



**LEGISLATIVE LEADERSHIP COMMITTEE -
NOTICE OF MEMBERSHIP**

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

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

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

Committee Name	Identification Number
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CHAIRPERSON

Name	
Mailing Address (Number and Street, City, State, Zip Code)	
*(Area) Day Telephone	*(Area) Evening Telephone

VICE-CHAIRPERSON

Name	
Mailing Address (Number and Street, City, State, Zip Code)	
*(Area) Day Telephone	*(Area) Evening Telephone

LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ALL OTHER MEMBERS OF THE LEGISLATIVE LEADERSHIP COMMITTEE

Name	
Mailing Address (Number and Street, City, State, Zip Code)	
*(Area) Day Telephone	*(Area) Evening Telephone
Name	
Mailing Address (Number and Street, City, State, Zip Code)	
*(Area) Day Telephone	*(Area) Evening Telephone

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 (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# _____.