



**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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	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)