



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

**FORM D-5  
FOR STATE USE ONLY**

**PLEASE TYPE OR PRINT**

Committee Name		
Identifying Title or Acronym (Optional)		*(Area) Day Telephone
Address (Number and Street, City, State, Zip Code)		*(Area) Evening Telephone
Committee Email (Optional)	Committee Website (Optional)	
Name of Legislative Leader	<input type="checkbox"/> Senate <input type="checkbox"/> General Assembly	
ELEC Identification Number	Political Party	
Type of Filing <input type="checkbox"/> Initial Registration Statement <input type="checkbox"/> Additional Depository <input type="checkbox"/> Deputy Treasurer <input type="checkbox"/> Amendment (please specify) _____		

**1. TREASURER**

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

**2. DEPOSITORY INFORMATION**

Name of Bank or Depository		
Mailing Address		
City	State	Zip Code
(Area) Day Telephone		
Account Name	Account Number	
Name of Bank or Depository		
Mailing Address		
City	State	Zip Code
(Area) Day Telephone		
Account Name	Account Number	

**3. 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	

**4. LIST THE NAME AND RESIDENT ADDRESS OF A NEW JERSEY RESIDENT WHO HAS BEEN DESIGNATED BY THE LEGISLATIVE LEADERSHIP COMMITTEE AS THE AGENT OF THE LEGISLATIVE COMMITTEE TO ACCEPT SERVICE OF LEGAL PROCESS.**

Name		
Resident Address		
City	State	Zip Code

**5. COPY OF THE BYLAWS BY THE LEGISLATIVE LEADERSHIP COMMITTEES SHALL BE FILED WITH THE COMMISSION. IF A COPY OF THE BYLAWS IS ENCLOSED WITH THE REGISTRATION STATEMENT, CHECK HERE:**   
**IF NO BYLAWS HAVE BEEN ADOPTED, CHECK HERE:**

**LEGISLATIVE LEADER/TREASURER CERTIFICATION**

I certify that the statements on this document are true and correct. I am aware that if any of the statements are willfully false, I may be subject to punishment.

DATE	PRINT FULL NAME (LEGISLATIVE LEADER)	SIGNATURE (LEGISLATIVE LEADER)
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)

Treasurers for the **Legislative Leadership 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# \_\_\_\_\_.