



**POLITICAL COMMITTEE - REGISTRATION STATEMENT
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.nj.gov

**FORM PC
FOR STATE USE ONLY**

PLEASE TYPE OR PRINT

| | | | |
|--|----------------------------------|---|------------------------------|
| Committee Name | | Email | |
| Identifying Title or Acronym (Optional) | | Website | |
| Address (Number and Street, City, State, Zip Code) | | | |
| *(Area) Day Telephone | | *(Area) Evening Telephone | |
| County | | Legal Name of Election District or Municipality | |
| Election Date | | Political Party, if any | |
| Election Type: (check one) | | Amendment | |
| <input type="checkbox"/> Primary | <input type="checkbox"/> General | <input type="checkbox"/> School | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> Run-Off | <input type="checkbox"/> Special | <input type="checkbox"/> No |

CHAIRPERSON

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

TREASURER

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

DEPOSITORY INFORMATION

| | | |
|----------------------------|----------------|----------|
| Name of Bank or Depository | | |
| Mailing Address | | |
| City | State | Zip Code |
| (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. (Use additional sheets if necessary)

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

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

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

General Organizational Category or Affiliation (This section includes, but is not limited to: support of or opposition to a candidate, public officeholder, or public question or support of or affiliation with a business, union, professional or trade association, ideological group, civic association, independent expenditure only committee or other entity.)

List the names/ mailing addresses of the persons or entities having control over the affairs of the political committee. (This section includes, but is not limited to: persons in whose name or at whose direction or suggestion the committee solicits funds or makes contributions.)

| | |
|--------------------------|--------------------------|
| NAME OF PERSON OR ENTITY | MAILING ADDRESS |
| | CITY/STATE/ZIP |
| OCCUPATION | EMPLOYER NAME |
| | EMPLOYER MAILING ADDRESS |
| | CITY/STATE/ZIP |

| | |
|--------------------------|--------------------------|
| NAME OF PERSON OR ENTITY | MAILING ADDRESS |
| | CITY/STATE/ZIP |
| OCCUPATION | EMPLOYER NAME |
| | EMPLOYER MAILING ADDRESS |
| | CITY/STATE/ZIP |

LIST THE NAMES/MAILING ADDRESSES OF THE PERSON OR ENTITIES WHO, DIRECTLY OR THROUGH AN AGENT, PARTICIPATED IN THE INITIAL ORGANIZATION OF THE COMMITTEE. (Use additional sheets if necessary)

| | |
|--------------------------|--------------------------|
| NAME OF PERSON OR ENTITY | MAILING ADDRESS |
| | CITY/STATE/ZIP |
| OCCUPATION | EMPLOYER NAME |
| | EMPLOYER MAILING ADDRESS |
| | CITY/STATE/ZIP |

| | |
|--------------------------|--------------------------|
| NAME OF PERSON OR ENTITY | MAILING ADDRESS |
| | CITY/STATE/ZIP |
| OCCUPATION | EMPLOYER NAME |
| | EMPLOYER MAILING ADDRESS |
| | CITY/STATE/ZIP |

| | |
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| | CITY/STATE/ZIP |
| OCCUPATION | EMPLOYER NAME |
| | EMPLOYER MAILING ADDRESS |
| | CITY/STATE/ZIP |

| | |
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| NAME OF PERSON OR ENTITY | MAILING ADDRESS |
| | CITY/STATE/ZIP |
| OCCUPATION | EMPLOYER NAME |
| | EMPLOYER MAILING ADDRESS |
| | CITY/STATE/ZIP |

| | |
|--------------------------|--------------------------|
| NAME OF PERSON OR ENTITY | MAILING ADDRESS |
| | CITY/STATE/ZIP |
| OCCUPATION | EMPLOYER NAME |
| | EMPLOYER MAILING ADDRESS |
| | CITY/STATE/ZIP |

List the economic, political, or other particular interests and objectives to be advanced by the political committee.

Four horizontal lines for listing interests and objectives.

List the name and resident address of a New Jersey resident who has been designated by the committee as the agent of the political committee to receive service of legal process. Note: if the treasurer is a New Jersey resident, he/she may be designated to accept service of legal process.

Name

Mailing Address

City

State

Zip Code

CHAIRPERSON/TREASURER CERTIFICATION FOR PUBLIC QUESTION COMMITTEES

I certify that the statements on this document are true and correct. I further certify that no candidate or officeholder has established, authorized the establishment of, maintained or participated directly or indirectly in the management or control of the political committee, and no candidate shall be permitted to do so during the existence of the political committee. I am aware that if any of the statements are willfully false, I may be subject to punishment.

DATE

PRINT FULL NAME (CHAIRPERSON)

SIGNATURE (CHAIRPERSON)

DATE

PRINT FULL NAME (TREASURER)

SIGNATURE (TREASURER)

CHAIRPERSON/TREASURER CERTIFICATION FOR POLITICAL COMMITTEES

Will this committee engage in only independent expenditure activity? Yes No

I certify that the statements on this document are true and correct. I further certify that no candidate or officeholder has established, authorized the establishment of, maintained or participated directly or indirectly in the management or control of the political committee, and no candidate shall be permitted to do so during the existence of the political committee. I am aware that if any of the statements on this document are willfully false, I may be subject to punishment.

DATE

PRINT FULL NAME (CHAIRPERSON)

SIGNATURE (CHAIRPERSON)

DATE

PRINT FULL NAME (TREASURER)

SIGNATURE (TREASURER)