

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED  
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2010 JUL 25 PM 2:22  
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5  
NEW JERSEY GREEN PARTY STATE COMMITTEE

ADDRESS (number and street) (Check if address is changed) P.O. BOX 9802  
TRENTON NJ 08650  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) x GPNTREASURER3@GMAIL.COM  
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) WWW.GPNJ.ORG

2. DATE 05/01/2020

3. FEC IDENTIFICATION NUMBER C 00449579

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BARRY D. BENDAR

Signature of Treasurer [Signature] Date 05/01/2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

NONDISCRIMINATION NOTICE



Write or Type Committee Name

NEW JERSEY GREEN PARTY STATE COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for Name of Any Connected Organization]

Mailing Address

[Empty grid lines for Mailing Address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name

BARRY D. BENDAR

Mailing Address

122 BAY AVENUE

FORKED RIVER

N J

0 8 7 3 1 - 4 3 2 7

Title or Position

CITY

STATE

ZIP CODE

T R E A S U R E R

Telephone number

6 0 9 - 2 7 6 - 3 1 8 3

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

B A R R Y D B E N D A R

Mailing Address

1 2 2 B A Y A V E N U E

F O R K E D R I V E R

N J

0 8 7 3 1 - 4 3 2 7

Title or Position

CITY

STATE

ZIP CODE

T R E A S U R E R

Telephone number

6 0 9 - 2 7 6 - 3 1 8 3

20120103 10:00:40:0000

Full Name of Designated Agent

A L F R E D C L A Y T O N

Mailing Address

8 A L T I E R A V E N U E

B R I C K N J 0 8 7 2 3

CITY

STATE

ZIP CODE

Title or Position

D E P U T Y T R E A S U R E R

Telephone number 7 3 2 - 2 6 2 - 7 6 5 6

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

T D B A N K N A

Mailing Address

1 3 5 H A R M O N Y L A N E

L A W R E N C E V I L L E N J 0 8 6 4 8

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

NONPROFIT CORPORATION



Federal Election Commission  
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*SPM*  
 PREPARER

7/6/20  
 DATE PREPARED

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