



**CONTINUING POLITICAL COMMITTEE -
REGISTRATION STATEMENT AND DESIGNATION OF
ORGANIZATIONAL 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.state.nj.us/

**FORM D-4
FOR STATE USE ONLY**

PLEASE TYPE OR PRINT

Committee Name

Identifying Title or Acronym (Optional)

Address (Number and Street, City, State, Zip Code)

*(Area) Day Telephone

*(Area) Evening Telephone

County

Municipality

ELEC Identification Number

Political Party

Type of Filing Initial Registration Statement Additional Depository Deputy Treasurer
 Amendment (please specify) _____

1. CHAIRPERSON

Name

Mailing Address

City

State

Zip Code

*(Area) Day Telephone

*(Area) Evening Telephone

Occupation

Employer Name and Address

2. TREASURER

Name

Mailing Address

City

State

Zip Code

Resident Address, if different from Mailing Address

City

State

Zip Code

*(Area) Day Telephone

*(Area) Evening Telephone

Occupation

Employer Name and Address

3. DEPOSITORY INFORMATION

Name of Bank or Depository

Mailing Address

City

State

Zip Code

(Area) Day Telephone

Account Name

Account Number

3. DEPOSITORY INFORMATION (Continued)		
Name of Bank or Depository		
Mailing Address		
City	State	Zip Code
(Area) Day Telephone		
Account Name	Account Number	
4. 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	
5. GENERAL ORGANIZATIONAL CATEGORY OR AFFILIATION: (Check one)		
<input type="checkbox"/> Business	<input type="checkbox"/> Ideological Group	<input type="checkbox"/> Public Question
<input type="checkbox"/> Labor Union	<input type="checkbox"/> Political Club	<input type="checkbox"/> Support
<input type="checkbox"/> Professional Association	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Oppose
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Independent Expenditure Only Committee	
6. List the names/ mailing addresses of the persons (other than chairperson) or entities having direct or indirect control over the affairs of the continuing political committee. (This 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	

6. (Continued)

NAME OF PERSON OR ENTITY

MAILING ADDRESS

CITY/STATE/ZIP

OCCUPATION

EMPLOYER NAME

EMPLOYER MAILING ADDRESS

CITY/STATE/ZIP

7. LIST THE NAMES/MAILING ADDRESSES OF THE PERSONS OR ENTITIES NOT ALREADY LISTING IN QUESTION #6 WHO, DIRECTLY OR THROUGH AN AGENT, PARTICIPATED IN THE INITIAL ORGANIZATION OF THE CONTINUING POLITICAL COMMITTEE.

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

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

USE ADDITIONAL SHEETS IF NECESSARY

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

9. List the name and resident address of a New Jersey resident who has been designated by the continuing political committee as the agent of the continuing political committee to accept service of legal process.

Name

Resident Address

City

State

Zip Code

10. Has any New Jersey candidate or officeholder (other than a federal candidate) established, authorized the establishment of, maintained or participated directly or indirectly in the management or control of this continuing political committee, or will any New Jersey candidate do so in the future?

_____ Yes _____ No

11. What is the total amount of money this continuing political committee estimates it will raise:
(Please estimate to the best of your ability.)

This calendar year? \$ _____

Next calendar year? \$ _____

12. How much of the total amount of money raised is expected to be spent for New Jersey election-related activity during: (Please estimate to the best of your ability.)

This calendar year? \$ _____

Next calendar year? \$ _____

13. What percentage of the total amount of money raised will be used for New Jersey election-related activity during:
(Please estimate to the best of your ability.)

This calendar year? \$ _____

Next calendar year? \$ _____

14. Is making contributions to New Jersey candidates or committees, or otherwise engaging in New Jersey election-related activity expected to be a major purpose of this continuing political committee?

_____ Yes _____ No

15. Besides engaging in election-related activity, what other types of expenditures will be made by this continuing political committee?

16. Will this continuing political committee solicit any of its funds from the public for New Jersey election-related activity?

_____ inside New Jersey
_____ outside New Jersey
_____ *both inside and outside New Jersey

*If "both", what percentage of the funds are expected to be raised outside New Jersey? _____ %

17. Will this continuing political committee solicit contributions with the stated or principal purpose of making contributions to New Jersey candidates or committees?

_____ Yes _____ No

18. Does this continuing political committee file with the Federal Election Commission?

_____ Yes _____ No

19. Will this committee engage in only independent expenditure activity?

_____ Yes _____ No

TREASURER /CHAIRPERSON CERTIFICATION

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 continuing political committee, and no candidate or officeholder shall be permitted to do so during the existence of the continuing political committee. I am aware that if any of the statements are willfully false, I am subject to punishment.

_____ DATE _____ PRINT FULL NAME (TREASURER) _____ SIGNATURE (TREASURER)

_____ DATE _____ PRINT FULL NAME (CHAIRPERSON) _____ SIGNATURE (CHAIRPERSON)