



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)
Website: www.elec.nj.gov

FORM D-1

ELEC Received
Aug 31, 2021 10:50 AM

Amendment

Candidate Name

SHANNON CUTTLE

Office Sought

SCHOOL BOARD

Candidate Committee Name

CUTTLE FOR SOMA BOARD OF EDUCATION

Street Address

107 MAPLEWOOD AVENUE

City

MAPLEWOOD

State

NJ

Zip Code

07040

*Day Telephone

6462268790

*Evening Telephone

6462268790

Committee Email (Optional)

Committee Website (Optional)

Election Type:

School Board

Election Date

11/02/2021

County

ESSEX COUNTY

Legal Name of Election District or Municipality

SO ORANGE-MAPLEWOOD BD OF ED

Political Party

NONPARTISAN

CHAIRPERSON

Name

Mailing Address

City

State

Zip Code

*Day Telephone

*Evening Telephone

TREASURER

Name

ANNEMARIE MAINI

Mailing Address

134 IRVING AVENUE

City

SOUTH ORANGE

State

NJ

Zip Code

07079

*Day Telephone

6462268790

*Evening Telephone

6462268790

Resident Address

134 IRVING AVENUE

City

SOUTH ORANGE

State

NJ

Zip Code

07079

DEPOSITORY INFORMATION

Name of Bank or Depository

BCB BANK

Mailing Address

156 MAPLEWOOD AVENUE

City

MAPLEWOOD

State

NJ

Zip Code

07040

Day Telephone

2018230700

Account Name

CUTTLE FOR SOMA BOARD OF EDUCATION

Account Number

*****0884

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

ANNEMARIE MAINI

Mailing Address

134 IRVING AVENUE

City	State	Zip Code	*Day Telephone	*Evening Telephone
SOUTH ORANGE	NJ	07079	6462268790	6462268790

Name

Mailing Address

City	State	Zip Code	*Day Telephone	*Evening Telephone
------	-------	----------	----------------	--------------------

Name

Mailing Address

City	State	Zip Code	*Day Telephone	*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.

Registration Number	*****	PIN	*****
SHANNON CUTTLE		08/31/2021	
Candidate		Date	

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.

Registration Number		PIN	
Chairperson		Date	

Registration Number	*****	PIN	*****
ANNEMARIE MAINI		08/31/2021	
Treasurer		Date	

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# _____

**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.*