



**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*

*Phone: (609) 292-8700*

*Website: [www.elec.nj.gov](http://www.elec.nj.gov)*

**FORM D-2**

ELEC Received  
Mar 31, 2025 11:38 AM

☐ Amendment

Joint Candidates Committee Name (required)

CTE LAMB BYRNE ABER & MATARAZZO

Candidate Name

JUSTIN LAMB

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Name

WILLIAM BYRNE

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Name

HARRY ABER

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Name

ANTHONY MATARAZZO

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Name

Office Sought

Candidate Name

Office Sought

Candidate Name

Office Sought

Candidate Name

Office Sought

Candidate Name

Office Sought

Candidate Name

Office Sought

Candidate Name

Office Sought

Candidate Name

Office Sought

Street Address

108 LILAC DR

City

TOMS RIVER

State

NJ

Zip Code

08753

\*Day Telephone

7326447327

\*Evening Telephone

7326447327

Committee Email

TOMSRIVERREPUBLICANS@GMAIL.COM

Committee Website

Election Type:

(Select One)

☒

Primary

☐

General

☐

May Municipal

☐

Run-Off

☐

Fire District

☐

Special

Election Date

06/10/2025

County

OCEAN COUNTY

Legal Name of Election District or Municipality

TOMS RIVER (DOVER TWP)

Political Party

REPUBLICAN

**CHAIRPERSON**

Name

WARREN CHABOT

Mailing Address

108 LILAC DR

City

TOMS RIVER

State

NJ

Zip Code

08753

\*Day Telephone

7326447327

\*Evening Telephone

7326447327

\*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.

**TREASURER (required)**

Name

WARREN CHABOT

Mailing Address

108 LILAC DR

City	State	Zip Code	*Day Telephone	*Evening Telephone
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TOMS RIVER	NJ	08753	7326447327	7326447327
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Resident Address

108 LILAC DR

City	State	Zip Code
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TOMS RIVER	NEW JERSEY	08753
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**DEPOSITORY INFORMATION**

Name of Bank or Depository

Mailing Address

City	State	Zip Code	Day Telephone
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TOMS RIVER	NJ	08753	7326447327
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Account Name

Account Number

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

Name

WARREN CHABOT

Mailing Address

108 LILAC DR

City	State	Zip Code	*Day Telephone	*Evening Telephone
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TOMS RIVER	NJ	08753	7326447327	7326447327
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Name

Mailing Address

City	State	Zip Code	*Day Telephone	*Evening Telephone
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Name

Mailing Address

City	State	Zip Code	*Day Telephone	*Evening Telephone
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**CANDIDATE CERTIFICATION:**(required) 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	JUSTIN D LAMB	Date	03/31/2025
Registration Number	*****	PIN	*****	Candidate	WILLIAM R BYRNE	Date	03/31/2025
Registration Number	*****	PIN	*****	Candidate	HARR C ABER JR	Date	03/31/2025
Registration Number	*****	PIN	*****	Candidate	ANTHONY MATARAZZO	Date	03/31/2025
Registration Number		PIN		Candidate		Date	
Registration Number		PIN		Candidate		Date	
Registration Number		PIN		Candidate		Date	
Registration Number		PIN		Candidate		Date	
Registration Number		PIN		Candidate		Date	
Registration Number		PIN		Candidate		Date	
Registration Number		PIN		Candidate		Date	
Registration Number		PIN		Candidate		Date	

**CHAIRPERSON/TREASURER CERTIFICATION!** 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	*****	Treasurer(req.)	WARREN A CHABOT	Date	03/31/2025
Registration Number	*****	PIN	*****	Chairperson	WARREN A CHABOT	Date	03/31/2025

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# \_\_\_\_\_