



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
 Feb 23, 2021
 10:57 AM

Amendment

Candidate Name
DANIELLE M FREIRE

Office Sought
COUNCIL OR MUNICIPAL OFFICE

Candidate Committee Name
FREIRE FOR CITY COUNCIL

Street Address
102 CAMBRIDGE AVE., #1

City JERSEY CITY	State NJ	Zip Code 07307	*(Area Code) Day Telephone	*(Area Code) Evening Telephone
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Committee Email (Optional)
INFO@DANIELLEFREIREJC.COM

Committee Website (Optional)

Election Type: (Select One)

Primary
 May Municipal
 Fire District
 General
 Run-Off
 Special

Election Date
11/02/2021

County HUDSON COUNTY	Legal Name of Election District or Municipality JERSEY CITY	Political Party DEMOCRAT
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CHAIRPERSON

Name

Mailing Address

City	State	Zip Code	*(Area Code) Day Telephone	*(Area Code) Evening Telephone
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TREASURER

Name
DANIELLE M FREIRE

Mailing Address
102 CAMBRIDGE AVE., #1

City JERSEY CITY	State	Zip Code	*(Area Code) Day Telephone	*(Area Code) Evening Telephone
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Resident Address

City	State	Zip Code
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DEPOSITORY INFORMATION

Name of Bank or Depository
TD BANK

Mailing Address
47 NEWARK ST.

City HOBOKEN	State NJ	Zip Code 07030	(Area Code) Day Telephone 2012398074
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Account Name
FREIRE FOR CITY COUNCIL

Account Number
******7710**

*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 DANIELLE M FREIRE				
Mailing Address 102 CAMBRIDGE AVE., #1				
City JERSEY CITY	State NJ	Zip Code 07307	*(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	*****
	_____		_____
	DANIELLE M FREIRE		02/23/2021
	_____		_____
	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	_____
	_____		_____
	Chairperson		Date

Registration Number	*****	PIN	*****
	_____		_____
	DANIELLE M FREIRE		02/23/2021
	_____		_____
	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.