



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
 Dec 02, 2020
 9:59 AM

Amendment

Candidate Name: RUBEN J. RAMOS JR
 Office Sought: MAYOR

Candidate Committee Name: RAMOS FOR MAYOR

Street Address: 1 MARINE VIEW PLAZA, APT 24C

City: HOBOKEN	State: NJ	Zip Code: 07030	*(Area Code) Day Telephone:	*(Area Code) Evening Telephone:
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Committee Email (Optional):
 Committee Website (Optional):

Election Type: (Select One)
 Primary
 General
 May Municipal
 Run-Off
 Fire District
 Special
 Election Date: 11/02/2021

County: HUDSON COUNTY	Legal Name of Election District or Municipality: HOBOKEN CITY	Political Party: NONPARTISAN
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CHAIRPERSON

Name: RUBEN RAMOS

Mailing Address: 1 MARINE VIEW PLAZA, APT 24C

City: HOBOKEN	State: NJ	Zip Code: 07030	*(Area Code) Day Telephone:	*(Area Code) Evening Telephone:
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TREASURER

Name: ADRIANA SMITH

Mailing Address: 1 MARINE VIEW PLAZA, APT 24C

City: HOBOKEN	State: NJ	Zip Code: 07030	*(Area Code) Day Telephone:	*(Area Code) Evening Telephone:
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Resident Address: 1 MARINE VIEW PLAZA, APT 24C

City: HOBOKEN	State: NJ	Zip Code: 07030
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DEPOSITORY INFORMATION

Name of Bank or Depository:

Mailing Address:

City:	State:	Zip Code:	(Area Code) Day Telephone:
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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 ADRIANA SMITH				
Mailing Address 1 MARINE VIEW PLAZA, APT 24C				
City HOBOKEN	State NJ	Zip Code 07030	*(Area Code) Day Telephone	*(Area Code) Evening Telephone

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	*****
_____	_____	_____	_____
RUBEN J RAMOS JR		12/02/2020	
_____		_____	
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	*****
_____	_____	_____	_____
RUBEN J RAMOS JR		12/02/2020	
_____		_____	
Chairperson		Date	

Registration Number	*****	PIN	*****
_____	_____	_____	_____
ADRIANA SMITH		12/02/2020	
_____		_____	
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# _____

*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.