



**POLITICAL COMMITTEE -  
REGISTRATION STATEMENT AND DESIGNATION OF  
CAMPAIGN 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)

Website: [www.elec.nj.gov](http://www.elec.nj.gov)

**FORM PC**

ELEC Received

Jan 09, 2023 11:31 PM

☐ Amendment

Committee Name

PROMOTING RESPONSIBLE GOVERNMENT (PRG)

Identifying Title or Acronym (Optional)

PRG

Committee Email (optional)

PRGNEWJERSEY@GMAIL.COM

Street Address

Committee Website (optional)

PO BOX 45

City

State

Zip Code

\*Day Telephone

\*Evening Telephone

HOWELL

NJ

07731

2014019638

2014019638

Election Type:

☒ Primary

☐ May Municipal

☐ Fire District

Election Date

(Select One)

☐ General

☐ Run-Off

☐ Special

06/06/2023

☐ Statewide Committee

☒ County / Local Committee

☒ Election Related Committee

☐ Ballot Question Committee

County

Legal Name of Election District or Municipality

Political Party, if any

MONMOUTH COUNTY

HOWELL TOWNSHIP

REPUBLICAN

**CHAIRPERSON**

Name

ROBERT NICASTRO

Mailing Address

PO BOX 45

City

State

Zip Code

\*Day Telephone

\*Evening Telephone

HOWELL

NJ

07731

9086753245

9086753245

**TREASURER**

Name

PAMELA RICHMOND

Mailing Address

185 LOCUST AVE

City

State

Zip Code

\*Day Telephone

\*Evening Telephone

HOWELL

NJ

07731

2014019638

2014019638

Resident Address

185 LOCUST AVE

City

State

Zip Code

HOWELL

NJ

07731

**DEPOSITORY INFORMATION**

Name of Bank or Depository

PNC

Mailing Address

101 ROUTE 9 SOUTH

City

State

Zip Code

Day Telephone

MARLBORO

NJ

07731

7329725961

Account Name

PROMOTING RESPONSIBLE GOVERNMENT (PRG)

Account Number

\*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

**LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ANY PERSON(S) AUTHORIZED TO SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS**

Name				
PAMELA RICHMOND				
Mailing Address				
185 LOCUST AVE				
City	State	Zip Code	*Day Telephone	*Evening Telephone
HOWELL	NJ	07731	2014019638	2014019638
Name				
ROBERT NICASTRO				
Mailing Address				
PO BOX 45				
City	State	Zip Code	*Day Telephone	*Evening Telephone
HOWELL	NJ	07731	9086753245	9086753245
Name				
SALLY FOTIB				
Mailing Address				
PO BOX 45				
City	State	Zip Code	*Day Telephone	*Evening Telephone
HOWELL	NJ	07731	7326180299	7326180299

General Organizational Category or Affiliation (This section includes, but is not limited to: support of or opposition to a candidate, public officeholder, or public question or support of or affiliation with a business, union, professional or trade association, ideological group, civic association, independent expenditure only committee, or other entity.)

PROMOTING OPEN ACCOUNTABLE OF DEDICATED CANDIDATES FOR GOOD GOVERNMENT FOR FELLOW CITIZENS

**List the names/mailing addresses of the persons or entities having control over the affairs of the political committee.**

(This section includes, but is not limited to: persons in whose name or at whose direction or suggestion the committee solicits funds or makes contributions.)

PAMELA RICHMOND  
Name of Person or Entity  
185 LOCUST AVE  
Mailing Address  
HOWELL  
City  
NJ  
State, Zip Code

HOMEMAKER  
Occupation  
Employer Name  
Employer Mailing Address  
City, State, Zip Code

JAMES MORETTI  
Name of Person or Entity  
12 STANDISH DR  
Mailing Address  
HOWELL  
City  
NJ  
State, Zip Code

RETIRED  
Occupation  
Employer Name  
Employer Mailing Address  
City, State, Zip Code

\*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

JOSE OROZCO

Name of Person or Entity

6 CATTAIL DRIVE

Mailing Address

HOWELL

City

NJ

State, Zip Code

Occupation

Employer Name

Employer Mailing Address

City, State, Zip Code

Name of Person or Entity

Mailing Address

City

State, Zip Code

Occupation

Employer Name

Employer Mailing Address

City, State, Zip Code

Name of Person or Entity

Mailing Address

City

State, Zip Code

Occupation

Employer Name

Employer Mailing Address

City, State, Zip Code

Name of Person or Entity

Mailing Address

City

State, Zip Code

Occupation

Employer Name

Employer Mailing Address

City, State, Zip Code

Name of Person or Entity

Mailing Address

City

State, Zip Code

Occupation

Employer Name

Employer Mailing Address

City, State, Zip Code

List the economic, political or other particular interests and objectives to be advanced by the political committee.

List the name and resident address of a New Jersey resident who has been designated by the committee as the agent of the political committee to receive service of legal process. Note: if the treasurer is a New Jersey resident, he/she may be designated to accept service of legal process.

Name

Mailing Address

City

State

Zip Code

**CHAIRPERSON/TREASURER CERTIFICATION FOR PUBLIC QUESTION COMMITTEES**

I certify that the statements on this document are true and correct. I further certify that no candidate or officeholder has established, authorized the establishment of, maintained or participated directly or indirectly in the management or control of the political committee, and no candidate shall be permitted to do so during the existence of the political committee. I am aware that if any of the statements on this document are willfully false, I may be subject to punishment.

Registration Number

PIN

Chairperson

Date

Registration Number

PIN

Treasurer

Date

**CHAIRPERSON/TREASURER CERTIFICATION FOR POLITICAL COMMITTEES**

Will this committee engage in only independent expenditure activity? ☒ Yes ☐ No

I certify that the statements on this document are true and correct. I further certify that no candidate or officeholder has established, authorized the establishment of, maintained or participated directly or indirectly in the management or control of the political committee, and no candidate shall be permitted to do so during the existence of the political committee. I am aware that if any of the statements on this document are willfully false, I may be subject to punishment.

Registration Number \*\*\*\*\*

PIN \*\*\*\*\*

ROBERT NICASTRO

01/09/2023

Chairperson

Date

Registration Number \*\*\*\*\*

PIN \*\*\*\*\*

PAMELA RICHMOND

01/09/2023

Treasurer

Date