



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.nj.gov

FORM D-1
FOR STATE USE ONLY

PLEASE TYPE OR PRINT

Candidate Name *(Area) Day Telephone

Candidate Committee Name *(Area) Evening Telephone

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

County Legal Name of Election District or Municipality

Committee Email (Optional) Committee Website (Optional)

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# _____.