



New Jersey Election Law Enforcement Commission Filing Instructions for Electronic Filing for Parties and PACs

- ◆ Have your Registration and PIN numbers available in order to complete the electronic filing. These numbers must be entered on each form.
- ◆ Required fields must be completed in order to file electronically.
- ◆ **COMPLETE IN FULL** the identification fields found at the beginning of each form.

FORM A-3 COMMITTEE SWORN STATEMENT

Amendment - Check the box **ONLY** if amending a report that was previously filed.

Committee Type - Select the type of committee filing the report.

Calendar Year Period - Enter the calendar year the report covers.

Committee Name - Enter the committee name.

Street Address - Enter the mailing address of the committee. Check the box if the address is different than previously reported.

City, State, Zip - Enter the city, state and zip code of the committee.

ELEC Identification Number - Enter the identification number assigned to the committee by the Commission.

Date - Enter the date you are filing the form in both the Chairperson area and the Treasurer area.

Registration Number - Enter the registration number found in the letter received from ELEC for the chairperson and treasurer.

Personal Identification Number (PIN) - Enter the PIN found in the letter received from ELEC for the chairperson and treasurer.

Chairperson - Enter the mailing address and telephone number for the individual selected as chairperson. Leave the telephone fields blank if the 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.

Treasurer - Enter the mailing address and telephone number for the individual selected as treasurer. Leave the telephone fields blank if the 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.

**FORM D-3 POLITICAL PARTY COMMITTEE -
DESIGNATION OF ORGANIZATIONAL TREASURER AND DEPOSITORY**

Select the **Type** of political party committee filing the report.

Committee Name - Enter the political party committee name.

Street Address - Enter the mailing address of the political party committee.

City, State, Zip - Enter the city, state and zip code of the political party committee.

Day/Evening Telephone - 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.

ELEC Identification Number - Enter the identification number assigned to the committee by the Commission.

County - Select the county where the committee is located. If this is a statewide committee there will not be a selection here, see Municipality.

Municipality - Select the municipality where the committee is located. If this is a statewide committee the only selection available is "Statewide."

Political Party - Select the committee political party affiliation.

Type of Filing:

Annual Designation - Select the years the form covers.

Amendment - Indicate what is being amended.

Additional Depository - Include the information for the new additional depository on page 2.

Deputy Treasurer - Include the information for the deputy treasurer on page 2.

Chairperson - Enter the name, mailing address, day and evening telephone numbers for the individual selected as chairperson. Leave the telephone fields blank if the 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.

Treasurer - Enter the name, mailing address, telephone number, resident address and telephone number (if different from mailing address) for the individual selected as treasurer. Leave the telephone fields blank if the 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 - Enter the name of the bank or depository, mailing address, telephone number, the account name and number.

On Page 2:

If the political party committee has a **second depository**, enter the appropriate information at the top of the page.

List the name(s), mailing address(es) and telephone number(s) of anyone authorized to sign checks or otherwise make transactions on behalf of the campaign in the top section. Pursuant to N.J.S.A. 47:1A1.1, an unlisted telephone number is not a public record and must not be provided on this form.

Registration Number - Enter the registration number found in the letter received from ELEC for the chairperson and treasurer.

Personal Identification Number (PIN) - Enter the PIN found in the letter received from ELEC for the chairperson and treasurer.

Date - Enter the date you are filing the form.

Treasurer Training ID# - If the treasurer has received the appropriate Treasurer Training enter the Treasurer Training ID#.

FORM C-3 SUPPLEMENTAL CONTRIBUTOR INFORMATION (ALSO USED AS 48-HOUR NOTICE)

Amendment - Check the box ONLY if amending a report that was previously filed.

Contributions Report Type - Select the appropriate report type. If you are selecting "Committee Filing Sworn Statement..." you must also select a reporting quarter; i.e. April 15, July 15, October 15 or January 15.

ELEC Identification Number - Enter the identification number assigned to the committee by the Commission.

Filing Year - Enter the calendar year the report covers.

Section I - If the committee address has changed since the last filing check the box.

Committee Name - Enter the full committee name.

Street Address - Enter the mailing address of the committee.

City, State, Zip - Enter the city, state and zip code of the committee.

Section II - Contribution Information

Contributor Name and Address - Enter the full name and mailing address of the contributing entity.

Employer Name and Address - Enter the full name and mailing address of the contributor's employer if the contributor is an individual.

Date Received - Enter the date the contribution was received by the committee.

Aggregate Year to Date - Enter the total of all contributions (currency, monetary, in-kind or loans) received from this contributor for the calendar year to date.

Amount - Enter the amount of the contribution. This figure will be added to the Grand Total figure at the bottom of the page automatically.

Occupation - Enter the contributor's occupation if the contributor is an individual.

Receipt Type - A = Currency or Check, B = In-Kind, or C = Loan. Check the box if this is a Currency Contribution.

Description, if In-Kind Contribution - Enter a specific description of the goods or services provided.

Registration Number - Enter the registration number found in the letter received from ELEC for the treasurer.

Personal Identification Number (PIN) - Enter the PIN found in the letter received from ELEC for the treasurer.

Date - Enter the date you are filing the form.

FORM E-3 SUPPLEMENTAL EXPENDITURE INFORMATION (USED AS 48-HOUR NOTICE)

Amendment - Check the box ONLY if amending a report that was previously filed.

Filing Period - Select the appropriate filing period.

Full Committee Name - Enter the full committee name.

Street Address - Enter the mailing address of the committee.

City, State, Zip - Enter the city, state and zip code of the committee.

Day/Evening Telephone - 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.

ELEC Identification Number - Enter the identification number assigned to the committee by the Commission.

Expenditure Information

Payment Date - Enter the date the check was written.

Check No. - Enter the check number.

Purpose - Enter a specific description of the disbursement.

Amount Incurred/Not Paid - Enter the remaining balance if the full amount was not paid during this reporting period.

Amount Disbursed - Enter the amount of the payment. This figure will be added to the Grand Total figure at the bottom of the page automatically.

Full Name and Complete Mailing Address of Payee - Enter the name and complete mailing address from whom the purchase was made.

Independent Expenditure - Check the box if this expenditure was made independent of any candidate or committee.

Expenditures on Behalf of Candidate(s)/Committee(s) (Identify Recipient)

Candidate/Committee Full Name - Enter the full name of the recipient candidate or joint candidates committee.

Election Date - Enter the date of the election the candidate(s) is participating in.

Election District or Municipality - Enter the legislative district for legislative candidate(s); enter the county for county-wide candidate(s) and enter the county and municipality for local candidate(s).

Prorated Amount - Enter the amount spent on each candidate.

Registration Number - Enter the registration number found in the letter received from ELEC for the treasurer.

Personal Identification Number (PIN) - Enter the PIN found in the letter received from ELEC for the treasurer.

Date - Enter the date you are filing the form.

**FORM D-4 CONTINUING POLITICAL COMMITTEE –
REGISTRATION STATEMENT AND DESIGNATION OF ORGANIZATIONAL DEPOSITORY**

Committee Name – Enter the continuing political committee name.

Identifying Title or Acronym – Enter the abbreviation or acronym to be used by the continuing political committee, if applicable.

Street Address – Enter the mailing address of the continuing political committee.

City, State, Zip – Enter the city, state and zip code of the continuing political committee.

Day/Evening Telephone – Leave this field blank if the 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.

ELEC Identification Number – Enter the identification number assigned to the committee by the Commission. This number is provided once the committee has been approved.

County – Select the county where the committee is located. A statewide committee does not make a selection here, see Municipality.

Municipality – Select the municipality where the committee is located. A statewide committee selects "Statewide."

Political Party – Select the committee political party affiliation, or nonpartisan.

Type of Filing:

Initial Registration Statement – If the continuing political committee is seeking to be registered with ELEC.

Additional Depository – Include the information for the new depository on page 2.

Deputy Treasurer – Include the information for the Deputy Treasurer on page 2.

Amendment – Indicate what is being amended.

Chairperson – Enter the name, mailing address and telephone number for the individual selected as chairperson. Leave a telephone field blank if the 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.

Employer Name and Address – Enter the employer information for the chairperson.

Treasurer – Enter the name, mailing address, resident address (if different from mailing address) and relevant telephone numbers for the individual selected as treasurer. Leave a telephone field blank if the 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.

Employer Name and Address – Enter the employer information for the treasurer.

Depository – Enter the name of the bank or depository, mailing address, telephone number, the account name and number.

On Page 2:

If the continuing political committee has a **second depository**, enter the appropriate information at the top of the page.

Authorized Signers – In this section, enter the name(s), mailing address(es) and telephone number(s) of anyone authorized to sign checks or otherwise make transactions on behalf of the continuing political committee. Leave the telephone fields blank if the 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.

General Organizational Category or Affiliation – Select one category which best represents the continuing political committee. If no category represents the committee select other and provide a description.

Persons/Entities Having Direct/Indirect Control over the Affairs of the Continuing Political Committee - In this section, enter the name, occupation, mailing address, and employer name and mailing address of persons/entities having direct/indirect control over the committee.

Persons/Entities, not Already Listed, Involved in the Initial Organization of the Continuing Political

Committee - In this section, enter the name(s), occupation, mailing address, and employer name and mailing address of persons/entities, not already listed, who directly or through an agent, participated in the initial organization of the committee.

Describe Objectives – Describe the economic, political or other particular interests and objectives to be advanced by the continuing political committee.

Agent to Accept Service of Legal Process – Name and resident address of a resident of New Jersey who has been designated by the continuing political committee as its agent to accept service of legal process.

Has a New Jersey Candidate (other than federal) Established, Authorized, Maintained, or Participated Directly/Indirectly in Management or Control of the Continuing Political Committee – Select Yes or No.

Total Amount of Money Raised This Year and Next Year – Provide an estimate.

Amount, from above, Spent for New Jersey Election-Related Activity – Provide an estimate.

What Percentage of the Amount, from above, Will be Used for New Jersey Election-Related Activity – Provide an estimate.

Is Making Contributions or other Election-Related Activity a Major Purpose of the Continuing Political Committee? – Select Yes or No.

Describe the other Types of Expenditures to be Made by the Continuing Political Committee – Other than election-related expenditures.

Will the Continuing Political Committee Solicit Funds from the Public for New Jersey Election-Related Activity – Check the appropriate line(s). Provide an estimated percentage of funds to be raised outside New Jersey if “both” selected.

Will the Continuing Political Committee Solicit Funds with the Stated/Principal Purpose of Making Contributions to New Jersey Candidates/Committees? – Select Yes or No.

Does the Continuing Political Committee File with the Federal Election Commission? – Select Yes or No.

Registration Number – Enter the registration number found in the letter received from ELEC for the treasurer and chairperson.

Personal Identification Number (PIN) – Enter the PIN found in the letter received from ELEC for the treasurer and chairperson.

Date – Enter the date you are filing the form.

**FORM D-5 LEGISLATIVE LEADERSHIP COMMITTEE - REGISTRATION STATEMENT AND
DESIGNATION OF ORGANIZATIONAL DEPOSITORY**

Committee Name - Enter the full committee name.

Identifying Title and/or Acronym - Enter the approved abbreviation or acronym used by the committee.

Street Address - Enter the mailing address of the committee.

City, State, Zip - Enter the city, state and zip code of the committee.

Day/Evening Telephone - 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.

Name of Legislative Leader - Enter the name of the current Legislative Leader.

Select whether the committee is in the Senate or General Assembly.

ELEC Identification Number - Enter the identification number assigned to the committee by the Commission.

Political Party - Select the committee political party affiliation.

Type of Filing:

Initial Registration Statement – If the legislative leadership committee is seeking to be registered with ELEC.

Additional Depository – Include the information for the new depository on page 2.

Deputy Treasurer – Include the information for the Deputy Treasurer on page 2.

Amendment – Indicate what is being amended.

Depository - Enter the name of the bank or depository, mailing address, telephone number, the account name and number.

On Page 2:

If the legislative leadership committee has a **second depository**, enter the appropriate information at the top of the page.

Authorized Signers - In the next section, enter the name(s), mailing address(es) and telephone number(s) of anyone authorized to sign checks or otherwise make transactions on behalf of the legislative leadership committee. Leave the telephone fields blank if the 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.

Agent to Accept Service of Legal Process - Name and resident address of a resident of New Jersey who has been designated by the committee as its agent to accept service of legal process.

Copy of the Bylaws - Indicate whether a copy of the committee bylaws is being filed or no bylaws have been adopted by the committee.

Registration Number - Enter the registration number found in the letter received from ELEC for the Legislative Leader and the treasurer.

Personal Identification Number (PIN) - Enter the PIN found in the letter received from ELEC for the Legislative Leader and the treasurer.

Date - Enter the date you are filing the form.

Treasurer Training ID# - If the treasurer has received the appropriate Treasurer Training enter the Treasurer Training ID#.

FORM D-5N LEGISLATIVE LEADERSHIP COMMITTEE - NOTICE OF MEMBERSHIP

Committee Name - Enter the full committee name.

ELEC Identification Number - Enter the identification number assigned to the committee by the Commission.

Chairperson - Enter the chairperson name.

Street Address - Enter the mailing address of the committee.

City, State, Zip - Enter the city, state and zip code of the committee.

Day/Evening Telephone - 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.

Vice-Chairperson Name - Enter the vice-chairperson name.

Street Address - Enter the mailing address of the committee.

City, State, Zip - Enter the city, state and zip code of the committee.

Day/Evening Telephone - 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 All Other Members of the Legislative

Leadership Committee - Enter the name, mailing address and telephone number of all other members of the committee. Leave the telephone fields blank if the 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.

Registration Number - Enter the registration number found in the letter received from ELEC for the treasurer.

Personal Identification Number (PIN) - Enter the PIN found in the letter received from ELEC for the treasurer.

Date - Enter the date you are filing the form.

Treasurer Training ID# - If the treasurer has received the appropriate Treasurer Training enter the Treasurer Training ID#.

On Page 2:

List the Name(s), Mailing Address(es) and Telephone Number(s) of All Other Members of the Legislative

Leadership Committee (continued) - Enter the name, mailing address and telephone number of all other members of the committee. Leave the telephone fields blank if the 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.

FORM IND REPORT OF INDEPENDENT EXPENDITURES

Amendment - Check the box ONLY if amending a report that was previously filed.

Name – Enter the name of the entity making the expenditure.

Address - Enter the mailing address of the entity.

City, State, Zip - Enter the city, state and zip code of the committee.

Telephone - Leave this field blank if the 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.

Election Type – Select the election type in which the expenditure is being made.

Election Date – Select the date of the election in which the expenditure is being made.

County – Select the county where the expenditure is being made.

Election District or Municipality – Select statewide, the legislative district or the municipality where the expenditure is being made.

Political Party – Select the political party affiliation of the entity making the expenditure.

Occupation – If the entity making the expenditure is an individual enter their occupation.

Employer Name – Enter the individual's employer name.

Employer Address – Enter the employer's full mailing address.

EXPENDITURE INFORMATION

Payment Date - Enter the date the check was written.

Check No. - Enter the check number.

Purpose - Enter a specific description of the disbursement.

Amount Incurred/Not Paid - Enter the remaining balance if the full amount was not paid during this reporting period.

Amount Disbursed - Enter the amount of the payment. The amount(s) disbursed will total automatically on the form.

Full Name and Complete Mailing Address of Payee - Enter the name and complete mailing address from whom the purchase was made.

Registration Number - Enter the registration number found in the letter received from ELEC.

Personal Identification Number (PIN) - Enter the PIN found in the letter received from ELEC.

Date - Enter the date you are filing the form.