



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 28 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 **0600000111** Political Party **Democrat**

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

1. CHAIRPERSON

Name **Douglas Long**

Mailing Address **2 Laura Ct.**

City **Upper Deerfield** State **NJ** Zip Code **08302**

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

2. TREASURER

Name **Albert Jones**

Mailing Address **412 East Ave**

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

*(Area) Day Telephone _____ *(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 County Democratic Organization** 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.

8/25/2015

DATE

ALBERT JONES

PRINT FULL NAME (TREASURER)

Albert Jones

SIGNATURE (TREASURER)

8/25/2015

DATE

DOUGLAS LONG

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# _____