



**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)
Website: www.elec.nj.gov

FORM D-1

ELEC Received
Sep 07, 2018
1:03 PM

☐ Amendment

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|---|--------------------------------------|
| Candidate Name PATRICK RICCARDS | Office Sought SCHOOL BOARD |
|---|--------------------------------------|

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| Candidate Committee Name RICCARDS4NJ |
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|--|
| Street Address 85 WARWICK RD |
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| | | | | |
|-----------------------------|--------------------|--------------------------|---|---|
| City WEST WINDSOR | State NJ | Zip Code 08550 | *(Area Code) Day Telephone (703)6271269 | *(Area Code) Evening Telephone (703)6271269 |
|-----------------------------|--------------------|--------------------------|---|---|

| | |
|--|---|
| Committee Email (Optional) JENBALLEN@YAHOO.COM | Committee Website (Optional) RICCARDS4WWP.COM |
|--|---|

| | |
|---|------------------------------------|
| Election Type: <input checked="" type="radio"/> School Board | Election Date 11/06/2018 |
|---|------------------------------------|

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|--------------------------------|---|---------------------------------------|
| County MERCER COUNTY | School Board District WEST WINDSOR-PLAINSBORO BOE | Political Party NONPARTISAN |
|--------------------------------|---|---------------------------------------|

CHAIRPERSON

| |
|---|
| Name JENNIFER BALLEN RICCARDS |
|---|

| |
|--|
| Mailing Address 85 WARWICK RD. |
|--|

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|-----------------------------|--------------------|--------------------------|---|---|
| City WEST WINDSOR | State NJ | Zip Code 08550 | *(Area Code) Day Telephone (703)6271269 | *(Area Code) Evening Telephone (703)6271269 |
|-----------------------------|--------------------|--------------------------|---|---|

TREASURER

| |
|---|
| Name JENNIFER BALLEN RICCARDS |
|---|

| |
|--|
| Mailing Address 85 WARWICK RD. |
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|-----------------------------|--------------------|--------------------------|---|---|
| City WEST WINDSOR | State NJ | Zip Code 08550 | *(Area Code) Day Telephone (703)6271269 | *(Area Code) Evening Telephone (703)6271269 |
|-----------------------------|--------------------|--------------------------|---|---|

| |
|---|
| Resident Address 85 WARWICK RD. |
|---|

| | | |
|-----------------------------|--------------------|--------------------------|
| City WEST WINDSOR | State NJ | Zip Code 08550 |
|-----------------------------|--------------------|--------------------------|

DEPOSITORY INFORMATION

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|---|
| Name of Bank or Depository PNC BANK |
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|---|
| Mailing Address 38 PRINCETON HIGHTSTOWN RD. |
|---|

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|-----------------------------|--------------------|--------------------------|--|
| City WEST WINDSOR | State NJ | Zip Code 08550 | (Area Code) Day Telephone (609)8977451 |
|-----------------------------|--------------------|--------------------------|--|

| |
|------------------------------------|
| Account Name RICCARDS4NJ |
|------------------------------------|

| |
|------------------------------------|
| Account Number *****9439 |
|------------------------------------|

*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

JENNIFER BALLEEN RICCARDS

Mailing Address

85 WARWICK RD.

City

WEST WINDSOR

State

NJ

Zip Code

08550

*(Area Code) Day Telephone

(703)6271269

*(Area Code) Evening Telephone

(703)6271269

Name

Mailing Address

City

State

Zip Code

*(Area Code) Day Telephone

*(Area Code) Evening Telephone

Name

Mailing Address

City

State

Zip Code

*(Area Code) Day Telephone

*(Area Code) 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.

Registration Number *****

PIN *****

PATRICK RICCARDS

09/07/2018

Candidate

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 *****

JENNIFER BALLEEN RICCARDS

09/07/2018

Chairperson

Date

Registration Number

PIN

Treasurer

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# CF1800176

*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.