



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
Mar 03, 2024 11:40 PM

Amendment

Candidate Name (required)

KAROL Y. RUIZ

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Committee Name

EFO KAROL RUIZ

Street Address

43 PARK AVENUE

City

DOVER

State

NJ

Zip Code

07801

*Day Telephone

973-876-5650

*Evening Telephone

973-876-5650

Committee Email (Optional)

Committee Website (Optional)

Election Type:

Primary

General

May Municipal

Run-Off

Fire District

Special

Election Date

11/05/2024

County

MORRIS COUNTY

Legal Name of Election District or Municipality

DOVER TOWN

Political Party

INDEPENDENT

CHAIRPERSON

Name

KAROL Y. RUIZ

Mailing Address

43 PARK AVENUE

City

DOVER

State

NJ

Zip Code

07801

*Day Telephone

973-876-5650

*Evening Telephone

973-876-5650

TREASURER (required)

Name

THOMAS C. MCCOURT

Mailing Address

32 DAVIS AVENUE

City

DOVER

State

NJ

Zip Code

07801

*Day Telephone

973-525-8500

*Evening Telephone

973-525-8500

Resident Address

32 DAVIS AVENUE

City

DOVER

State

NJ

Zip Code

07801

DEPOSITORY INFORMATION

Name of Bank or Depository

TD BANK, N.A.

Mailing Address

535 NJ-10

City

RANDOLPH

State

NJ

Zip Code

07869

Day Telephone

Account Name

EFO KAROL RUIZ

Account Number

*****2902

**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

KAROL Y. RUIZ

Mailing Address

43 PARK AVENUE

City	State	Zip Code	*Day Telephone	*Evening Telephone
DOVER	NJ	07801	973-876-5650	973-876-5650

Name

THOMAS C. MCCOURT

Mailing Address

32 DAVIS AVENUE

City	State	Zip Code	*Day Telephone	*Evening Telephone
DOVER	NJ	07081	973-525-8500	973-525-8500

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	*****
<u>KAROL Y RUIZ</u>		<u>03/03/2024</u>	
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	*****
<u>THOMAS C MCCOURT</u>		<u>03/03/2024</u>	
Treasurer (required)		Date	

Registration Number	*****	PIN	*****
<u>KAROL Y RUIZ</u>		<u>03/03/2024</u>	
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.*