



**SINGLE CANDIDATE 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-1**  
**FOR STATE USE ONLY**

**PLEASE TYPE OR PRINT**

Candidate Name

Candidate Committee Name

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

\*(Area) Day Telephone | \*(Area) Evening Telephone

County | Legal Name of Election District or Municipality

Election Date | Political Party, if any | Office Sought

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

**CHAIRPERSON**

Name

Mailing Address

City | State | Zip Code

\*(Area) Day Telephone | \*(Area) Evening Telephone

**TREASURER**

Name

Mailing Address

City | State | Zip Code

\*(Area) Day Telephone | \*(Area) Evening Telephone

Resident Address

City | State | Zip Code

**DEPOSITORY INFORMATION**

Name of Bank or Depository

Mailing Address

City | State | Zip Code

(Area) Day Telephone

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		
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 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.

\_\_\_\_\_

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.

\_\_\_\_\_

DATE
PRINT FULL NAME (CHAIRPERSON)
SIGNATURE (CHAIRPERSON)

\_\_\_\_\_

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# \_\_\_\_\_.