

SINGLE CANDIDATE COMMITTEE - CERTIFICATE OF ORGANIZATION AND DESIGNATION OF CAMPAIGN TREASURER AND DEPOSITORY

FORM D-1

FOR STATE USE ONLY

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION (1985)

P.O. Box 185, Trenton, NJ 08625-0185

(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)

www.elec.state.nj.us/

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PLEASE TYPE OR PRINT	. •	
Candidate Name)	
STEPHEN J GRUBER	Ś	
Candidate Committee Name STEPHEN GRUBER FOR	TEANECK COU	NCIL
Address (Number and Street, City, State, Zip Code)	TEANECK	
*(Area) Day Telephone 917-748-4580	*(Area) Evening Telephor	ne
County , Legal Name of Election	District or Municipality	1.000
BERGEN TEANER		a Sought
Election Date Folitical Farty, if any		e Sought
Election Type: (CHECK ONE)		Amendment
	School	Special Yes No
CHAIRPERSON		
Name STEPHEN GRUBER		
Mailing Address Edgemont P/		
City Tegheck	-State Ar	Zin Code
*(Area) Day Telephone	*(Area) Evening Telephone 9/7-748-4	1580
TREASURER		
Name Jeff Neugrosche/	· . · · · · · · · · · · · · · · · · · ·	
Mailing Address θ		
100 Edgement Place		
City	State.	Zip Code
legneck	4 eq - N7	07666
*(Area) Day Telephone	(Area) Evening Telephone	7077
201-615-707) Resident Address	1 201 P15	,,,,
CAMS		
City J FJ	State	Zip Code
DEPOSITORY INFORMATION		
Name of Bank or Depository AKELAND BANK		
Mailing Address 417 CEDAR LANE		
CityTEANECK	State N J	Zip Code 07666
(Area) Day Telephone	1	1
Account Name	Account Number	
STEPHEN GRUBER CAMPAIGN FUN		1

	WISE MAKE TRANSACTIONS		
Name			
Mailing Address			
City		State	Zip Code
*(Area) Day Telephone	<u> </u>	*(Area) Evening Telepho	one
Name			
Mailing Address			
City		State	Zip Code
*(Area) Day Telephone		*(Area) Evening Telepho	one
Name .			-
Mailing Address			``
City		State	Zip Code
*(Area) Day Telephone		*(Area) Evening Teleph	one
committee establish authori	on this document are true. I further	i, or participate directly or indirect	ot during the existence of the candidate tly in the management or control of any are willfully false. I may be subject to the candidate of the
committee, establish, authorical committee or continuous punishment. 3/2/16 DATE	on this document are true. I further ize the establishment of, maintain uing political committee. I am aw STEPHEN PRINT FULL NAME (CANDIDATE) CHAIRPERSON/TR	certify that I have not, and will not, or participate directly or indirect rare that if any of the statements of the statement of the statements of the statements of the statements of the statement of the stat	are willfully false, I may be subject to
committee, establish, authorical committee or continuous punishment. 3/2///C DATE Treasurers for Gubernatoria	on this document are true. I furtherize the establishment of maintain using political committee. I am away STEPHEN PRINT FULL NAME (CANDIDATE) CHAIRPERSON/TR on this document are true. I am a second print full name (CHAIRPERSON) PRINT FULL NAME (CHAIRPERSON) PRINT FULL NAME (TREASURER) I and Legislative candidates are region of the second political completed the training of the second political completed the second political completed the second political completed political completed the second political completed politica	certify that I have not, and will not, or participate directly or indirectly are that if any of the statements SIGNATURE. EASURER CERTIFICATION INVARIANT OF THE SIGNATURE SIGNATURE OF ROSCHEL SIGNATURE S	are willfully false, I may be subject to the control of any are willfully false, I may be subject to the control of any be subject t

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CANDIDATE - SWORN STATEMENT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

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APR - 4 2016

	MFK T ZUID
LEASE TYPE OR PRINT	
andidate Name	
STEPHEN J GRI)BER
andidate Committee Name	COUNCIL
GRUBER FOR TEAM	COUNCE C
ddress (Number and Street, City, State, Zip Code)	Tegneck NJ 07666
	*(Area) Evening Telephone
Area) Day Telephone 0 91フーフ48 - 4 <i>5-80</i>	917-748-4580
Cupty Legal Name of	Election District or Municipality
Bergen Tear	reck Townslip
lection Date Political Party, if any	Office Sought Council
1 ay 10,20/6	Amendment
lection Type: (CHECK ONE) ☐ Primary ☐ General May Municipal ☐ Run-Off	☐ Fire District ☐ Special ☐ Yes ☐ No
Primary General May Municipal L Run-Oπ	
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, exce	ed \$4,500 for this election.
2. I am aware that in the event the total amount expended or to be candidate, person or committee shall, in the aggregate, exceed	e expended on behalf of my candidacy by me or by drift of the second of Contributions and
candidate, person or committee shall, in the aggregate, excess	to
Expenditures," Form R-1, on each subsequent reporting dat	
3. I am aware that if I receive a contribution in excess of \$300 in	the aggregate from one source in an election, or a currency
$\lambda = -1$	Contribution to the Continues ion on Suppliemental Software
Information " Form C-1, including the identity of the source a	ing the aggregate total of contributions therefore, and, if the
contributor is an individual, his/her occupation and the name	e and address of his/her employer.
4. I am aware that if I receive a contribution in excess of \$1,400 before the election up to, and including, the day of the election	ion. Lam required to notify the Commission in writing on the
$_{ m MO}$, i.e., $_{ m MO}$ and $_{ m MO}$ by the information " Form C-1, within 48	DOUGN OF LECEIDS OF THE COLSTITUTION AND TO IDENTITY AND SOCIOD
and the aggregate amount received therefrom during the per	iod, and, if the contributor is an individual, his/her occupation
and the name and address of his/her employer.	
	and the standard of \$1.400 in the
I am aware that if I make, incur, or authorize an expenditure	e of money or other thing of value in excess of \$1,400 in the
aggregate to support or defeat a candidate or public quest	tion, starting with the 13th day before the election up to and Commission in writing within 48 hours of the expenditure on
including the day of the election, I am required to flotily the	Commission in writing warming to reach our services
the Form E-1, "Supplemental Expenditure Information."	
6. I am aware that I, as a candidate, am required to designate	a campaign treasurer and a campaign depository and that I
	Croanization and Designation of Campaign Treasurer and
Depository," Form D-1, no later than 10 days after receipt of	any contribution on behalf of thy candidacy of To days after
making any expenditure on behalf of my candidacy, which	ever comes first.
an entre of the second of the	•
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
punishment.	•
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Otal 11 Santua	
Candidate Signature	Date //