



SINGLE CANDIDATE COMMITTEE - CERTIFICATE OF ORGANIZATION AND DESIGNATION OF CAMPAIGN TREASURER AND DEPOSITORY

FORM D-1
FOR STATE USE ONLY

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)
Web site: <http://www.elec.state.nj.us/>

PLEASE TYPE OR PRINT

Candidate Name **Jennifer Nicolay**

Candidate Committee Name **Nicolay for Council**

Address (Number and Street, City, State, Zip Code)
316 4th Ave, Belmar, NJ 07719

*(Area) Day Telephone **732-682-9243** *(Area) Evening Telephone **732-280-5003**

County **Monmouth** Legal Name of Election District or Municipality **Belmar**

Election Date **11/6/12** Political Party, if any **Democrat** Office Sought **Council**

Election Type: (CHECK ONE)
 Primary General 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 **Maureen Doherty**

Mailing Address **321 Cook Avenue**

City **Scotch Plains** State **NJ** Zip Code **07076**

*(Area) Day Telephone **908-490-0192** *(Area) Evening Telephone **908-490-0192**

Resident Address **321 Cook Avenue**

City **Scotch Plains** State **NJ** Zip Code **07076**

DEPOSITORY INFORMATION

Name of Bank or Depository **Investors Bank**

Mailing Address **910 Route 71**

City **Spring Lake** State **NJ** Zip Code **07762**

(Area) Day Telephone **732-449-2772**

Account Name **Nicolay for Council** Account Number **00889901976**

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.

6/28/12 Jennifer Nicolay Jennifer Nicolay
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.

6/28/12 Maureen Doherty Maureen Doherty
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# C0139



CANDIDATE – SWORN STATEMENT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

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FORM A-1
FOR STATE USE ONLY

PLEASE TYPE OR PRINT

Candidate Name

Jennifer Nicolay

Candidate Committee Name

Nicolay for Council

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

316 4th Ave, Belmar, NJ 07719

*(Area) Day Telephone

732 682-9243

*(Area) Evening Telephone

732 280-5008

County

Monmouth

Legal Name of Election District or Municipality

BELMAR

Election Date

11/6/12

Political Party, if any

Democrat

Office Sought

Council

Election Type: (CHECK ONE)

Primary

General

Municipal

Run-Off

Fire District

Special

Amendment

Yes

No

I, the undersigned, do hereby certify as follows:

- 1. The total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person, or committee shall be zero, or shall not, in the aggregate, exceed \$4,000 for this election.
2. I am aware that in the event the total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person or committee shall, in the aggregate, exceed \$4,000, I am required to file a "Report of Contributions and Expenditures," Form R-1, on each subsequent reporting date.
3. I am aware that if I receive a contribution in excess of \$300 in the aggregate from one source in an election or a currency (cash) contribution in any amount, I am required to report the contribution to the Commission on "Supplemental Contributor Information," Form C-1, including the identity of the source and the aggregate total of contributions therefrom, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer.
4. I am aware that if I receive a contribution in excess of \$1,200 in the aggregate from one source starting with the 13th day before the election up to, and including, the day of the election, I am required to notify the Commission in writing on the "Supplemental Contributor Information," Form C-1, within 48 hours of receipt of the contribution and to identify the source and the aggregate amount received therefrom during the period, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer.
5. I am aware that if I make, incur, or authorize an expenditure of money or other thing of value in excess of \$1,200 in the aggregate to support or defeat a candidate or public question, starting with the 13th day before the election up to and including the day of the election, I am required to notify the Commission in writing within 48 hours of the expenditure on the Form E-1, "Supplemental Expenditure Information."
6. I am aware that I, as a candidate, am required to designate a campaign treasurer and a campaign depository and that I am required to file with the Commission a "Certificate of Organization and Designation of Campaign Treasurer and Depository," Form D-1, no later than 10 days after receipt of any contribution on behalf of my candidacy or 10 days after making any expenditure on behalf of my candidacy, whichever comes first.

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.

Candidate Signature

Jennifer Nicolay

Date

6/28/12