



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)
 www.elec.state.nj.us/

FORM D-1
FOR STATE USE ONLY
ELEC RECEIVED
MAR - 7 2016

PLEASE TYPE OR PRINT

Candidate Name **CHONDRA YOUNG**

Candidate Committee Name **YOUNG FOR COUNCIL**

Address (Number and Street, City, State, Zip Code) **158 CRANFORD PL. TEANECK NJ 07666**

*(Area) Day Telephone **(201) 776-6354** *(Area) Evening Telephone **(201) 776-6354**

County **BERGEN** Legal Name of Election District or Municipality **TEANECK**

Election Date **5/10/16** Political Party, if any _____ Office Sought **COUNCIL MEMBER**

Election Type: (CHECK ONE)
 Primary General May Municipal Run-Off School Fire District Special Yes No

CHAIRPERSON

Name **MAXINE (MICKI) SHILAN**

Mailing Address **811 CLUB RD.**

City **TEANECK** State **NJ** Zip Code **07666**

*(Area) Day Telephone **(201) 289-2328** *(Area) Evening Telephone **(201) 289-2328**

TREASURER

Name **TAMIKA FRANCIS**

Mailing Address **1615 ARDBLEY CT**

City **TEANECK** State **NJ** Zip Code **07666**

*(Area) Day Telephone **(201) 921-3939** *(Area) Evening Telephone **(201) 921-3939**

Resident Address **1615 ARDBLEY CT**

City **TEANECK** State **NJ** Zip Code **07666**

DEPOSITORY INFORMATION

Name of Bank or Depository **NVE BANK**

Mailing Address **740 PALISADE AVE**

City **TEANECK** State **NJ** Zip Code **07666**

(Area) Day Telephone **(201) 692-2902**

Account Name **YOUNG FOR COUNCIL** Account Number **1150374**

LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ANY PERSON(S) AUTHORIZED TO SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS

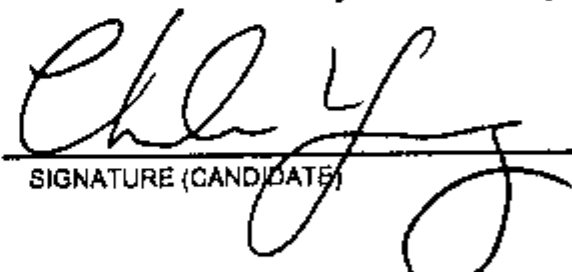
Name TAMIKA FRANCIS		
Mailing Address 1615 ARDSLEY CT.		
City TEANECK	State NJ	Zip Code 07666
*(Area) Day Telephone (201) 921-3939		*(Area) Evening Telephone (201) 921-3939

Name CHONDRA YOUNG		
Mailing Address 158 CRANFORD PL		
City TEANECK	State NJ	Zip Code 07666
*(Area) Day Telephone (201) 776-6354		*(Area) Evening Telephone (201) 776-6354

Name		
Mailing Address		
City	State	Zip Code
*(Area) Day Telephone		*(Area) Evening Telephone


CANDIDATE CERTIFICATION

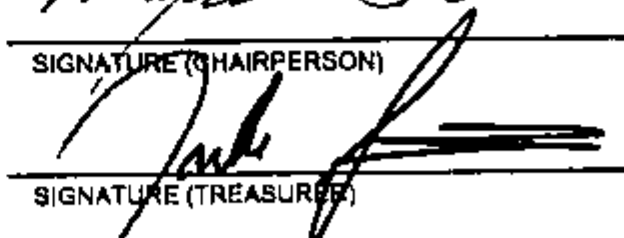
I certify that the statements on this document are true. I further certify that I have not, and will not during the existence of the candidate committee, establish, authorize the establishment of, maintain, or participate directly or indirectly in the management or control of any political committee or continuing political committee. I am aware that if any of the statements are willfully false, I may be subject to punishment.

3/3/14 CHONDRA YOUNG 
 DATE PRINT FULL NAME (CANDIDATE) SIGNATURE (CANDIDATE)

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.

3/3/14 Maxine Shilan 
 DATE PRINT FULL NAME (CHAIRPERSON) SIGNATURE (CHAIRPERSON)

3/3/14 Tamika Francis 
 DATE PRINT FULL NAME (TREASURER) SIGNATURE (TREASURER)

Treasurers for Gubernatorial and Legislative candidates are required to receive training with the New Jersey Election Law Enforcement Commission. Check here if you have completed the training and enter your Treasurer Training ID# _____



CANDIDATE - SWORN STATEMENT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

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FORM A-1

FOR STATE USE ONLY

ELEC RECEIVED

APR 12 2016

PLEASE TYPE OR PRINT

Candidate Name Chondra Young

Candidate Committee Name Young for Council

Address (Number and Street, City, State, Zip Code) 158 Cranford Place Teaneck, New Jersey 07666

*(Area) Day Telephone (201) 776-6354

*(Area) Evening Telephone (201) 776-6354

County Bergen

Legal Name of Election District or Municipality Township of Teaneck

Election Date May 10, 2016

Political Party, if any

Office Sought Councilperson

Election Type: (CHECK ONE)

Primary General May Municipal Run-Off Fire District Special

Amendment Yes No

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 \$4,500 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 \$4,500, 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 \$1,400 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 \$1,400 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 Form E-1, "Supplemental Expenditure Information."
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.

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.

Candidate Signature Chondra Young

Date 4/10/16

SCHEDULE A

Monetary Contributions in Excess of \$300 and All Currency Contributions

CONTRIBUTOR NAME Charles Powers			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 1374 Academy Lane Teaneck NJ			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 900.00	DATE(S) RECEIVED 5/2/16	AMOUNT(S) RECEIVED THIS PERIOD \$ 900.00
OCCUPATION Retired				
CONTRIBUTOR NAME Barbara L. Toffler			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 1374 Academy Lane Teaneck NJ			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 1100.00	DATE(S) RECEIVED 5/2/16	AMOUNT(S) RECEIVED THIS PERIOD \$ 1100.00
OCCUPATION Retired				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ 2000.00
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$

SCHEDULE B
In-Kind Contributions in Excess of \$300

CONTRIBUTOR NAME Barbara L. Toffler		EMPLOYER NAME	
CONTRIBUTOR ADDRESS 1374 Academy Lane Teaneck NJ		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$ 433.41	DATE(S) RECEIVED 2/29/16 & 4/3/16	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION Retired			
DESCRIPTION OF IN-KIND CONTRIBUTION(S) Food Catering and Paper products for kick off party & other events			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 433.41
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 2433.41

SCHEDULE C
Loans Received in Excess of \$300 and All Currency Loans

LENDER NAME Charles Powers		EMPLOYER NAME	
LENDER ADDRESS 1374 Academy Lane Teaneck NJ		EMPLOYER ADDRESS	
OCCUPATION Retired			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
DATE(S) RECEIVED 4/12/16 & 5/10/16		AGGREGATE AMOUNT \$ 1208.08	CHECK IF CURRENCY <input type="checkbox"/>
LENDER NAME		EMPLOYER NAME	
LENDER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
DATE(S) RECEIVED		AGGREGATE AMOUNT \$	CHECK IF CURRENCY <input type="checkbox"/>
TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD		1208.08 \$	

ADJUSTMENT SCHEDULE

Refund of Contributions

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
			\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ _____
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ _____

Company/Individual	Address	Expense For	Date	Amount	Check #
DJ Services-Jose Cruz	312 Frances St, Teaneck, NJ 07666	Campaign Kickoff	3/5/2016	\$200.00	101
Chondra Young	158 Cranford Place Teaneck, NJ	Campaign Kickoff- Photographer and Banner Reimbursement	3/5/2016	\$250.00	103
CEGraphic	112 Fort Lee Rd, Teaneck, NJ 07666	Lawn Signs for Campaign Deposit	3/17/2016	\$290.00	104
CEGraphic	112 Fort Lee Rd, Teaneck, NJ 07666	Lawn Signs for Campaign	3/30/2016	\$200.00	card
AC Moore	165 NJ-4, Paramus, NJ 07652	Sewing for Sisters Quilt	4/2/2016	\$42.27	card
Broadway Fabrics	265 Main St, Hackensack, NJ 07601	Sewing for Sisters Quilt	4/2/2016	\$93.54	card
USPS		Filings	4/12/16	\$22.95	
CEGraphic	112 Fort Lee Rd, Teaneck, NJ 07666	Lawn Signs for Campaign	4/18/2016	\$491.34	
North Jersey Media Group	1 Garret Mountain Plaza PO Box 471 Woodland Park, NJ 07424-0471	Newspaper Ad	5/2/16	\$608.32	Certified check
Dynamics Inc		Literature	5/4/16	\$650.00	107
Chondra Young	158 Cranford Place Teaneck, NJ	Canvassers Reimbursement of Personal Funds Paid - 5/3	5/5/16	\$240.00	
Chondra Young	158 Cranford Place Teaneck, NJ	Canvassers Reimbursement of Personal Funds Paid - 5/4	5/5/16	\$240.00	
USPS		EDDM	5/5/16	\$661.76	loan
USPS		EDDM	5/6/16	\$540.32	loan
Chondra Young	158 Cranford Place Teaneck, NJ	Canvassers Reimbursement of Personal Funds Paid - 5/5	5/7/16	\$240.00	
Stephan RumSmith		Election Night Photo	5/10/16	\$75.00	108
Elsa La Reina Del Chicharr	1515 Teaneck Rd Teaneck, NJ	Election night catering	5/10/16	\$454.44	
Smokey Joes	494 Cedar Ln, Teaneck, NJ 07666	Election night catering	5/10/16	\$218.00	
H&S Discount		Election night catering	5/10/2016	\$128.29	
Dynamics Inc		Literature	5/10/2016	\$450.00	
Chondra Young	158 Cranford Place Teaneck, NJ	Canvassers Reimbursement of Personal Funds Paid - 5/6	5/20/16	\$240.00	
Total This Page				\$6,336.23	

SCHEDULE 3(D) - DISBURSEMENTS
Contributions made to other Candidates/Committees

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
				\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:				
SCHEDULE 3(D) GRAND TOTAL				
ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)				1. \$
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				2. \$
				3. \$

SCHEDULE E
Outstanding Obligations

Date(s)	Creditor's Name	Address	Description	Amount
				\$
			TOTAL OUTSTANDING OBLIGATIONS	\$

SCHEDULE F
Refunded Disbursements

Date(s)	Check #	Full Name	Address	Description	Amount
					\$
				SCHEDULE F TOTAL	\$

SCHEDULE G
Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$


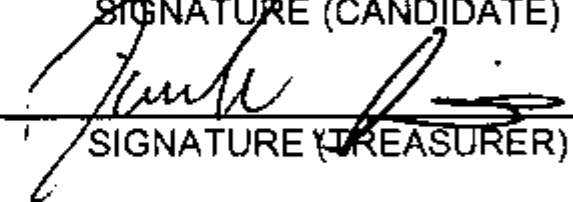
STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

Opening Balance, this report (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero.)	\$ 594.19
Funds Transferred from Prior Campaign	\$ 0
Deposits (Include interest)	\$ 5779.23
Disbursements (Include bank charges)	\$ 6336.23
Closing Balance, this Report	\$ 37.19

NVE Bank	
NAME OF BANK OR DEPOSITORY 740 Palisade Avenue NJ 07666	NAME OF ACCOUNT
Tamika Francis	ADDRESS OF BANK OR DEPOSITORY 2019213939
NAME OF TREASURER 1615 Ardsley Ct Teaneck, NJ 07666	*TELEPHONE NUMBER (DAY)
ADDRESS OF TREASURER	

CERTIFICATION

I certify that the statements on this document are true, and that the contribution amounts received conform with the limitations designated by law. I am aware that if any of the statements are willfully false, I may be subject to punishment.

<u>6/20/16</u> DATE	<u>Chondra Young</u> PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>6/20/16</u> DATE	<u>Tamika Francis</u> PRINT FULL NAME (TREASURER)	 SIGNATURE (TREASURER)

Treasurers for Gubernatorial and Legislative candidates are required to receive training with the New Jersey Election Law Enforcement Commission. Check here if you have completed the training and enter your Treasurer Training ID# _____

DECLARATION OF FINAL REPORT

If this is the final report, sign applicable Declaration below as well as Certification above. Chapter 65 of the Laws of 1993 requires that all filing entities continue to file reports with the Commission until all campaign business is wound up and the fund is dissolved.

I certify that all contributions or other monies received by this election fund have been disbursed, that there are no outstanding loans or other obligations, and that the election fund has wound up its business and has been dissolved.

_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (TREASURER)	_____ SIGNATURE (TREASURER)