



**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

**ELEC RECEIVED**

**AUG 22 2016**

**PLEASE TYPE OR PRINT**

Candidate Name

Matthew Leingang

Candidate Committee Name

Matthew Leingang for School Board

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

Roselle Park, NJ 07204

\*(Area) Day Telephone

\*(Area) Evening Telephone

County

Union

Legal Name of Election District or Municipality

Roselle Park Boro

Election Date

November 8, 2016

Political Party, if any

NONE

Office Sought

School Board Member

Election Type: (CHECK ONE)

Primary  General  May Municipal  Run-Off  School  Fire District  Special  Yes  No

Amendment

**CHAIRPERSON**

Name

Matthew Leingang

Mailing Address

same as above

City

State

Zip Code

\*(Area) Day Telephone

\*(Area) Evening Telephone

**TREASURER**

Name

Matthew Leingang

Mailing Address

same as above

City

State

Zip Code

\*(Area) Day Telephone

\*(Area) Evening Telephone

Resident Address

City

State

Zip Code

**DEPOSITORY INFORMATION**

Name of Bank or Depository

Bank of America, N.A.

Mailing Address

8001 Villa Park Dr.

City

Henrico

State

VA

Zip Code

23228

(Area) Day Telephone

800-446-0135

Account Name

Matthew Leingang for School Board

Account Number

381047726451

New Jersey Election Law Enforcement Commission

Form D-1 Revised: 02/05/2013

\*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.

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

Name Matthew Leingang		
Mailing Address same as above		
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.

August 17, 2016  
DATE

Matthew Leingang  
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.

August 17, 2016  
DATE

Matthew Leingang  
PRINT FULL NAME (CHAIRPERSON)

  
SIGNATURE (CHAIRPERSON)

August 17, 2016  
DATE

Matthew Leingang  
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# \_\_\_\_\_