal Internal Revenue Code (26 U.S.C. §527);
(b) paragraph (4) of subsection c of Section 501 of the federal Internal Revenue Code (26 U.S.C. §501(c)(4)); or,
(c) an organization organized under any section of the federal Internal Revenue Code that is similar to (a) or (b) above.

B. I have during the four years prior to the date upon which I became a candidate for the Office of Governor or Lieutenant Governor in the above election, formed, assisted in the formation of, or am now involved in the management of an organization or organizations that have since inception filed reports of contributions and expenditures with the New Jersey Election Law Enforcement Commission (hereafter, the Commission) or with the Federal Election Commission (hereafter, the FEC), and that was/were organized under:
(a) Section 527 of the federal Internal Revenue Code (26 U.S.C. §527);
(b) paragraph (4) of subsection c of Section 501 of the federal Internal Revenue Code (26 U.S.C. §501(c)(4)); or,
(c) an organization organized under any section of the federal Internal Revenue Code that is similar to (a) or (b) above.

Listed below are the names of the organization(s) and the identification number(s) under which reports are filed with the Commission or the FEC (attach additional sheets if necessary):

Table with 3 columns: Organization Name, Identification Number, Filed with. Rows include checkboxes for ELEC and FEC.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I may be subject to punishment, my eligibility to receive public matching funds will cease, and I am liable for return to the State of New Jersey of all public funds my candidate committee has received.

Candidate Signature

Date