



New Jersey Election Law Enforcement Commission Filing Instructions for Electronic Filing for Candidates and Committees

- ◆ Have your Registration and PIN numbers available in order to complete the electronic filing. These numbers must be entered at the end of 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.
- ◆ When selecting May Municipal or June Runoff election type, you will only be able to select Nonpartisan from the Political Party drop down list.

FORM A-1 – CANDIDATE SWORN STATEMENT

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

Candidate Name – Enter the candidate's full name.

Office Sought – Select the office sought by the candidate.

Candidate Committee Name – Enter the committee name to be used, if any.

Street Address – Enter the mailing address of the candidate.

City, State, Zip – Enter the city, state, and zip code of the candidate.

Day/Evening Telephone – Leave this field blank if your telephone number is unlisted. 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.

Election Type – Select the election type in which the candidate is running.

Election Date – Select the date of the election in which the candidate is running.

County – Select the county where the candidate is running. If the candidate is running for governor, senate or assembly, there will not be a selection from this field, see Election District or Municipality.

Election District or Municipality – Select the municipality where the candidate is running. If the candidate is running for governor, the only selection is statewide. If the candidate is running for senate or assembly, select the legislative district. If the candidate is running for a county-wide position, there will not be a selection from this field, see County.

Political Party – Select the candidate's political party affiliation.

Registration Number – Enter the registration number that can be found in the letter received from ELEC.

Personal Identification Number (PIN) – Enter the PIN that can be found in the letter received from ELEC.

Date – Enter the date you are filing the form.

FORM A-2 JOINT CANDIDATES COMMITTEE--SWORN STATEMENT

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

Joint Candidates Committee Name – Enter the name of the joint candidates committee.

Candidate Name – Enter the candidate's full name. Repeat for each candidate.

Office Sought – Select the office sought by each candidate. (Please note: only candidates running for the same office in the same legislative district, same county or same municipality may join together and file as a Joint Candidates Committee. For this purpose, the offices of Senate and Assembly; County Executive and County Freeholder; and Mayor and Council, are considered to be the same office.)

Address – Enter the mailing address of the joint candidates committee.

City, State, Zip – Enter the city, state, and zip code of the joint candidates committee.

Day/Evening Telephone – Leave this field blank if your telephone number is unlisted. 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.

Election Type – Select the election type in which the candidates are running.

Election Date – Select the date of the election in which the candidates are running.

County – Select the county where the candidates are running. If the candidates are running for senate or assembly, you will not have a selection from this field, see Election District or Municipality.

Election District or Municipality – Select the municipality where the candidates are running. If the candidates are running for senate or assembly, select the legislative district. If the candidate is running for a county-wide position, there will not be a selection from this field, see County.

Political Party – Select the candidates' political party affiliation.

Registration Number – Enter the registration number that can be found in the letter received from ELEC for each candidate.

Personal Identification Number (PIN) – Enter the PIN that can be found in the letter received from ELEC for each candidate.

Date – Enter the date you are filing the form.

**FORM D1 SINGLE CANDIDATE CERTIFICATE OF ORGANIZATION AND
DESIGNATION OF CAMPAIGN DEPOSITORY AND TREASURER**

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

Candidate Name – Enter the candidate's full name.

Office Sought – Select the office sought by the candidate.

Candidate Committee Name – Enter the committee name to be used, if any.

Street Address – Enter the mailing address of the candidate.

City, State, Zip – Enter the city, state, and zip code of the candidate.

Day/Evening Telephone – Leave this field blank if your telephone number is unlisted. 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.

Election Type – Select the election type in which the candidate is running.

Election Date – Select the date of the election in which the candidate is running.

County – Select the county where the candidate is running. If the candidate is running for governor, senate or assembly, there will not be a selection from this field, see Election District or Municipality.

Election District or Municipality – Select the municipality where the candidate is running. If the candidate is running for governor, the only selection is statewide. If the candidate is running for senate or assembly, select the legislative district. If the candidate is running for a county-wide position, there will not be a selection from this field, see County.

Political Party – Select the candidate's political party affiliation.

Chairperson – Enter the name, mailing address and day and evening telephone numbers for the individual selected as chairperson. If a chairperson is not selected leave this area blank. Leave the telephone fields blank if the telephone number is unlisted. 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.

Treasurer – Enter the name, mailing address, day and evening telephone numbers, and resident address and telephone number (if different from mailing address) for the person selected as treasurer. Leave the telephone fields blank if the telephone number is unlisted. 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.

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

On Page 2:

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 campaign. Leave the telephone fields blank if the telephone number is unlisted. 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 that can be found in the letter received from ELEC for the candidate, chairperson (if applicable) and treasurer. If the candidate is also acting as chairperson or treasurer the same registration number will be entered in the corresponding field(s).

Personal Identification Number (PIN) – Enter the PIN that can be found in the letter received from ELEC for the candidate, chairperson (if applicable) and treasurer. If the candidate is also acting as chairperson or treasurer the same PIN will be entered in the corresponding field(s).

Date – Enter the date you are filing the form.

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

**FORM D2 JOINT CANDIDATES COMMITTEE CERTIFICATE OF ORGANIZATION
AND DESIGNATION OF CAMPAIGN DEPOSITORY AND TREASURER**

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

Joint Candidates Committee Name – Enter the name of the joint candidates committee.

Candidate Name – Enter the candidate's full name. Repeat for each candidate.

Office Sought – Select the office sought by each candidate. (Please note: only candidates running for the same office in the same legislative district, same county or same municipality may join together and file as a Joint Candidates Committee. For this purpose, the offices of Senate and Assembly; County Executive and County Freeholder; and Mayor and Council, are considered to be the same office.)

Address – Enter the mailing address of the joint candidates committee.

City, State, Zip – Enter the city, state, and zip code of the joint candidates committee.

Day/Evening Telephone – Leave this field blank if your telephone number is unlisted. 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.

Election Type – Select the election type in which the candidates are running.

Election Date – Select the date of the election in which the candidates are running.

County – Select the county where the candidates are running. If the candidates are running for senate or assembly, you will not have a selection from this field, see Election District or Municipality.

Election District or Municipality – Select the municipality where the candidates are running. If the candidates are running for Senate or Assembly, select the legislative district. If the candidate is running for a county-wide position, there will not be a selection from this field, see County.

Political Party – Select the candidates' political party affiliation.

Chairperson – Enter the name, mailing address and day and evening telephone numbers for the individual selected as chairperson. If a chairperson is not selected leave this area blank. Leave the telephone fields blank if the telephone number is unlisted. 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.

Treasurer – Enter the name, mailing address, day and evening telephone numbers, resident address and day and evening telephone numbers (if different from mailing address) for the person selected as treasurer. Leave the telephone fields blank if the telephone number is unlisted. 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.

On Page 2:

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

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 campaign in the top section. Leave the telephone fields blank if the telephone number is unlisted. 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 that can be found in the letter received from ELEC for each candidate, chairperson (if applicable) and treasurer. If a candidate is also acting as chairperson or treasurer the same registration number will be entered in the corresponding field(s).

Personal Identification Number (PIN) – Enter the PIN that can be found in the letter received from ELEC for each candidate, chairperson (if applicable) and treasurer. If a candidate is also acting as chairperson or treasurer the same PIN will be entered in the corresponding field(s).

Date – Enter the date you are filing the form.

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

FORM DX DESIGNATION OF DEPUTY TREASURER AND DEPOSITORY

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

Select Deputy Treasurer, Additional Depository or both depending on what you are designating.

Candidate or Committee Name – Enter the full name of the candidate, joint candidates committee or *political committee.

Candidate Committee Name – Enter the candidate committee name.

Office Sought – Select the office sought by the candidate, joint candidates committee or *political committee. The list will contain those office combinations that are permitted for joint candidates committees; Senate and Assembly, County Executive and County Freeholder, and Mayor and Council as well as Charter Study Commission, Ballot Question Committee or Political Committee for other election related Political Committees.

Candidate Committee Name – Enter the committee name.

Street Address – Enter the mailing address of the candidate, joint candidates committee or *political committee.

City, State, Zip – Enter the city, state, and zip code of the candidate, joint candidates committee or *political committee.

Day/Evening Telephone – Leave this field blank if your telephone number is unlisted. 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.

Election Type – Select the election type in which the candidate(s) is running or the *political committee is participating.

Election Date – Select the date of the election in which the candidate(s) is running or the *political committee is participating.

County – Select the county where the candidate(s) is running for election or where the *political committee is active. If the candidate(s) is running for governor, senate or assembly, you will not have a selection from this field, see Election District or Municipality.

Election District or Municipality – Select the municipality where the candidate(s) is running or where the *political committee is active. If the candidate is running for governor, the only selection is statewide. If the candidate(s) is running for senate or assembly, select the legislative district. If the candidate is running for a county-wide position, there will not be a selection from this field, see County.

Political Party – Select the candidate(s) or *political committee political party affiliation.

Deputy Treasurer – Enter the name, mailing address, day and evening telephone numbers, and resident address (if different from mailing address) for the person selected as deputy treasurer. Leave the telephone fields blank if the telephone number is unlisted. 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.

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

On Page 2:

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 campaign or committee. Leave the telephone fields blank if the telephone number is unlisted. 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 for the treasurer and deputy treasurer if you are adding a deputy treasurer. If the candidate(s) is also acting as treasurer or deputy treasurer their same registration number will be entered in the corresponding field(s).

Personal Identification Number (PIN) – Enter the PIN for the treasurer and deputy treasurer if you are adding a deputy treasurer. If the candidate(s) is also acting as treasurer or deputy treasurer their same PIN will be entered in the corresponding field(s).

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#.

**Political Committee includes any other election related political committee independent of any candidate or joint candidates committee or any political committee supporting or opposing a ballot question, or a Charter Study Commission.*

FORM D-1G - GUBERNATORIAL / LIEUTENANT GUBERNATORIAL CANDIDATES CERTIFICATE OF ORGANIZATION AND DESIGNATION OF CAMPAIGN DEPOSITORY AND TREASURER

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

General Election Date – Enter the date of the general election.

Political Party – Select the candidate's political party affiliation.

Candidate Committee Name – Enter the committee name to be used.

Gubernatorial Candidate Name – Enter the candidate's full name.

Street Address – Enter the mailing address of the gubernatorial candidate.

City, State, Zip – Enter the city, state, and zip code of the gubernatorial candidate.

Day/Evening Telephone – Leave this field blank if your telephone number is unlisted. 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.

Lieutenant Gubernatorial Candidate Name – Enter the Lieutenant Gubernatorial candidate's full name.

Street Address – Enter the mailing address of the lieutenant gubernatorial candidate.

City, State, Zip – Enter the city, state, and zip code of the lieutenant gubernatorial candidate.

Day/Evening Telephone – Leave this field blank if your telephone number is unlisted. 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. If the following information has already been filed on a Form D-1, you do not need to re-enter the information described below. Go directly to the Candidate and Chairperson/Treasurer Certifications and enter the Registration numbers and PIN for the Gubernatorial/Lieutenant Gubernatorial Candidates and the Treasurer. If the Chairperson, Treasurer or Depository information has changed, complete the entire Form D-1G.

Chairperson – Enter the name, mailing address and telephone number for the individual selected as chairperson. If a chairperson is not selected leave this area blank. Leave the telephone fields blank if the telephone number is unlisted. 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.

Treasurer – Enter the name, mailing address, day and evening telephone numbers, and resident address (if different from mailing address) for the person selected as treasurer. Leave the telephone fields blank if the telephone number is unlisted. 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.

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

On Page 2:

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 campaign. Leave the telephone fields blank if the telephone number is unlisted. 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 that can be found in the letter received from ELEC for the candidates, chairperson (if applicable) and treasurer. If the candidate is also acting as chairperson or treasurer the same registration number will be entered in the corresponding field(s).

Personal Identification Number (PIN) – Enter the PIN that can be found in the letter received from ELEC for the candidates, chairperson (if applicable) and treasurer. If the candidate is also acting as chairperson or treasurer the same PIN will be entered in the corresponding field(s).

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

Date – Enter the date you are filing the form.

FORM C1 SUPPLEMENTAL CONTRIBUTOR INFORMATION (ALSO USED AS 48 HOUR NOTICE)

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

Contributions Report Type – Select the appropriate report type.

Section I – Candidate, Joint Candidates or Political Committee Information

Candidate(s) Name – Enter the candidate(s) name(s).

Committee Name – Enter the full name of the committee or *political committee.

Street Address – Enter the mailing address of the candidate, joint candidates committee or *political committee.

Office Sought – Select the office sought by the candidate, joint candidates committee or *political committee. The list will contain those office combinations that are permitted for joint candidates committees; Senate and Assembly, County Executive and County Freeholder, and Mayor and Council as well as Charter Study Commission, Ballot Question Committee or Political Committee for other election related Political Committees.

City, State, Zip – Enter the city, state, and zip code of the candidate, joint candidates committee or *political committee.

Day/Evening Telephone – Leave this field blank if your telephone number is unlisted. 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.

Election Type – Select the election type in which the candidate(s) is running or the *political committee is participating.

Election Date – Select the date of the election in which the candidate(s) is running or the *political committee is participating.

County – Select the county where the candidate(s) is running for election or the *political committee is active. If the candidate(s) is running for governor, senate or assembly, you will not have a selection from this field, see Election District or Municipality.

Election District or Municipality – Select the municipality where the candidate(s) is running or where the *political committee is active. If the candidate is running for governor, the only selection is statewide. If the candidate(s) is running for senate or assembly, select the legislative district. If the candidate is running for a county-wide position, there will not be a selection from this field, see County.

Political Party – Select the candidate(s) or *political committee political party affiliation.

Section II – Contribution Information

Date Received – Enter the date the contribution was received by the candidate, joint candidates committee or *political committee.

Contributor Name – Enter the contributor's full name.

Address (Number, Street, City, State, Zip Code) – Enter the complete mailing address of the contributing entity.

Aggregate Amount – Enter the total of all receipts (currency, monetary, in-kind or loans) contributed in the election by this contributor.

Amount – The contribution amount received this period. This figure will be added to the Grand Total figure at the bottom of the page automatically.

Occupation (if Individual) – The individual's occupation.

Receipt Type – A = Currency or Check, B = In-Kind, 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.

Employer Name (if Individual) and Employer Mailing Address (if Individual) – Provide the individual's employer name and complete mailing address.

Registration Number – Enter the registration number that can be found in the letter received from ELEC for the candidate or treasurer.

Personal Identification Number (PIN) – Enter the PIN that can be found in the letter received from ELEC for

candidate or treasurer.

Date – Enter the date you are filing the form.

**Political Committee includes any other election related political committee independent of any candidate or joint candidates committee or any political committee supporting or opposing a ballot question, or a Charter Study Commission.*

FORM E1 SUPPLEMENTAL EXPENDITURE INFORMATION

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

Candidate(s) Name – Enter the candidate(s) name(s).

Committee Name – Enter the full name of the committee or *political committee.

Street Address – Enter the mailing address of the candidate, joint candidates committee, or *political committee.

Office Sought – Select the office sought by the candidate, joint candidates committee or *political committee. The list will contain those office combinations that are permitted for joint candidates committees; Senate and Assembly, County Executive and County Freeholder, and Mayor and Council as well as Charter Study Commission, Ballot Question Committee or Political Committee for other election related Political Committees.

City, State, Zip – Enter the city, state, and zip code of the candidate, joint candidates committee or *political committee.

Day/Evening Telephone – Leave this field blank if your telephone number is unlisted. 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.

Election Type – Select the election type in which the candidate(s) is running or the *political committee is participating.

Election Date – Select the date of the election in which the candidate(s) is running or the *political committee is participating.

County – Select the county where the candidate(s) is running for election or the *political committee is active. If the candidate(s) is running for governor, senate or assembly, you will not have a selection from this field, see Election District or Municipality.

Election District or Municipality – Select the municipality where the candidate(s) is running or where the *political committee is active. If the candidate is running for governor, the only selection is statewide. If the candidate(s) is running for senate or assembly, select the legislative district. If the candidate is running for a county-wide position, there will not be a selection from this field, see County.

Political Party – Select the candidate(s) or *political committee political party affiliation.

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 amounts disbursed will total automatically on the form.

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

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

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 a countywide 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 that can be found in the letter received from ELEC for the candidate or treasurer.

Personal Identification Number (PIN) – Enter the PIN that can be found in the letter received from ELEC for candidate or treasurer.

Date – Enter the date you are filing the form.

**Political Committee includes any other election related political committee independent of any candidate or joint candidates committee or any political committee supporting or opposing a ballot question, or a Charter Study Commission.*



New Jersey Election Law Enforcement Commission Filing Instructions for Electronic Filing for School Board Candidates

- ◆ Have your Registration and PIN numbers available in order to complete the electronic filing. These numbers
- ◆ must be entered at the end of 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 D1 – SINGLE CANDIDATE CERTIFICATE OF ORGANIZATION AND DESIGNATION OF CAMPAIGN TREASURER AND DEPOSITORY – SCHOOL BOARD

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

Candidate Name – Enter the candidate's full name.

Office Sought – Set to School Board, no selection available.

Candidate Committee Name – Enter the committee name to be used, if any.

Address – Enter the mailing address of the candidate.

City, State, Zip – Enter the city, state, and zip code of the candidate.

Day/Evening Telephone – Enter a telephone number or leave this field blank if your telephone number is unlisted. 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.

Election Type – Set to School Board, no selection available.

Election Date – Select the date of the election in which you are running.

County – Select the county where the candidate is running for election.

School Board District – Select the name of the municipality or regional board of education where the candidate is running.

Political Party – Set to Nonpartisan, no selection is available.

Chairperson – Enter the name, mailing address, day and evening telephone numbers for the individual selected as chairperson, if a chairperson is not selected leave this area blank. Leave the telephone fields blank if the telephone number is unlisted. 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.

Treasurer – Enter the name, mailing address, day and evening telephone numbers, and resident address (if different from mailing address) for the person selected as treasurer. Leave the telephone fields blank if the telephone number is unlisted. 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.

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

On Page 2:

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. Leave the telephone fields blank if the telephone number is unlisted. 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 that can be found in the letter received from ELEC for the candidate, chairperson (if applicable) and treasurer. If the candidate is also acting as chairperson or treasurer the same registration number will be entered in the corresponding field(s).

Personal Identification Number (PIN) – Enter the PIN that can be found in the letter received from ELEC for the candidate, chairperson (if applicable) and treasurer. If the candidate is also acting as chairperson or treasurer the same PIN will be entered in the corresponding field(s).

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-2 JOINT CANDIDATES COMMITTEE – CERTIFICATE OF ORGANIZATION AND
DESIGNATION OF CAMPAIGN DEPOSITORY AND TREASURER – SCHOOL BOARD**

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

Joint Candidates Committee Name – Enter the joint candidates committee name to be used.

Candidate Name – Enter each candidates full name.

Office Sought – Set to School Board, no selection available.

Address – Enter the mailing address of the joint candidates committee.

City, State, Zip – Enter the city, state, and zip code.

Day/Evening Telephone – Enter a telephone number or 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.

Election Type – Set to School Board, no selection is available.

Election Date – Select the date of the election in which you are running.

County – Select the county where the candidates are running for election from the drop down list.

School Board District – Select the name of the municipality or regional board of education where the candidates are running.

Political Party – Set to Nonpartisan, no selection is available.

Chairperson – Enter the name, mailing address, day and evening telephone numbers for the individual selected as chairperson, if a chairperson is not selected leave this area blank. Leave the telephone fields blank if the telephone number is unlisted. 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.

Treasurer – Enter the name, mailing address, day and evening telephone number, and resident address (if different from mailing address) for the person selected as treasurer. Leave the telephone fields blank if the telephone number is unlisted. 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.

On Page 2:

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

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. Leave the telephone fields blank if the telephone number is unlisted. 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 that can be found in the letter received from ELEC for each candidate, chairperson (if applicable) and treasurer. If a candidate is also acting as chairperson or treasurer the same registration number will be entered in the corresponding field(s).

Personal Identification Number (PIN) – Enter the PIN that can be found in the letter received from ELEC for each candidate, chairperson (if applicable) and treasurer. If a candidate is also acting as chairperson or treasurer the same PIN will be entered in the corresponding field(s).

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 DX DESIGNATION OF DEPUTY TREASURER AND DEPOSITORY – SCHOOL BOARD

Amendment – Check the box ONLY if amending a report that was filed previously. Select either Deputy Treasurer or Additional Depository depending on what you are designating.

Candidate or Committee Name – Enter either the full name of the candidate or the complete joint candidates committee name.

Office Sought – Set to School Board, no selection available.

Candidate Committee Name – Enter the candidate committee name.

Address – Enter the mailing address of the candidate or joint candidates committee.

City, State, Zip – Enter the city, state, and zip code of the candidate or joint candidates committee.

Day/Evening Telephone – Enter a telephone number or 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.

Election Type – Set to School Board, no selection available.

Election Date – Select the date of the election in which you are running.

County – Select the county where the candidate(s) are running for election from the drop down list.

School Board District – Select the name of the municipality or regional board of education where the candidates are running.

Political Party – Set to Nonpartisan, no selection is available.

Deputy Treasurer – Enter the name, mailing address, day and evening telephone numbers, and resident address (if different from mailing address) for the person selected as deputy treasurer. Leave the telephone fields blank if the telephone number is unlisted. 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.

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

On Page 2:

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 that can be found in the letter received from ELEC for the treasurer and deputy treasurer if you are adding a deputy treasurer. If the candidate(s) is also acting as treasurer or deputy treasurer their same registration number will be entered in the corresponding field(s).

Personal Identification Number (PIN) – Enter the PIN that can be found in the letter received from ELEC for the treasurer and deputy treasurer if you are adding a deputy treasurer. If the candidate(s) is also acting as treasurer or deputy treasurer their same PIN will be entered in the corresponding field(s).

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-1 SUPPLEMENTAL CONTRIBUTOR INFORMATION
(ALSO USED AS 48-HOUR NOTICE) – SCHOOL BOARD**

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

Contributions Report Type – Select the appropriate report type.

Section I – Candidate or Joint Candidates Committee Information

Candidate(s) Name – Enter the candidate(s) name(s).

Committee Name – Enter the full name of the candidate committee or joint candidates committee.

Address – Enter the mailing address of the candidate or joint candidates committee.

Office Sought – Set to School Board, no selection available.

City, State, Zip – Enter the city, state, and zip code of the candidate or joint candidates committee.

Day/Evening Telephone – Enter a telephone number or 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.

Election Type – Set to School Board, no selection available.

Election Date – Select the date of the election in which you are running.

County – Select the county where the candidate(s) are running for election from the drop down list.

School Board District – Select the name of the municipality or regional board of education where the candidates are running.

Political Party – Set to Nonpartisan, no selection is available.

Section II – Contribution Information

Date Received – Enter the date the contribution was received by the candidate or committee.

Contributor Name – Enter the contributor's full name.

Address (Number, Street, City, State, Zip Code) – Enter the complete mailing address of the contributing entity.

Aggregate Amount – Enter the total of all receipts (currency, monetary, in-kind or loans) contributed in the election by this contributor.

Amount – The contribution amount received this period. This figure will be added to the Grand Total figure at the bottom of the page automatically.

Occupation (If Individual) – The individual's occupation.

Receipt Type – A = Currency or Check, B = In-Kind, 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 to the committee.

Employer Name (If Individual) and Employer Mailing Address (If Individual) – Provide the individual's employer name and complete mailing address.

Registration Number – Enter the registration number that can be found in the letter received from ELEC for the candidate or treasurer.

Personal Identification Number (PIN) – Enter the PIN that can be found in the letter received from ELEC for candidate or treasurer.

Date – Enter the date you are filing the form.

FORM E-1 SUPPLEMENTAL EXPENDITURE INFORMATION – SCHOOL BOARD

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

Candidate(s) Name – Enter the candidate(s) name(s).

Committee Name – Enter the full name of the candidate committee or joint candidates committee.

Address – Enter the mailing address of the candidate or joint candidates committee.

Office Sought – Set to School Board, no selection available.

City, State, Zip – Enter the city, state, and zip code of the candidate or joint candidates committee.

Day/Evening Telephone – Enter a telephone number or 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.

Election Type – Set to School Board, no selection available.

Election Date – Select the date of the election in which you are running.

County – Select the county where the candidate(s) are running for election from the drop down list.

School Board District – Select the name of the municipality or regional board of education where the candidates are running.

Political Party – Set to Nonpartisan, no selection is available.

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 – The remaining balance if the full amount was not paid during this reporting period.

Amount Disbursed – Amount paid during this reporting period. This figure will be added to Grand Total figure at the bottom of the page automatically.

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

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

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 – For legislative candidate(s) enter the appropriate legislative district (1-40), if countywide candidate(s) enter the appropriate county and the county and municipality for local candidate(s).

Prorated Amount – Enter the amount spent on each candidate.

Registration Number – Enter the registration number that can be found in the letter received from ELEC for the candidate or treasurer.

Personal Identification Number (PIN) – Enter the PIN that can be found in the letter received from ELEC for candidate or treasurer.

Date – Enter the date you are filing the 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.