



**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.state.nj.us/*

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

**ELEC RECEIVED**  
**APR 06 2015**

**PLEASE TYPE OR PRINT**

Committee Name  
*Cumberland County Democratic Organization*

State Committee       County Committee       Municipal Committee

Address (Number and Street, City, State, Zip Code)  
*PO BOX 362 Woodbury, NJ 08096*

\*(Area) Day Telephone

\*(Area) Evening Telephone

County  
*Cumberland*

Municipality  
*Cumberland*

ELEC Identification Number

Political Party  
*Democratic*

Annual Designation for July 1, *15* to June 30, *16*       Additional Depository       Deputy Treasurer

Amendment (please specify) \_\_\_\_\_

**1. CHAIRPERSON**

Name  
*Matthew Zinador*

Mailing Address  
*404 Fernwood Dr*

City  
*Millville*

State  
*NJ*

Zip Code  
*08332*

\*(Area) Day Telephone  
*856 305 9149*

\*(Area) Evening Telephone

**2 TREASURER**

Name  
*Kelly Redman*

Mailing Address  
*44 Euclid St*

City  
*Woodbury*

State  
*NJ*

Zip Code  
*08096*

\*(Area) Day Telephone  
*856-848-6440*

\*(Area) Evening Telephone

Resident Address, if different from Mailing Address

City

State

Zip Code

**3. DEPOSITORY INFORMATION**

Name of Bank or Depository  
*PNC Bank*

Mailing Address  
*22 N Broad St*

City  
*Woodbury*

State  
*NJ*

Zip Code  
*08096*

(Area) Day Telephone  
*856-384-3310*

Account Name  
*Cumberland Co Dem Org*

Account Number  
*8047659351*

**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**

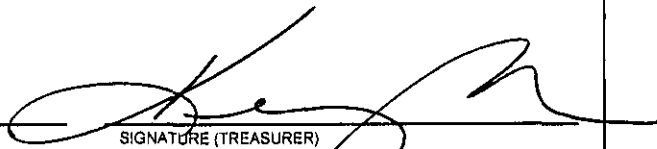
Name		
Mailing Address		
City	State	Zip Code
*(Area) Day Telephone	*(Area) Evening Telephone	
Name		
Mailing Address		
City	State	Zip Code
*(Area) Day Telephone	*(Area) Evening Telephone	
Name		
Mailing Address		
City	State	Zip Code
*(Area) Day Telephone	*(Area) Evening Telephone	

**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

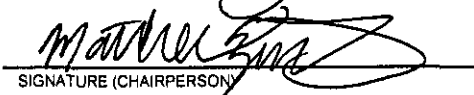
4-1-15  
DATE

Kelly Redman  
PRINT FULL NAME (TREASURER)

  
SIGNATURE (TREASURER)

4-1-15  
DATE

Matthew Zinader  
PRINT FULL NAME (CHAIRPERSON)

  
SIGNATURE (CHAIRPERSON)

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# \_\_\_\_\_