### Political Party Committee - Designation of Organizational 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.nj.gov

#### PLEASE TYPE OR PRINT

<table>
<thead>
<tr>
<th>Committee Name</th>
<th>□ State Committee</th>
<th>□ County Committee</th>
<th>□ Municipal Committee</th>
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**Address (Number and Street, City, State, Zip Code)**

*(Area) Day Telephone  *(Area) Evening Telephone

**County**  Municipality

Committee Email (Optional)  Committee Website (Optional)

**ELEC Identification Number**  **Political Party**

☐ Annual Designation for July 1, ________ to June 30, ________  ☐ Additional Depository  ☐ Deputy Treasurer  
☐ Amendment (please specify) __________________________________________

### 1. CHAIRPERSON

**Name**

Mailing Address

City  State  Zip Code

*(Area) Day Telephone  *(Area) Evening Telephone

### 2. TREASURER

**Name**

Mailing Address

City  State  Zip Code

*(Area) Day Telephone  *(Area) Evening Telephone

Resident Address, if different from Mailing Address

City  State  Zip Code

### 3. DEPOSITORY INFORMATION

**Name of Bank or Depository**

Mailing Address

City  State  Zip Code

*(Area) Day Telephone

**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.*
### 3. DEPOSITORY INFORMATION

**Name of Bank or Depository**

**Mailing Address**

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<th>Zip Code</th>
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**(Area) Day Telephone**

**Account Name**

**Account Number**

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

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### TREASURER /CHAIRPERSON 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.

**DATE**

**PRINT FULL NAME (TREASURER)**

**SIGNATURE (TREASURER)**

**DATE**

**PRINT FULL NAME (CHAIRPERSON)**

**SIGNATURE (CHAIRPERSON)**

Treasurers for the **State Political Party Committees** 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#______________________.