



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
AUG 13 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)
P.O. Box 362 Woodbury, NJ 08096

*(Area) Day Telephone *(Area) Evening Telephone

County **Cumberland** Municipality

ELEC Identification Number Political Party
0600000111 **Democratic**

Annual Designation for July 1, 2015 to June 30, 2016 Additional Depository Deputy Treasurer
 Amendment (please specify) _____

1. CHAIRPERSON

Name
Matthew Zinader

Mailing Address
404 Fernwood Drive

City **Millville** State **NJ** Zip Code
08332

*(Area) Day Telephone *(Area) Evening Telephone
856-305-9149

2. TREASURER

Name
Kelly Redman

Mailing Address
44 Euclid St

City **Woodbury** State **NJ** Zip Code
08096

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

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

(Area) Day Telephone
856-384-3310

Account Name Account Number
Cumberland County Democratic Organization **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.

8/11/15
DATE

Kelly Redman
PRINT FULL NAME (TREASURER)

[Signature]
SIGNATURE (TREASURER)

8/11/15
DATE

Matthew Zinader
PRINT FULL NAME (CHAIRPERSON)

[Signature]
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# _____