

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 Mar 21, 2022 9:25 PM

⊠ Amendment

OState	Committee O Cour	nty Comr	nittee	Munici	pal Committee		<u> </u>		
Committee Name									
	GULAR DEMOCRATIC ORG	SANIZAT	ION						
Street Address									
PO BOX 1291								01-1-	7:- 01-
City								State	Zip Code
PISCATAWAY		*F	T	L		FI FO I-I-		NJ Name la com	08854
*Day Telephone			ng Telepi	none			entification	Number	
732-235-1920 Committee Email (0	Ontional	732-23	5-1920	Com	mittee Website	H121700	0111		
Committee Email (C	optional)			00111	THE CONTRACTOR	(Optional)			
County		Municip	ality				Political	Party	
MIDDLESEX COUN	NTY	PISCAT	AWAY T	OWNSHIP		_	DEMOC	RAT	
Type of Filing:	Annual Designation for	July 1,		to June 3	30,				
	Amendment (please sp	ecify)	NEW (CHAIRPERSO	N & TREASUR	ER			
	Additional Depository			puty Treasurer					
Chairperson Name									
GABRIELLE CAHIL	L								
Mailing Address									
1003 RIVER ROAD)								
City			State	Zip Code	*Day Telep	hone	*Ev	ening Tel	lephone
PISCATAWAY			NJ	08854	732-235-19	920	732	-235-192	20
Treasurer Name									
KATHLEEN UHRIN	l								
Mailing Address									
32 DESNA STREE	Т								
City			State	Zip Code	*Day Telep	hone	*Ev	ening Tel	lephone
PISCATAWAY			NJ	08854	732-968-60)88	732	-968-608	8
Resident Address									
32 DESNA STREE	Т						_		
City						ate		ip Code	
PISCATAWAY					NJ	l	0	8854	
Depository Informa	ation								
Name of Bank or De	epository								
PNC BANK	,								
Mailing Address									
1240 STELTON RC	DAD								
City					State	Zip Code		Day Tele	phone
PISCATAWAY					NJ	08854		732-572	-0610
Account Name									
	GULAR 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					
ividining Address					
City			State	Zip Code	Day Telephone
Account Name					·
Account Number					
LIST THE NAME(S), MAILING ADDRESS(ES) AN	ND TELEPHONE I	NUMBER(S) O	F ANY PERS	SON(S) AUTHO	RIZED TO SIGN
CHECKS OR OTHERWISE MAKE TRANSACTIO				(0)	
Name					
GABRIELLE CAHILL					
Mailing Address					
1003 RIVER ROAD					
City	State	Zip Code	*Day Tele	ephone	*Evening Telephone
PISCATAWAY	NJ	08854	732-235-	1920	732-235-1920
Name					
KATHLEEN UHRIN Mailing Address					
32 DESNA STREET					
City	State	Zip Code	*Day Tele	ephone	*Evening Telephone
PISCATAWAY	NJ	08854	732-968-		732-968-6088
Name					
DANA KORBMAN					
Mailing Address					
610 ABBOTT STREET					
City	State	Zip Code	*Day Tele	ephone	*Evening Telephone
HIGHLAND PARK	NJ	08904	732-819-	0909	732-819-0909
CHAIRPERSON/TREASURER CERTIFICATION	: I certify that the	statements o	n this docum	nent are true. I	am aware that if any of the
statements are willfully false, I may be sub					,
	-				
Registration Number *********		PIN *****			
GABRIELLE CAHILL		03/21/2022			
			Date		
Chairperson					
Chairperson					
		PIN			
Chairperson Registration Number		PIN *****			
Registration Number *********		<u></u>			
		03/21/2022	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.