



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

Phone: (609) 292-8700

Website: www.elec.nj.gov

FORM D-1

ELEC Received
Sep 18, 2023 11:42 AM

Amendment

Candidate Name (required)

ALEXANDER SCHNALL

Office Sought

ASSEMBLY

Candidate Committee Name

SCHNALL FOR 30TH ASSEMBLY

Street Address

212 2ND ST STE 105

City

State

Zip Code

*Day Telephone

*Evening Telephone

LAKEWOOD

NJ

08701

7325694038

7325694038

Committee Email (Optional)

Committee Website (Optional)

Election Type:

Primary

May Municipal

Run-Off

Fire District

Special

Election Date

11/07/2023

(Select One)

County

Legal Name of Election District or Municipality

Political Party

30TH LEGISLATIVE DISTRICT

DEMOCRAT

CHAIRPERSON

Name

MARTA HARRISON

Mailing Address

946 PRINCEWOOD AVENUE

City

State

Zip Code

*Day Telephone

*Evening Telephone

LAKEWOOD

NJ

08701

7326084496

7326084496

TREASURER (required)

Name

STEVE SECARE

Mailing Address

16 MADISON AVENUE

City

State

Zip Code

*Day Telephone

*Evening Telephone

TOMS RIVER

NJ

08753

7323492800

7323492800

Resident Address

218 HUNTINGTON AVENUE

City

State

Zip Code

PINE BEACH

NJ

08741

DEPOSITORY INFORMATION

Name of Bank or Depository

FIRST COMMERCE BANK

Mailing Address

105 RIVER AVENUE

City

State

Zip Code

Day Telephone

LAKEWOOD

NJ

08701

7323640032

Account Name

SCHNALL FOR 30TH ASSEMBLY

Account Number

*****0093

**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

MARTA HARRISON

Mailing Address

946 PRINCEWOOD AVENUE

City	State	Zip Code	*Day Telephone	*Evening Telephone
LAKEWOOD	NJ	08701	7326084496	7326084496

Name

STEVE SECARE

Mailing Address

16 MADISON AVENUE

City	State	Zip Code	*Day Telephone	*Evening Telephone
TOMS RIVER	NJ	08753	7323492800	7323492800

Name

Mailing Address

City	State	Zip Code	*Day Telephone	*Evening Telephone
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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	*****
ALEXANDER SCHNALL		09/18/2023	
Candidate (required)		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	*****
STEVE SECARE		09/18/2023	
Treasurer (required)		Date	

Registration Number	*****	PIN	*****
MARTA D HARRISON		09/18/2023	
Chairperson		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.*