



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
Aug 03, 2022 10:31 AM

Amendment

Candidate Name: KEITH S KAPLAN
Candidate Committee Name: KAPLAN FOR COUNCIL
Street Address: 670 RAMAPO ROAD
City: TEANECK, State: NJ, Zip Code: 07666, *Day Telephone: 2016454042, *Evening Telephone: 2016454042
Committee Email: KEITH@KAPLANFORTEANECK.COM, Committee Website: KAPLANFORTEANECK.COM
Election Type: General, Election Date: 11/08/2022
County: BERGEN COUNTY, Legal Name of Election District or Municipality: TEANECK TOWNSHIP, Political Party: NONPARTISAN

CHAIRPERSON

Name:
Mailing Address:
City: State: Zip Code: *Day Telephone: *Evening Telephone:

TREASURER

Name: KEITH S KAPLAN
Mailing Address:
City: State: Zip Code: *Day Telephone: *Evening Telephone:
Resident Address:
City: State: Zip Code:

DEPOSITORY INFORMATION

Name of Bank or Depository:
Mailing Address:
City: State: Zip Code: 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

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 *****

KEITH S KAPLAN

08/03/2022

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

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#

**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.*



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(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
Website: www.elec.nj.gov

FORM D-1

ELEC Received
Aug 19, 2022 3:12 PM

Amendment

Candidate Name

KEITH KAPLAN

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Committee Name

KAPLAN FOR TEANECK

Street Address

670 RAMAPO RD.

City

State

Zip Code

*Day Telephone

*Evening Telephone

TEANECK

NJ

07666

2016454042

2016454042

Committee Email (Optional)

KEITH@KAPLANFORTEANECK.COM

Committee Website (Optional)

KAPLANFORTEANECK.COM

Election Type:

Primary

May Municipal

Fire District

Election Date

(Select One)

General

Run-Off

Special

11/08/2022

County

BERGEN COUNTY

Legal Name of Election District or Municipality

TEANECK TOWNSHIP

Political Party

NONPARTISAN

CHAIRPERSON

Name

KEITH KAPLAN

Mailing Address

670 RAMAPO RD.

City

State

Zip Code

*Day Telephone

*Evening Telephone

TEANECK

NJ

07666

TREASURER

Name

KEITH KAPLAN

Mailing Address

670 RAMAPO RD.

City

State

Zip Code

*Day Telephone

*Evening Telephone

TEANECK

NJ

07666

2016454042

2016454042

Resident Address

670 RAMAPO RD.

City

State

Zip Code

TEANECK

NJ

07666

DEPOSITORY INFORMATION

Name of Bank or Depository

LAKELAND BANK

Mailing Address

417 CEDAR LANE

City

State

Zip Code

Day Telephone

TEANECK

NJ

07666

2018367717

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

KEITH KAPLAN

Mailing Address

670 RAMAPO RD.

City	State	Zip Code	*Day Telephone	*Evening Telephone
TEANECK	NJ	07666	2016454042	2016454042

Name

KEITH KAPLAN

Mailing Address

670 RAMAPO RD.

City	State	Zip Code	*Day Telephone	*Evening Telephone
TEANECK	NJ	07666	2016454042	2016454042

Name

KEITH KAPLAN

Mailing Address

670 RAMAPO RD.

City	State	Zip Code	*Day Telephone	*Evening Telephone
TEANECK	NJ	07666	2016454042	2016454042

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Registration Number	*****	PIN	*****
KEITH S KAPLAN		08/19/2022	
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	*****
KEITH S KAPLAN		08/19/2022	
Chairperson		Date	

Registration Number	*****	PIN	*****
KEITH S KAPLAN		08/12/2022	
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.*



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NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
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 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
 Website: www.elec.nj.gov

FORM D-1

ELEC Received
 Aug 19, 2022 7:42 PM

Amendment

Candidate Name KEITH KAPLAN Office Sought COUNCIL OR MUNICIPAL OFFICE

Candidate Committee Name KAPLAN FOR TEANECK

Street Address 670 RAMAPO ROAD

City	State	Zip Code	*Day Telephone	*Evening Telephone
<u>TEANECK</u>	<u>NJ</u>	<u>07666</u>	<u>(201) 474-5719</u>	<u>(201) 474-5719</u>

Committee Email (Optional) KEITH@KAPLANFORTEANECK.COM Committee Website (Optional) KAPLANFORTEANECK.COM

Election Type: Primary May Municipal Fire District General Run-Off Special Election Date 11/08/2022

(Select One)

County BERGEN COUNTY Legal Name of Election District or Municipality TEANECK TOWNSHIP Political Party NONPARTISAN

CHAIRPERSON

Name KEITH KAPLAN

Mailing Address 670 RAMAPO ROAD

City	State	Zip Code	*Day Telephone	*Evening Telephone
<u>TEANECK</u>	<u>NJ</u>	<u>07666</u>	<u>(201) 474-5719</u>	<u>(201) 474-5719</u>

TREASURER

Name KEITH KAPLAN

Mailing Address 670 RAMAPO ROAD

City	State	Zip Code	*Day Telephone	*Evening Telephone
<u>TEANECK</u>	<u>NJ</u>	<u>07666</u>	<u>(201) 474-5719</u>	<u>(201) 474-5719</u>

Resident Address 670 RAMAPO ROAD

City	State	Zip Code
<u>TEANECK</u>	<u>NJ</u>	<u>07666</u>

DEPOSITORY INFORMATION

Name of Bank or Depository LAKELAND BANK

Mailing Address 417 CEDAR LN

City	State	Zip Code	Day Telephone
<u>TEANECK</u>	<u>NJ</u>	<u>07666</u>	<u>(201) 836-7717</u>

Account Name KAPLAN FOR TEANECK

Account Number *****2434

*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

KEITH KAPLAN

Mailing Address

670 RAMAPO ROAD

City

State

Zip Code

*Day Telephone

*Evening Telephone

TEANECK

NJ

07666

(201) 474-5719

(201) 474-5719

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

KEITH S KAPLAN

08/19/2022

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

KEITH S KAPLAN

08/19/2022

Chairperson

Date

Registration Number

PIN

KEITH S KAPLAN

08/19/2022

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.*



CANDIDATE - SWORN STATEMENT

FORM A-1

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

ELEC Received
Oct 24, 2022 9:37 AM

Amendment

Candidate Name		Office Sought		
<u>KEITH KAPLAN</u>		<u>COUNCIL OR MUNICIPAL OFFICE</u>		
Candidate Committee Name				
<u>KAPLAN FOR COUNCIL</u>				
Street Address				
<u>670 RAMAPO ROAD</u>				
City	State	Zip Code	*Day Telephone	*Evening Telephone
<u>TEANECK</u>	<u>NJ</u>	<u>07666</u>	<u>2016454042</u>	
Committee Email (Optional)		Committee Website (Optional)		
<u>KEITH@KAPLANFORTEANECK.COM</u>		<u>KAPLANFORTEANECK.COM</u>		
Election Type:	<input type="radio"/> Primary	<input type="radio"/> May Municipal	<input type="radio"/> Fire District	Election Date
(Select One)	<input checked="" type="radio"/> General	<input type="radio"/> Run-Off	<input type="radio"/> Special	<u>11/08/2022</u>
County	Legal Name of Election District or Municipality		Political Party	
<u>BERGEN COUNTY</u>	<u>TEANECK TOWNSHIP</u>		<u>NONPARTISAN</u>	

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 \$5,800 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 \$5,800, 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 acurrency (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 \$1,900 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 \$1,900 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 "Supplemental Expenditure Information," Form E-1.
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.

CANDIDATE 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	<u>*****</u>	PIN	<u>*****</u>
Candidate	<u>KEITH S KAPLAN</u>	Date	<u>10/08/2022</u>

*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.



SUPPLEMENTAL CONTRIBUTOR INFORMATION

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

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(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
Website: www.elec.nj.gov

FORM C-1

ELEC Received
Oct 30, 2022 2:21 PM

Amendment

CONTRIBUTIONS REPORT TYPE (Select One)

- Committee spending under the R-1 reporting threshold (A-1 or A-2 filers etc.) who received a contribution in excess of \$300 in the aggregate from one source in the election, or any currency (cash) contributions.
Committee receiving a contribution in excess of \$1,900 in the aggregate from one source starting with the 13th day before the election up to, and including the day of the election (48-Hour Notice).

SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION

Candidate(s) Name

KEITH KAPLAN

Committee Name

KAPLAN FOR TEANECK

Street Address

670 RAMAPO ROAD

Office Sought

COUNCIL OR MUNICIPAL OFFICE

City

TEANECK

State Zip Code

NJ 07666

*Day Telephone

(201) 474-5719

*Evening Telephone

(201) 474-5719

Election Type:

Primary

May Municipal

Fire District

Election Date

(Select One)

General

Run-Off

Special

11/08/2022

County

BERGEN COUNTY

Legal Name of Election District or Municipality

TEANECK TOWNSHIP

Political Party

NONPARTISAN

SECTION II. CONTRIBUTION INFORMATION

Date Received

10/27/2022

Contributor Name

JONATHAN VOGEL

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

141 AYERS COURT, SUITE 1A, TEANECK NJ 07666

Aggregate Amount

Amount

Occupation (If Individual)

CEO

Receipt Type

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

SOLOMON BUILDERS, LLC; 141 AYERS COURT, SUITE 1A, TEANECK NJ 07666

Date Received

Contributor Name

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

Aggregate Amount

Amount

Occupation (If Individual)

Receipt Type

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Date Received

Contributor Name

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

Aggregate Amount

Amount

Occupation (If Individual)

Receipt Type

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Total This Page:

Grand Total:

Registration Number *****

PIN *****

Candidate or Treasurer KEITH S KAPLAN

Date 10/30/2022

*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.

Date Received _____ Contributor Name _____
Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount _____ Amount _____
Occupation (If Individual) _____ Description, if In-Kind Contribution _____
Employer Name and Mailing Address (If Individual) _____ Receipt Type _____

Date Received _____ Contributor Name _____
Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount _____ Amount _____
Occupation (If Individual) _____ Description, if In-Kind Contribution _____
Employer Name and Mailing Address (If Individual) _____ Receipt Type _____

Date Received _____ Contributor Name _____
Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount _____ Amount _____
Occupation (If Individual) _____ Description, if In-Kind Contribution _____
Employer Name and Mailing Address (If Individual) _____ Receipt Type _____

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Employer Name and Mailing Address (If Individual) _____ Receipt Type _____

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Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount _____ Amount _____
Occupation (If Individual) _____ Description, if In-Kind Contribution _____
Employer Name and Mailing Address (If Individual) _____ Receipt Type _____

Date Received _____ Contributor Name _____
Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount _____ Amount _____
Occupation (If Individual) _____ Description, if In-Kind Contribution _____
Employer Name and Mailing Address (If Individual) _____ Receipt Type _____

Date Received _____ Contributor Name _____
Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount _____ Amount _____
Occupation (If Individual) _____ Description, if In-Kind Contribution _____
Employer Name and Mailing Address (If Individual) _____ Receipt Type _____

Total This Page: _____
Grand Total: _____

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

Date Received	Contributor Name		
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Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

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Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

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Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

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Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
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Employer Name and Mailing Address (If Individual)	Receipt Type		

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

Total This Page: _____
Grand Total: _____

Date Received Contributor Name

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

Occupation (If Individual) Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual) Receipt Type

Date Received Contributor Name

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

Occupation (If Individual) Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual) Receipt Type

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Occupation (If Individual) Description, if In-Kind Contribution

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Occupation (If Individual) Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual) Receipt Type

Date Received Contributor Name

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

Occupation (If Individual) Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual) Receipt Type

Date Received Contributor Name

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

Occupation (If Individual) Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual) Receipt Type

Total This Page:

Grand Total: