



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

**FORM D-3**  
**FOR STATE USE ONLY**

**PLEASE TYPE OR PRINT**

Committee Name  State Committee  County Committee  Municipal Committee

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

**3. 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**

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	

**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)
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DATE	PRINT FULL NAME (CHAIRPERSON)	SIGNATURE (CHAIRPERSON)
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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# \_\_\_\_\_.