

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

New Jersey LAW ENFORCEMENT SUPERVISORS ASSOC  
FEDERAL PAC

ADDRESS (number and street)

(Check if address is changed)

201 Delaware Avenue

Roebling  
CITY ▲

NJ  
STATE ▲

08854  
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

OFFICEMANAGER@NJLESA.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

NJLESA.COM

2. DATE

04 / 10 / 2019

3. FEC IDENTIFICATION NUMBER ▶

C00470815

4. IS THIS STATEMENT

NEW (N)

OR

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

William Shorter

Signature of Treasurer

*William Shorter*

Date

10 / 11 / 2019

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.

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 08/2012)

2019 APR 12 AM 11:52

5. TYPE OF COMMITTEE

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.  FEC ID number
2.  FEC ID number
3.  FEC ID number
4.  FEC ID number



Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

PNC [Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address]

11041 Route 206 North [Empty grid for Mailing Address]

Bordentown [Empty grid for Mailing Address]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

CITY

STATE

ZIP CODE

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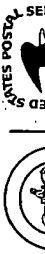
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NATIONAL USE



PRIORITY MAIL EXPRESS™

2019 APR 12 AM 11:50

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FED MAIL CENTER

CUSTOMER USE ONLY  
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PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)  
 SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.  
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TO: (PLEASE PRINT)  
*107007*  
*107007*  
*107007*  
PHONE ( )

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*08554*

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PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	Postage \$ <i>25.50</i>			
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Insurance Fee \$	COD Fee \$	Live Animal Transportation Fee \$	
Time Accepted	10:30 AM <input type="checkbox"/> 12:00 PM <input type="checkbox"/> 3:00 PM <input type="checkbox"/>	Return Receipt Fee \$	Total Postage & Fees \$ <i>25.50</i>		
Weight	10:30 AM Delivery Fee \$	Sunday/Holiday Premium Fee \$			
lbs. <i>0.5</i> ozs.	Flat Rate \$	Acceptance Employee Initials <i>MSD</i>			
DELIVERY (POSTAL SERVICE USE ONLY)					
Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature			
Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature			

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Federal Election Commission  
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The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>ES</i> PREPARER	4/12/19 DATE PREPARED

(3/2015)

20190412 10:00:00 AM