

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) Website: www.elec.nj.gov

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ELEC Received Jul 12, 2021 8:29 PM

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OState	Committee O Cour	nty Comn	nittee	Municip	al Committee		<u> </u>	
Committee Name								
	GULAR DEMOCRATIC ORG	SANIZAT	ION					
Street Address								
PO BOX 1291 City							State	Zip Code
PISCATAWAY							NJ	08854
*Day Telephone		*Evenir	ng Telepl	none		ELEC Ide	ntification Number	
(732) 245-6181		SAME	.9				0111Q2021	
Committee Email (C	Optional)			Comn	nittee Website			
County		Municipa	-				Political Party	
MIDDLESEX COUN	NTY	PISCAT	AWAY T	OWNSHIP		•	DEMOCRAT	
Type of Filing:		July 1	2021	to June 30	2022			
	Amendment (please sp	-	2021	to June 30), <u>2022</u>			
	_	cony)		t - T			_	
	Additional Depository		∐ De	puty Treasurer				
Chairperson Name								
TED LIGHT Mailing Address								
_	-NILIE							
37 LACKLAND AVE	INUE		State	Zip Code	*Day Telepl	none	*Evening Te	elenhone
PISCATAWAY			NJ	08854	(732) 245-6		SAME	siophono
					(: 02) 2 :0 0			
Treasurer Name								
GABRIELLE CAHIL	L							
Mailing Address								
1003 RIVER ROAD City			State	Zip Code	*Day Telepl	none	*Evening Te	elenhone
PISCATAWAY			NJ	08854	(732) 235-1		SAME	Siephone
Resident Address			110	00001	(102) 200 1	020	<u> </u>	
1003 RIVER ROAD								
City					Sta	ate	Zip Code	-
PISCATAWAY					<u>NJ</u>		08854	
Depository Informa	ation							
Name of Bank or De								
PNC BANK	opositor y							
Mailing Address								
1240 STELTON RC	DAD							
City					State	Zip Code	Day Te	lephone
PISCATAWAY					NJ	08854	(732) 5	72-0610
Account Name								
	BULAR DEMOCRATIC ORG	SANIZAT	ION					
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.

Mailing Address					
City			State	Zip Code	Day Telephone
Account Name					
Account Number					
IST THE NAME(S), MAILING ADDRESS(ES)		NUMBER(S) O	F ANY PERS	ON(S) AUTHO	RIZED TO SIGN
HECKS OR OTHERWISE MAKE TRANSACT Name	IONS				
GABRIELLE CAHILL					
Mailing Address					
1003 RIVER ROAD					
City	State	Zip Code	*Day Tele	phone	*Evening Telephone
PISCATAWAY	NJ	08854	(732) 235		SAME
Name					
DANA KORBMAN					
Mailing Address					
610 ABBOTT STREET					
City	State	Zip Code	*Day Tele	phone	*Evening Telephone
HIGHLAND PARK	NJ	08904	(732) 819	-0909	SAME
Name					
Tallo					
Mailing Address					
City	State	Zip Code	*Day Tele	phone	*Evening Telephone
		,	.,	r	3 3 1
CHAIRPERSON/TREASURER CERTIFICATIO			n this docum	ent are true. I	am aware that if any of the
statements are willfully false, I may be si	ubject to punishme	π.			
Registration Number ********		PIN *****			
		07/40/2021			
TED LIGHT		07/12/2021	Data		
Chairperson			Date		
Registration Number		PIN *****			
GABRIELLE CAHILL		07/12/2021			
Treasurer			Date		

*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.