

JOINT CANDIDATES COMMITTEE - CERTIFICATE OF ORGANIZATION 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

FOF	RM	D-2
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☐ Amendment

ELEC Received Jun 28, 2021 4:54 PM

Joint Candidates Commit MARATHE GEEVERS W								
Candidate Name			Candidate Name					
HEMANT MARATHE Office Sought			LINDA GEEVERS					
				Office Sought				
MAYOR				COUNCIL OR MUNICIPAL OFFICE				
Candidate Name				Candidate Name Office Sought				
MARTIN WHITFIELD								
Office Sought								
COUNCIL OR MUNICIPA	AL OFFICE							
Candidate Name				Candidate Name				
Office Sought				Office Sought				
Street Address								
13 GREENE DR								
City		St	tate Zip Code	*Day Telephone	*Evening Telephone			
WEST WINDSOR		N	J <u>08550</u>	9087151301				
Committee Email (Option	nal)		Con	nmittee Website (Optional)				
Election Type:	O Primary		May Municipal	I Fire District	Election Date			
(Select One)	General	O Run-Off		O Special	11/02/2021			
County		Logoli	Name of Floation	o Dietriet er Municipality	Dolitical Dorty			
County MERCER COUNTY		_	WINDSOR TOV	n District or Municipality	Political Party NONPARTISAN			
MERCER COUNTY		WEST	WINDSOR TOV	WNSHIF	NONPARTISAN			
CHAIRPERSON								
Name								
GENE R O'BRIEN								
Mailing Address 13 GREENE DR								
City		State	Zip Code	*Day Telephone	*Evening Telephone			
WEST WINDSOR		NJ	08550	9087151301	Evening relephone			
	_		<u> </u>					
TREASURER								
Name								
RAMCHANDRAN SARM.	A							
Mailing Address								
28 MELVILLE RD		Ctoto	Zin Codo	*Day Telephone	*Evoning Tolophone			
City		State	Zip Code	Day Telephone	*Evening Telephone			
WEST WINDSOE Resident Address		NJ	08550	 -	<u> </u>			
Accident Address								
City				State	Zip Code			
					, 			

Mailing Address								
City				State 2	Zip Code	Day	Telephone	
Account Name								
Account Number								
IST THE NAME(S), MAILING ADD HECKS OR OTHERWISE MAKE 1 Name			ONE NUMBER(S)	OF ANY PER	SON(S) AUT	HORIZED TO) SIGN	
Mailing Address								
City		State	Zip Code	*Day Telephone		*Evenin	*Evening Telephone	
Name								
Mailing Address								
City		State	Zip Code	*Day Telephone		*Evenin	*Evening Telephone	
Name								
Mailing Address								
City		State	Zip Code	*Day Telephone		*Evenin	*Evening Telephone	
CANDIDATE CERTIFICATION: I ce he existence of the candidate commanagement or control of any politicalse, I may be subject to punishment egistration Number	nittee, establis cal committee nt.	h, authorize	e the establishment ng political committe	of, maintain, ee. I am aware	or participate of that if any of	directly or ind the statemer	lirectly in the ats arewillfully	
egistration Number *********	PIN PIN	****		HEMANT Y MARATHE			Date 06/28/2021 Date 06/28/2021	
egistration Number ********	PIN	****					Date 06/28/2021	
egistration Number	PIN		Candidate				Date	
egistration Number	PIN		Candidate				Date	
egistration Number	PIN		Candidate	ndidate			Date	
CHAIRPERSON/TREASURER CER statements are willfully false, I ma			y that the statement	s on this docu	ument are true	e. I am aware	that if any of the	
egistration Number ********	PIN	*****	Chairperso	son GENE R OBRIEN			Date 06/28/2021	
egistiation Number				RAMCHANDRAN SARMA				

*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.

New Jersey Election Law Enforcement Commission

Page 2 of 2

sForm D-2 Revised Jun. 2021