



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

Phone: (609) 292-8700

Website: www.elec.nj.gov

FORM D-1

ELEC Received
Sep 07, 2023 1:26 PM

☐ Amendment

Candidate Name (required)

SEAN P. DI SOMMA

Candidate Committee Name

DI SOMMA FOR BELMAR

Street Address

1239 OAKWOOD RD

City

BELMAR

State

NJ

Zip Code

07719

*Day Telephone

201-615-1429

*Evening Telephone

Committee Email (Optional)

Committee Website (Optional)

Election Type:

☐

Primary

☐

May Municipal

☐

Fire District

Election Date

(Select One)

☒

General

☐

Run-Off

☐

Special

11/07/2023

County

MONMOUTH COUNTY

Legal Name of Election District or Municipality

BELMAR BOROUGH

Political Party

REPUBLICAN

CHAIRPERSON

Name

JAMES MCCracken

Mailing Address

200 2ND AVE #5

City

BELMAR

State

NJ

Zip Code

07719

*Day Telephone

973-580-1421

*Evening Telephone

TREASURER (required)

Name

MARY A WALsIFER

Mailing Address

1011 OCEAN AVE

City

BELMAR

State

NJ

Zip Code

07719

*Day Telephone

732-513-3369

*Evening Telephone

Resident Address

1011 OCEAN AVE

City

BELMAR

State

NJ

Zip Code

07719

DEPOSITORY INFORMATION

Name of Bank or Depository

KEARNY BANK

Mailing Address

611 MAIN ST

City

BELMAR

State

NJ

Zip Code

07719

Day Telephone

732-280-5400

Account Name

DI SOMMA FOR BELMAR

Account Number

*****3712

**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

MARY A WALSIFER

Mailing Address

1011 OCEAN AVE

City

BELMAR

State

NJ

Zip Code

07719

*Day Telephone

732-513-3369

*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

SEAN P DI SOMMA

09/07/2023

Candidate (required)

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

MARY A WALSIFER

09/07/2023

Treasurer (required)

Date

Registration Number

PIN

Chairperson

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.*