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 22, 2021 3:56 PM

☐ **Amendment**

Candidate Name
SHANNON CUTTLE

Office Sought
SCHOOL BOARD

Candidate Committee Name
CUTTLE FOR SOMA BOARD OF EDUCATION

Street Address
107 MAPLEWOOD AVENUE

City	State	Zip Code	*Day Telephone	*Evening Telephone
MAPLEWOOD	**NJ**	**07040**	**6462268790**	**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	State	Zip Code	*Day Telephone	*Evening Telephone
SOUTH ORANGE	**NJ**	**07079**	**6462268790**	**6462268790**

Resident Address
134 IRVING AVENUE

City	State	Zip Code
SOUTH ORANGE	**NJ**	**07079**

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

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

Candidate

08/22/2021

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

Treasurer

08/20/2021

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.*