



**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)  
Website: [www.elec.nj.gov](http://www.elec.nj.gov)

**FORM D-3**

**Amendment**

State Committee     County Committee     Municipal Committee

Committee Name

**Required** Address

City  State  Zip Code

NJ

\*Day Telephone  \*Evening Telephone  ELEC Identification Number

Committee Email (Optional)  Committee Website (Optional)

County  Municipality  Political Party

Type of Filing:  Annual Designation for July 1,  to June 30,

Amendment (please specify)

Additional Depository     Deputy Treasurer

**Chairperson Name**

Mailing Address

City  State  Zip Code  \*Day Telephone  \*Evening Telephone

**Treasurer Name**

Mailing Address

City State Zip Code \*Day Telephone \*Evening Telephone

Resident Address

City State Zip Code

City State Zip Code 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.

**Depository Information (continued)**

Name of Bank or Depository

Mailing Address

City State Zip Code Day Telephone

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Name			
<input type="text"/>			
Account Number			
<input type="text"/>			

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

Name				
<input type="text"/>				
Mailing Address				
<input type="text"/>				
City	State	Zip Code	*Day Telephone	*Evening Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name				
<input type="text"/>				
Mailing Address				
<input type="text"/>				
City	State	Zip Code	*Day Telephone	*Evening Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name				
<input type="text"/>				
Mailing Address				
<input type="text"/>				
City	State	Zip Code	*Day Telephone	*Evening Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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

\_\_\_\_\_  
Treasurer

Date

Treasurers for State Political Party Committees 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.

**File With ELEC**