



**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 **David Sobel**

Candidate Committee Name **David Sobel 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)**  **Primary**  **General**  **School**  **Amendment 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 **David Sobel Campaign 2009** Account Number **0421112654**

**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 Aberdeen	State New Jersey	Zip Code 07747
*(Area) Day Telephone 732-583-4827	*(Area) Evening Telephone 732-583-4827	

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

Name		
Mailing Address		
City	State	Zip Code
*(Area) Day Telephone	*(Area) 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.

1/13/2009                      David Sobel                      David Sobel  
DATE                                      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                      David Sobel                      David Sobel  
DATE                                      PRINT FULL NAME (CHAIRPERSON)                      SIGNATURE (CHAIRPERSON)

1/13/2009                      David Sobel                      David Sobel  
DATE                                      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# \_\_\_\_\_