



**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  
 Jan 23, 2020  
 9:41 AM

Amendment

|  |   |
|--|---|
| Candidate Name<br><b>ARDIE D. WALSER</b> | Office Sought<br><b>COUNCIL OR MUNICIPAL OFFICE</b> |
|--|---|

Candidate Committee Name  
**WALSER FOR COUNCIL**

Street Address  
**277 GRIGGS AVENUE**

|                        |                    |                          |                            |                                |
|------------------------|--------------------|--------------------------|----------------------------|--------------------------------|
| City<br><b>TEANECK</b> | State<br><b>NJ</b> | Zip Code<br><b>07666</b> | *(Area Code) Day Telephone | *(Area Code) Evening Telephone |
|------------------------|--------------------|--------------------------|----------------------------|--------------------------------|

|   |   |
|---|---|
| Committee Email (Optional)<br><b>WALSERFORCOUNCIL@GMAIL.COM</b> | Committee Website (Optional)<br><b>WALSERFORCOUNCIL.COM</b> |
|---|---|

|  |                                    |
|--|------------------------------------|
| Election Type: (Select One)<br><input type="radio"/> Primary <input checked="" type="radio"/> May Municipal <input type="radio"/> Fire District<br><input type="radio"/> General <input type="radio"/> Run-Off <input type="radio"/> Special | Election Date<br><b>05/12/2020</b> |
|--|------------------------------------|

|                                |  |                                       |
|--------------------------------|--|---------------------------------------|
| County<br><b>BERGEN COUNTY</b> | Legal Name of Election District or Municipality<br><b>TEANECK TOWNSHIP</b> | Political Party<br><b>NONPARTISAN</b> |
|--------------------------------|--|---------------------------------------|

**CHAIRPERSON**

Name  
**MARGARET E. FISHER**

Mailing Address  
**627 RAMAPO ROAD**

|                        |                    |                          |                            |                                |
|------------------------|--------------------|--------------------------|----------------------------|--------------------------------|
| City<br><b>TEANECK</b> | State<br><b>NJ</b> | Zip Code<br><b>07666</b> | *(Area Code) Day Telephone | *(Area Code) Evening Telephone |
|------------------------|--------------------|--------------------------|----------------------------|--------------------------------|

**TREASURER**

Name  
**THOMAS A. ABBOTT**

Mailing Address  
**277 GRIGGS AVENUE**

|                        |                    |                          |   |   |
|------------------------|--------------------|--------------------------|---|---|
| City<br><b>TEANECK</b> | State<br><b>NJ</b> | Zip Code<br><b>07666</b> | *(Area Code) Day Telephone<br><b>201-836-0656</b> | *(Area Code) Evening Telephone<br><b>201-836-0656</b> |
|------------------------|--------------------|--------------------------|---|---|

Resident Address  
**277 GRIGGS AVENUE**

|                        |                    |                          |
|------------------------|--------------------|--------------------------|
| City<br><b>TEANECK</b> | State<br><b>NJ</b> | Zip Code<br><b>07666</b> |
|------------------------|--------------------|--------------------------|

**DEPOSITORY INFORMATION**

Name of Bank or Depository  
**LAKELAND BANK**

Mailing Address  
**417 CEDAR LANE**

|                        |                    |                          |  |
|------------------------|--------------------|--------------------------|--|
| City<br><b>TEANECK</b> | State<br><b>NJ</b> | Zip Code<br><b>07666</b> | (Area Code) Day Telephone<br><b>201-836-7717</b> |
|------------------------|--------------------|--------------------------|--|

Account Name  
**WALSER FOR COUNCIL**

Account Number  
**TBD**

\*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<br>THOMAS A. ABBOTT             |             |                   |  |  |
| Mailing Address<br>277 GRIGGS AVENUE |             |                   |  |  |
| City<br>TEANECK                      | State<br>NJ | Zip Code<br>07666 | *(Area Code) Day Telephone<br>201-836-0656 | *(Area Code) Evening Telephone<br>201-836-0656 |

|                                    |             |                   |                            |                                |
|------------------------------------|-------------|-------------------|----------------------------|--------------------------------|
| Name<br>ARDIE D. WALSER            |             |                   |                            |                                |
| Mailing Address<br>350 JOHNSON AVE |             |                   |                            |                                |
| City<br>TEANECK                    | State<br>NJ | Zip Code<br>07666 | *(Area Code) Day Telephone | *(Area Code) Evening Telephone |

|                                    |             |                   |                            |                                |
|------------------------------------|-------------|-------------------|----------------------------|--------------------------------|
| Name<br>MARGARET E. FISHER         |             |                   |                            |                                |
| Mailing Address<br>627 RAMAPO ROAD |             |                   |                            |                                |
| City<br>TEANECK                    | State<br>NJ | Zip Code<br>07666 | *(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 | *****      |
|                     | _____          |     | _____      |
|                     | ARDIE D WALSER |     | 01/23/2020 |
|                     | _____          |     | _____      |
|                     | 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 | *****      |
|                     | _____             |     | _____      |
|                     | MARGARET E FISHER |     | 01/23/2020 |
|                     | _____             |     | _____      |
|                     | Chairperson       |     | Date       |

|                     |                 |     |            |
|---------------------|-----------------|-----|------------|
| Registration Number | *****           | PIN | *****      |
|                     | _____           |     | _____      |
|                     | THOMAS A ABBOTT |     | 01/23/2020 |
|                     | _____           |     | _____      |
|                     | 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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 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 01, 2020  
 12:31 PM

Amendment

Candidate Name  
**ARDIE D. WALSER**

Office Sought  
**COUNCIL OR MUNICIPAL OFFICE**

Candidate Committee Name  
**WALSER FOR COUNCIL**

Street Address  
**277 GRIGGS AVENUE**

|                        |                    |                          |                            |                                |
|------------------------|--------------------|--------------------------|----------------------------|--------------------------------|
| City<br><b>TEANECK</b> | State<br><b>NJ</b> | Zip Code<br><b>07666</b> | *(Area Code) Day Telephone | *(Area Code) Evening Telephone |
|------------------------|--------------------|--------------------------|----------------------------|--------------------------------|

|   |   |
|---|---|
| Committee Email (Optional)<br><b>WALSERFORCOUNCIL@GMAIL.COM</b> | Committee Website (Optional)<br><b>WALSERFORCOUNCIL.COM</b> |
|---|---|

|                                |                               |  |                                     |                                    |
|--------------------------------|-------------------------------|--|-------------------------------------|------------------------------------|
| Election Type:<br>(Select One) | <input type="radio"/> Primary | <input checked="" type="radio"/> May Municipal | <input type="radio"/> Fire District | Election Date<br><b>05/12/2020</b> |
|                                | <input type="radio"/> General | <input type="radio"/> Run-Off                  | <input type="radio"/> Special       |                                    |

|                                |  |                                       |
|--------------------------------|--|---------------------------------------|
| County<br><b>BERGEN COUNTY</b> | Legal Name of Election District or Municipality<br><b>TEANECK TOWNSHIP</b> | Political Party<br><b>NONPARTISAN</b> |
|--------------------------------|--|---------------------------------------|

**CHAIRPERSON**

Name  
**MARGARET E. FISHER**

Mailing Address  
**627 RAMAPO ROAD**

|                        |                    |                          |                            |                                |
|------------------------|--------------------|--------------------------|----------------------------|--------------------------------|
| City<br><b>TEANECK</b> | State<br><b>NJ</b> | Zip Code<br><b>07666</b> | *(Area Code) Day Telephone | *(Area Code) Evening Telephone |
|------------------------|--------------------|--------------------------|----------------------------|--------------------------------|

**TREASURER**

Name  
**THOMAS A. ABBOTT**

Mailing Address  
**277 GRIGGS AVENUE**

|                        |                    |                          |   |   |
|------------------------|--------------------|--------------------------|---|---|
| City<br><b>TEANECK</b> | State<br><b>NJ</b> | Zip Code<br><b>07666</b> | *(Area Code) Day Telephone<br><b>201-836-0656</b> | *(Area Code) Evening Telephone<br><b>201-836-0656</b> |
|------------------------|--------------------|--------------------------|---|---|

Resident Address  
**277 GRIGGS AVENUE**

|                        |                    |                          |
|------------------------|--------------------|--------------------------|
| City<br><b>TEANECK</b> | State<br><b>NJ</b> | Zip Code<br><b>07666</b> |
|------------------------|--------------------|--------------------------|

**DEPOSITORY INFORMATION**

Name of Bank or Depository  
**LAKELAND BANK**

Mailing Address  
**417 CEDAR LANE**

|                        |                    |                          |  |
|------------------------|--------------------|--------------------------|--|
| City<br><b>TEANECK</b> | State<br><b>NJ</b> | Zip Code<br><b>07666</b> | (Area Code) Day Telephone<br><b>201-836-7717</b> |
|------------------------|--------------------|--------------------------|--|

Account Name  
**WALSER FOR COUNCIL**

Account Number  
**\*\*\*\*0253**

\*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<br>THOMAS A. ABBOTT             |             |                   |  |  |
| Mailing Address<br>277 GRIGGS AVENUE |             |                   |  |  |
| City<br>TEANECK                      | State<br>NJ | Zip Code<br>07666 | *(Area Code) Day Telephone<br>201-836-0656 | *(Area Code) Evening Telephone<br>201-836-0656 |

|                                    |             |                   |                            |                                |
|------------------------------------|-------------|-------------------|----------------------------|--------------------------------|
| Name<br>ARDIE D. WALSER            |             |                   |                            |                                |
| Mailing Address<br>350 JOHNSON AVE |             |                   |                            |                                |
| City<br>TEANECK                    | State<br>NJ | Zip Code<br>07666 | *(Area Code) Day Telephone | *(Area Code) Evening Telephone |

|                                    |             |                   |                            |                                |
|------------------------------------|-------------|-------------------|----------------------------|--------------------------------|
| Name<br>MARGARET E. FISHER         |             |                   |                            |                                |
| Mailing Address<br>627 RAMAPO ROAD |             |                   |                            |                                |
| City<br>TEANECK                    | State<br>NJ | Zip Code<br>07666 | *(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 | *****      |
|                     | _____          |     | _____      |
|                     | ARDIE D WALSER |     | 02/01/2020 |
|                     | _____          |     | _____      |
|                     | 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 | *****      |
|                     | _____             |     | _____      |
|                     | MARGARET E FISHER |     | 02/01/2020 |
|                     | _____             |     | _____      |
|                     | Chairperson       |     | Date       |

|                     |                 |     |            |
|---------------------|-----------------|-----|------------|
| Registration Number | *****           | PIN | *****      |
|                     | _____           |     | _____      |
|                     | THOMAS A ABBOTT |     | 02/01/2020 |
|                     | _____           |     | _____      |
|                     | 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 12, 2020
6:54 PM

Amendment

Form fields including Candidate Name (ARDIE D. WALSER), Office Sought (COUNCIL OR MUNICIPAL OFFICE), Candidate Committee Name (WALSER FOR COUNCIL), Street Address (277 GRIGGS AVENUE), City (TEANECK), State (NJ), Zip Code (07666), 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 ARDIE D WALSER Date 04/11/2020



SUPPLEMENTAL CONTRIBUTOR INFORMATION

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 C-1

ELEC Received
Apr 13, 2020
9:42 PM

Amendment

CONTRIBUTIONS REPORT TYPE (Select One)

- Committee spending under the R-1 reporting threshold (A-1 or A-2 filers etc.) who received a contribution in excess of \$ 300 in the aggregate from one source in the election, or any currency (cash) contributions.
Committee receiving 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 (48-Hour Notice).

SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION

Candidate(s) Name: ARDIE D. WALSER
Committee Name: WALSER FOR COUNCIL
Street Address: 277 GRIGGS AVENUE
Office Sought: COUNCIL OR MUNICIPAL OFFICE
City: TEANECK, State: NJ, Zip Code: 07666
Election Type: May Municipal, Election Date: 05/12/2020
County: BERGEN COUNTY, Legal Name of Election District or Municipality: TEANECK TOWNSHIP, Political Party: NONPARTISAN

SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check, B = In-Kind, C = Loan)

Three contribution entries for ARDIE WALSER, ANGELA BARKER, and ANDREW WATT, including dates, addresses, amounts, and occupations.

Grand Total: \$2,162.13

Registration Number \*\*\*\*\* PIN \*\*\*\*\*
Candidate or Treasurer THOMAS A ABBOTT Date 04/13/2020