



**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  
Jul 24, 2018  
3:12 PM

Amendment

Candidate Name  
**LILLIAN R. SALDANHA**

Office Sought  
**MAYOR**

Candidate Committee Name  
**SALDANHA FOR MAYOR**

Street Address  
**112 PROSPECT AVENUE**

City  
**NORTH ARLINGTON**

State  
**NJ**

Zip Code  
**07031**

\*(Area Code) Day Telephone  
**551-580-4846**

\*(Area Code) Evening Telephone  
**551-580-4846**

Committee Email (Optional)

Committee Website (Optional)

Election Type: (Select One)

Primary     May Municipal     Fire District

General     Run-Off     Special

Election Date  
**11/06/2018**

County  
**BERGEN COUNTY**

Legal Name of Election District or Municipality  
**NORTH ARLINGTON BOROUGH**

Political Party  
**INDEPENDENT**

**CHAIRPERSON**

Name

Mailing Address

City

State

Zip Code

\*(Area Code) Day Telephone

\*(Area Code) Evening Telephone

**TREASURER**

Name  
**KARINA SARNO**

Mailing Address  
**68 SUNSET AVENUE**

City  
**NORTH ARLINGTON**

State  
**NJ**

Zip Code  
**07031**

\*(Area Code) Day Telephone  
**201-726-4508**

\*(Area Code) Evening Telephone

Resident Address

City

State

Zip Code

**DEPOSITORY INFORMATION**

Name of Bank or Depository

Mailing Address

City

State

Zip Code

(Area 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 LILLIAN R. SALDANHA				
Mailing Address 112 PROSPECT AVENUE				
City NORTH ARLINGTON	State NJ	Zip Code 07031	*(Area Code) Day Telephone 551-580-4846	*(Area Code) Evening Telephone

Name KARINA SARNO				
Mailing Address 68 SUNSET AVENUE				
City NORTH ARLINGTON	State NJ	Zip Code 07031	*(Area Code) Day Telephone 201-726-4508	*(Area Code) Evening Telephone

Name				
Mailing Address				
City	State	Zip Code	*(Area Code) Day Telephone	*(Area Code) 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	*****
	_____		_____
	LILLIAN R SALDANHA		07/24/2018
	_____		_____
	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# \_\_\_\_\_