



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
Apr 11, 2022 12:08 PM

Amendment

Candidate Name: DONNA MOORE
Office Sought: COUNCIL OR MUNICIPAL OFFICE
Candidate Committee Name: 21 OCEAN AVENUE
Street Address: 21 OCEAN AVENUE
City: OCEAN CITY, State: NJ, Zip Code: 08226, *Day Telephone: 6093917697
Committee Email: PECKSBEACH4ST@GMAIL.COM, Committee Website: PECKSBEACH4ST@GMAIL.COM
Election Type: May Municipal
Election Date: 05/10/2022
County: CAPE MAY COUNTY, Legal Name of Election District or Municipality: OCEAN CITY, Political Party: NONPARTISAN

CHAIRPERSON

Name: DONNA MOORE
Mailing Address: 21 OCEAN AVENUE
City: OCEAN CITY, State: NJ, Zip Code: 08226, *Day Telephone: 609, 391-7697

TREASURER

Name: DONNA MOORE
Mailing Address: 21 OCEAN AVENUE
City: OCEAN CITY, State: NJ, Zip Code: 08226, *Day Telephone: 609, 391-7697
Resident Address: 21 OCEAN AVENUE
City: OCEAN CITY, State: NJ, Zip Code: 08226

DEPOSITORY INFORMATION

Name of Bank or Depository: STURDY SAVINGS BANK
Mailing Address: 661 ASBURY AVENUE
City: OCEAN CITY, State: NJ, Zip Code: 08226, Day Telephone: 609,391-7697
Account Name: DONNA MOORE FOR CITY COUNCIL
Account Number: *****5505

*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 *****

DONNA MOORE

04/11/2022

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 *****

DONNA MOORE

04/11/2022

Chairperson

Date

Registration Number *****

PIN *****

DONNA MOORE

04/11/2022

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.*