



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)
 Web site http://www.elec.state.nj.us/

FORM D-1
 FOR STATE USE ONLY
 ELEC RECEIVED
 JAN 16 2009

PLEASE TYPE OR PRINT

Candidate Name **Tom Perry**

Candidate Committee Name **Tom Perry Campaign 2009**

Address (Number and Street, City, State, Zip Code)
136 Idlebrook Lane, Aberdeen, NJ 07747

*(Area) Day Telephone **732-583-4827** *(Area) Evening Telephone **732-583-4827**

County **Monmouth** Legal Name of Election District or Municipality **Aberdeen Township**

Election Date **06/02/09** Political Party, if any **Democrat** Office Sought **Township Council**

Election Type. (CHECK ONE) Amendment
 Primary General School Yes
 Municipal Run-Off Special No

CHAIRPERSON

Name **David Sobel**

Mailing Address **65 Overlea Lane**

City **Aberdeen** State **New Jersey** Zip Code **07747**

*(Area) Day Telephone **732-566-4648** *(Area) Evening Telephone **732-566-4648**

TREASURER

Name **David Sobel**

Mailing Address **65 Overlea Lane**

City **Aberdeen** State **New Jersey** Zip Code **07747**

*(Area) Day Telephone **732-566-4648** *(Area) Evening Telephone **732-566-4648**

Resident Address **Same**

City State Zip Code

DEPOSITORY INFORMATION

Name of Bank or Depository **Sovereign Bank**

Mailing Address **342 Lloyd Rd.**

City **Aberdeen** State **New Jersey** Zip Code **07747**

(Area) Day Telephone **732-566-2323**

Account Name **Tom Perry Campaign 2009** Account Number **0421112751**

LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ANY PERSON(S) AUTHORIZED TO SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS

Name William Shenton

Mailing Address 136 Idlebrook Lane

City <u>Aberdeen</u>	State <u>New Jersey</u>	Zip Code <u>07747</u>
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*(Area) Day Telephone <u>732-583-4827</u>	*(Area) Evening Telephone <u>732-583-4827</u>
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Name _____

Mailing Address _____

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

Mailing Address _____

City _____	State _____	Zip Code _____
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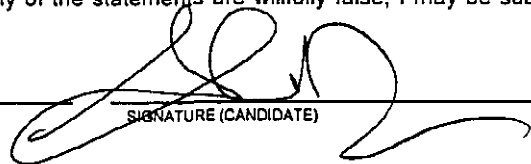
*(Area) Day Telephone _____	*(Area) Evening Telephone _____
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CANDIDATE CERTIFICATION

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

1/13/2009
DATE

Tom Perry
PRINT FULL NAME (CANDIDATE)


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

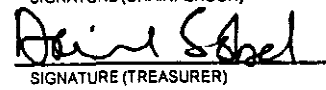
1/13/2009
DATE

David Sobel
PRINT FULL NAME (CHAIRPERSON)


SIGNATURE (CHAIRPERSON)

1/13/2009
DATE

David Sobel
PRINT FULL NAME (TREASURER)


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# _____