



# 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  
Apr 05, 2024 10:55 AM

Amendment

Candidate Name (required)

MUSSAB ALI

Office Sought

MAYOR

Candidate Committee Name

ALI FOR JERSEY CITY

Street Address

PO BOX 8237

City

State

Zip Code

\*Day Telephone

\*Evening Telephone

JERSEY CITY

NJ

07308

2013660806

2013660806

Committee Email (Optional)

Committee Website (Optional)

Election Type:

Primary

May Municipal

Fire District

Election Date

(Select One)

General

Run-Off

Special

11/04/2025

County

Legal Name of Election District or Municipality

Political Party

HUDSON COUNTY

JERSEY CITY

DEMOCRAT

## CHAIRPERSON

Name

Mailing Address

City

State

Zip Code

\*Day Telephone

\*Evening Telephone

## TREASURER (required)

Name

SAMAD KHAN

Mailing Address

937 PAVONIA AVE

City

State

Zip Code

\*Day Telephone

\*Evening Telephone

JERSEY CITY

NJ

07306

2013014632

2013014632

Resident Address

937 PAVONIA AVE

City

State

Zip Code

JERSEY CITY

NJ

07306

## DEPOSITORY INFORMATION

Name of Bank or Depository

Mailing Address

City

State

Zip Code

Day Telephone

Account Name

Account Number

\*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

Mailing Address

City State Zip Code \*Day Telephone \*Evening Telephone

Name

Mailing Address

City State Zip Code \*Day Telephone \*Evening Telephone

Name

Mailing Address

City State Zip Code \*Day Telephone \*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 \*\*\*\*\*

MUSSAB ALI

04/05/2024

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 \*\*\*\*\*

SAMAD KHAN

04/05/2024

Treasurer (required)

Date

Registration Number

PIN

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.*