



**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)  
 www.elec.nj.gov

**FORM D-1**  
 FOR STATE USE ONLY

**ELEC RECEIVED**  
**JUL 12 2018**

**PLEASE TYPE OR PRINT**

Candidate Name <b>Lillian R Saldanha</b>		*(Area) Day Telephone <b>551.580.4846</b>
Candidate Committee Name		*(Area) Evening Telephone <b>551.580.4846</b>
Address (Number and Street, City, State, Zip Code) <b>112 Prospect Avenue, North Arlington, NJ 07031</b>		
County <b>Bergen</b>	Legal Name of Election District or Municipality <b>North Arlington</b>	
Committee Email (Optional)	Committee Website (Optional)	
Election Date <b>11-06-18</b>	Political Party, if any	Office Sought <b>Mayor</b>
Election Type: (CHECK ONE)		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> May Municipal <input type="checkbox"/> Run-Off <input type="checkbox"/> School <input type="checkbox"/> Fire District <input type="checkbox"/> Special <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**CHAIRPERSON**

Name		
Mailing Address		
City	State	Zip Code
*(Area) Day Telephone	*(Area) Evening Telephone	

**TREASURER**

Name <b>Patrick J. Baselice</b>		
Mailing Address <b>300 Avalon Drive, Westmont Bldg 1, Unit 3354</b>		
City <b>Wood Ridge</b>	State <b>NJ</b>	Zip Code <b>07075</b>
*(Area) Day Telephone <b>862.754.5928</b>	*(Area) Evening Telephone <b>862.754.5928</b>	
Resident Address		
City	State	Zip Code

**DEPOSITORY INFORMATION**

Name of Bank or Depository		
Mailing Address		
City	State	Zip Code
(Area) Day Telephone		
Account Name	Account Number	

**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 <u>North Arlington</u>	State <u>NJ</u>	Zip Code <u>07031</u>
*(Area) Day Telephone <u>551.580.4846</u>	*(Area) Evening Telephone <u>551.580.4846</u>	

Name  
Patrick J. Baselice

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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.

07-06-18

DATE

Lillian R Saldanha

PRINT FULL NAME (CANDIDATE)

Lillian Saldanha

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.

DATE

7-6-18

DATE

PRINT FULL NAME (CHAIRPERSON)

Patrick J Baselice

PRINT FULL NAME (TREASURER)

SIGNATURE (CHAIRPERSON)

Patrick J Baselice

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# \_\_\_\_\_