



**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  
Oct 11, 2022 7:08 PM

Amendment

Candidate Name

**KATHRYN G SCHNEIDER**

Office Sought

**SCHOOL BOARD**

Candidate Committee Name

**COMMITTEE TO ELECT KATHRYN SCHNEIDER**

Street Address

**1143 JULIA STREET**

City

**TEANECK**

State

**NJ**

Zip Code

**07666**

\*Day Telephone

**2017073676**

\*Evening Telephone

Committee Email (Optional)

**KATIEGEFFERTSCHNEIDER@GMAIL.COM**

Committee Website (Optional)

Election Type:

School Board

Election Date

**11/08/2022**

County

**BERGEN COUNTY**

Legal Name of Election District or Municipality

**TEANECK BD OF ED**

Political Party

**NONPARTISAN**

**CHAIRPERSON**

Name

**KATHRYN G SCHNEIDER**

Mailing Address

**1143 JULIA STREET**

City

**TEANECK**

State

**NJ**

Zip Code

**07666**

\*Day Telephone

\*Evening Telephone

**TREASURER**

Name

**KATHRYN G SCHNEIDER**

Mailing Address

**1143 JULIA STREET**

City

**TEANECK**

State

**NJ**

Zip Code

**07666**

\*Day Telephone

\*Evening Telephone

Resident Address

City

State

Zip Code

**DEPOSITORY INFORMATION**

Name of Bank or Depository

**TD BANK**

Mailing Address

**560 MAYWOOD AVENUE**

City

**MAYWOOD**

State

**NJ**

Zip Code

**07607**

Day Telephone

**2019090034**

Account Name

**COMMITTEE TO ELECT KATHRYN SCHNEIDER**

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

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 \*\*\*\*\*

**KATHRYN G SCHNEIDER**

**10/11/2022**

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 \*\*\*\*\*

**KATHRYN G SCHNEIDER**

**10/18/2022**

Chairperson

Date

Registration Number \*\*\*\*\*

PIN \*\*\*\*\*

**KATHRYN G SCHNEIDER**

**10/11/2022**

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# \_\_\_\_\_

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FORM D-1

ELEC Received  
Oct 11, 2022 7:18 PM

Amendment

Candidate Name

**KATHRYN G SCHNEIDER**

Office Sought

**SCHOOL BOARD**

Candidate Committee Name

**COMMITTEE TO ELECT KATHRYN SCHNEIDER**

Street Address

**1143 JULIA STREET**

City

**TEANECK**

State

**NJ**

Zip Code

**07666**

\*Day Telephone

**2017073676**

\*Evening Telephone

Committee Email (Optional)

**KATIEGEFFERTSCHNEIDER@GMAIL.COM**

Committee Website (Optional)

Election Type:

School Board

Election Date

**11/08/2022**

County

**BERGEN COUNTY**

Legal Name of Election District or Municipality

**TEANECK BD OF ED**

Political Party

**NONPARTISAN**

## CHAIRPERSON

Name

**KATHRYN G SCHNEIDER**

Mailing Address

**1143 JULIA STREET**

City

**TEANECK**

State

**NJ**

Zip Code

**07666**

\*Day Telephone

\*Evening Telephone

## TREASURER

Name

**KATHRYN G SCHNEIDER**

Mailing Address

**1143 JULIA STREET**

City

**TEANECK**

State

**NJ**

Zip Code

**07666**

\*Day Telephone

\*Evening Telephone

Resident Address

City

State

Zip Code

## DEPOSITORY INFORMATION

Name of Bank or Depository

**TD BANK**

Mailing Address

**560 MAYWOOD AVENUE**

City

**MAYWOOD**

State

**NJ**

Zip Code

**07607**

Day Telephone

Account Name

**COMMITTEE TO ELECT KATHRYN SCHNEIDER**

Account Number

\*\*\*\*\*9855

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Registration Number \*\*\*\*\*

PIN \*\*\*\*\*

**KATHRYN G SCHNEIDER**

**10/11/2022**

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 \*\*\*\*\*

**KATHRYN G SCHNEIDER**

**10/18/2022**

Chairperson

Date

Registration Number \*\*\*\*\*

PIN \*\*\*\*\*

**KATHRYN G SCHNEIDER**

**10/11/2022**

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# \_\_\_\_\_

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