



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 07, 2020
 2:45 PM

Amendment

Candidate Name: DENISE STANFORD BELCHER
 Office Sought: COUNCIL OR MUNICIPAL OFFICE

Candidate Committee Name: BELCHER FOR COUNCIL

Street Address: 703 CEDAR LANE

City: TEANECK	State: NJ	Zip Code: 07666-1702	*(Area Code) Day Telephone: 2017234274	*(Area Code) Evening Telephone: 2017234274
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Committee Email (Optional):
 Committee Website (Optional):

Election Type: (Select One)
 Primary May Municipal Fire District
 General Run-Off Special
 Election Date: 05/12/2020

County: BERGEN COUNTY	Legal Name of Election District or Municipality: TEANECK TOWNSHIP	Political Party: NONPARTISAN
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CHAIRPERSON

Name: YVONNE L. WITTER

Mailing Address: 703 CEDAR LANE

City: TEANECK	State: NJ	Zip Code: 07666-1702	*(Area Code) Day Telephone: 2017234274	*(Area Code) Evening Telephone: 2017234274
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TREASURER

Name: ERIC A BELCHER

Mailing Address: 703 CEDAR LANE

City: TEANECK	State: NJ	Zip Code: 07666-1702	*(Area Code) Day Telephone: 2017234274	*(Area Code) Evening Telephone: 2017234274
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Resident Address: 703 CEDAR LANE

City: TEANECK	State: NJ	Zip Code: 07666-1702
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DEPOSITORY INFORMATION

Name of Bank or Depository: TO BE DETERMINED

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 DENISE STANFORD BELCHER				
Mailing Address 703 CEDAR LANE				
City TEANECK	State NJ	Zip Code 07666-1702	*(Area Code) Day Telephone 2017234274	*(Area Code) Evening Telephone 2017234274

Name ERIC A BELCHER				
Mailing Address 703 CEDAR LANE				
City TEANECK	State NJ	Zip Code 07666-1702	*(Area Code) Day Telephone 2017234274	*(Area Code) Evening Telephone 2017234274

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	*****
	_____		_____
	DENISE STANFORD BELCHER		02/07/2020
	_____		_____
	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	*****
	_____		_____
	YVONNE L WITTER		02/07/2020
	_____		_____
	Chairperson		Date

Registration Number	*****	PIN	*****
	_____		_____
	ERIC A BELCHER		02/07/2020
	_____		_____
	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.



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FORM D-1

ELEC Received
 Feb 07, 2020
 5:45 PM

Amendment

Candidate Name: DENISE STANFORD BELCHER
 Office Sought: COUNCIL OR MUNICIPAL OFFICE

Candidate Committee Name: BELCHER FOR COUNCIL

Street Address: 703 CEDAR LANE

City: TEANECK	State: NJ	Zip Code: 07666-1702	*(Area Code) Day Telephone: 2017234274	*(Area Code) Evening Telephone: 2017234274
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Committee Email (Optional):
 Committee Website (Optional):

Election Type: (Select One)
 Primary May Municipal Fire District
 General Run-Off Special
 Election Date: 05/12/2020

County: BERGEN COUNTY	Legal Name of Election District or Municipality: TEANECK TOWNSHIP	Political Party: NONPARTISAN
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CHAIRPERSON

Name: YVONNE L. WITTER

Mailing Address: 703 CEDAR LANE

City: TEANECK	State: NJ	Zip Code: 07666-1702	*(Area Code) Day Telephone: 2017234274	*(Area Code) Evening Telephone: 2017234274
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TREASURER

Name: ERIC A BELCHER

Mailing Address: 703 CEDAR LANE

City: TEANECK	State: NJ	Zip Code: 07666-1702	*(Area Code) Day Telephone: 2017234274	*(Area Code) Evening Telephone: 2017234274
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Resident Address: 703 CEDAR LANE

City: TEANECK	State: NJ	Zip Code: 07666-1702
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DEPOSITORY INFORMATION

Name of Bank or Depository: LAKELAND BANK

Mailing Address: 417 CEDAR LANE

City: TEANECK	State: NJ	Zip Code: 07666	(Area Code) Day Telephone: 2018367717
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Account Name: BELCHER FOR COUNCIL

Account Number: ****0326

*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 DENISE STANFORD BELCHER				
Mailing Address 703 CEDAR LANE				
City TEANECK	State NJ	Zip Code 07666-1702	*(Area Code) Day Telephone 2017234274	*(Area Code) Evening Telephone 2017234274

Name ERIC A BELCHER				
Mailing Address 703 CEDAR LANE				
City TEANECK	State NJ	Zip Code 07666-1702	*(Area Code) Day Telephone 2017234274	*(Area Code) Evening Telephone 2017234274

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	*****
	_____		_____
	DENISE STANFORD BELCHER		02/07/2020
	_____		_____
	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	*****
	_____		_____
	YVONNE L WITTER		02/07/2020
	_____		_____
	Chairperson		Date

Registration Number	*****	PIN	*****
	_____		_____
	ERIC A BELCHER		02/07/2020
	_____		_____
	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.



CANDIDATE - SWORN STATEMENT

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 A-1

ELEC Received
Apr 13, 2020
6:32 PM

Amendment

Form fields including Candidate Name (DENISE STANFORD BELCHER), Office Sought (COUNCIL OR MUNICIPAL OFFICE), Candidate Committee Name (BELCHER FOR COUNCIL), Street Address (703 CEDAR LANE), City (TEANECK), State (NJ), Zip Code (07666-1702), Telephone numbers, Election Type (May Municipal), Election Date (05/12/2020), County (BERGEN COUNTY), and Legal Name of Election District (TEANECK TOWNSHIP).

I, the undersigned, do hereby certify as follows:

- 1. The total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person, or committee shall be zero, or shall not, in the aggregate, exceed \$5,100 for this election.
2. I am aware that in the event the total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person or committee shall, in the aggregate, exceed \$5,100, I am required to file a "Report of Contributions and Expenditures," Form R-1, on each subsequent reporting date.
3. I am aware that if I receive a contribution in excess of \$300 in the aggregate from one source in an election or a currency (cash) contribution in any amount, I am required to report the contribution to the Commission on "Supplemental Contributor Information," Form C-1, including the identity of the source and the aggregate total of contributions therefrom, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer.
4. I am aware that if I receive a contribution in excess of \$1,600 in the aggregate from one source starting with the 13th day before the election up to, and including, the day of the election, I am required to notify the Commission in writing on the "Supplemental Contributor Information," Form C-1, within 48 hours of receipt of the contribution and to identify the source and the aggregate amount received therefrom during the period, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer.
5. I am aware that if I make, incur, or authorize an expenditure of money or other thing of value in excess of \$1,600 in the aggregate to support or defeat a candidate or public question, starting with the 13th day before the election up to and including the day of the election, I am required to notify the Commission in writing within 48 hours of the expenditure on the "Supplemental Expenditure Information," Form E-1.
6. I am aware that I, as a candidate, am required to designate a campaign treasurer and a campaign depository and that I am required to file with the Commission a "Certificate of Organization and Designation of Campaign Treasurer and Depository," Form D-1, no later than 10 days after receipt of any contribution on behalf of my candidacy or 10 days after making any expenditure on behalf of my candidacy, whichever comes first.

CANDIDATE 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 *****
Candidate DENISE STANFORD BELCHER Date 04/13/2020