Election Law	POLITICAL PARTY COMMITTEE - DESIGNATION OF ORGANIZATIONAL TREASURER AND DEPOSITORY						FORM D-3 ELEC Received				
<pre>* Enforcement Commission * ELEC * 1973</pre>	NEW JERSEY ELECTION LAW ENFORCEMENT C P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELE Website: www.elec.nj.gov					OMMISSION			Oct 12, 2020 5:27 PM		
○ State Committee	County Co			icipal Commi	ittee						
Committee Name PISCATAWAY REGULAR DEMOCRATIC ORGANIZATION											
Street Address PO BOX 1291											
City PISCATAWAY								State NJ	Zip Code 08854		
*(Area Code) Day Telephot (732) 245-6181				lephone		ELEC Identification					
Committee Email (Optional)	(Optional) Committee Website (Optional)										
County MIDDLESEX COUNTY	Municipality PISCATAWAY TOWNSHIP					Political Party DEMOCRAT					
Type of Filing: Annual Designation for July 1, 2020 to June 30, 2021 Amendment (please specify)											
Additional Depository											
Chairperson Name											
TED LIGHT Mailing Address 21 WINANS AVENUE											
City PISCATAWAY	State Zip Code NJ 08854							*(Area Code) Evening Telephone SAME			
Treasurer Name CHANELLE MCCULLUM											
Mailing Address 62 MORRIS LANE											
City PISCATAWAY	•		Zip Code 08854	*(Area Code) Day Telephor (732) 878-2854			e *(Area Code) Evening Telephone SAME				
Resident Address, if different from mailing address											
City					Sta	ite	Z	ip Code			
Depository Information											
Name of Bank or Depository PNC BANK											
Mailing Address 1240 STELTON ROAD											
City PISCATAWAY				State NJ		Zip Code 08854		1 .	Code) Day Telephone 72-0610		
Account Name PISCATAWAY REGULAR	DEMOCRATIC OR	GANIZATI	ON								
Account Number *******7829											
*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.											

Depository Information (continued)												
Name of Bank or Depository N/A												
Mailing Address												
City			State	Zip Code	(Area C	ode) 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 CHANELLE MCCULLUM												
Mailing Address 62 MORRIS LANE												
City PISCATAWAY	State NJ	Zip Code 08854	*(Area Cod (732) 878-2	e) Day Telephone 2854	*(Area Code SAME) Evening Telephone						
Name GABRIELLE CAHILL												
Mailing Address 1003 RIVER ROAD												
City PISCATAWAY	State NJ	Zip Code 08854	*(Area Cod (732) 235-1	e) Day Telephone 920	*(Area Code SAME) Evening Telephone						
Name DANA KORBMAN												
Mailing Address 610 ABBOTT STREET												
City HIGHLAND PARK	State NJ	Zip Code 08904	*(Area Cod (732) 819-0	e) Day Telephone 909	*(Area Code SAME94) Evening Telephone						
CHAIRPERSON/TREASURER 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.												
Registration Number	*****		PIN	****								
TE	TED LIGHT			2020								
Ch												
	****			****								
Registration Number			PIN _									
CHANELI	10/12/2											
Treasurers for State Political Party Committees are required to receive training with the NJ ELEC. If you have completed the training enter your Treasurer Training ID#												
*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.												