



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
Sep 24, 2021 3:44 PM

Amendment

Candidate Name

KAITLIN WITTLER

Office Sought

SCHOOL BOARD

Candidate Committee Name

PO BOX 131

Street Address

MAPLEWOOD

City

State

Zip Code

\*Day Telephone

\*Evening Telephone

KAITLIN@WITTLERBOE2021@GMAIL.COM

NJ

07040

9176136502

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

Mailing Address

City

State

Zip Code

\*Day Telephone

\*Evening Telephone

Resident Address

City

State

Zip Code

DEPOSITORY INFORMATION

Name of Bank or Depository

Mailing Address

City

State

Zip Code

Day Telephone

Account Name

Account Number

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

Mailing Address

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

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 \*\*\*\*\*

**KAITLIN M WITTLER**

**09/24/2021**

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

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.*