

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

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Oct 05, 2018 10:25 AM

Amendment

Joint Candidates Committee Name WEST WINDSOR 2021 TEAM MARATHE							
Candidate Name	Candidate Name						
HEMANT MARATHE	LINDA GEEVERS						
Office Sought	Office Sough	nt					
MAYOR	COUNCIL OR MUNICIPAL OFFICE						
Candidate Name	Candidate Name						
VIRGINA MANZARI							
Office Sought			Office Sough	nt			
COUNCIL OR MUNICIPAL OFFICE							
Candidate Name	Candidate Name						
Office Sought	Office Sought						
Street Address 5 CLARENDON COURT							
City	State	Zip Code	*(Area (Code) Day Telephone	*(Area Code) Evening Telephone		
WEST WINDSOR	NJ	08550	609468	5011	609	94685011	
Committee Email (Optional)			Committee	Website (Optional)			
Election Type: Primary	May Mui	nicipal (Fire District Election Date			Election Date	
(Select One)			Special	11/02/2021			
				 Municinality		Political Party	
County Legal Name of Electio MERCER COUNTY WEST WINDSOR TO						NONPARTISAN	
CHAIRPERSON							
Name GENE O'BRIEN							
Mailing Address P.O.BOX 101							
		Zip Code 08550	*(Area 908715	Code) Day Telephone		*(Area Code) Evening Telephone 9087151301	
REASURER							
Name MANHONG WU							
Mailing Address 7 MILTON CT							
City WEST WINDSOR	State Zip Code NJ 08550					*(Area Code) Evening Telephone 6092405549	
Resident Address			'				
City				State	Z	(ip Code	
*Leave this field blank if your telephone number is unlisted. Put	rsuant to N.	J.S.A. 47:1A-1.1,	an unlisted telep	i phone number is not a public r	ecord	and must not be provided on this form.	

DEPOSITORY INFORM	MATION							
Name of Bank or Depo PNC BANK	sitory							
Mailing Address 301 N HARRISON ST								
City PRINCETON					State NJ	Zip Code 08540	(Area 0	Code) Day Telephone 9-1770
Account Name WEST WINDSOR 202	1 TEAM MARATH	IE			'		'	
Account Number *****3646								
LIST THE NAME(S), M CHECKS OR OTHERV				PHONE NUMBE	R(S) OF AN	Y PERSON(S) AUT	HORIZED T	O SIGN
Name MANHONG WU								
Mailing Address 7 MILTON CT								
,		State NJ	Zip Code 08550	*(Area Code) Day Telephone 6092405549		*(Area Code) Evening Telephone 6092405549		
Name								
Mailing Address								
City			State	Zip Code	*(Area Cod	le) Day Telephone	*(Area Code	e) Evening Telephone
Name								
Mailing Address								
City			State	Zip Code	*(Area Cod	le) Day Telephone	*(Area Code	e) Evening Telephone
the existence of the comanagement or control false, I may be subject	andidate committeed of any political	ee, establ	ish, autho	orize the establish	hment of, ma	aintain, or participate	e directly or in	ndirectly in the
Registration Number **	*****	_ PIN <u>***</u>	***	Candidate _	IEMANT Y M	MARATHE	Date	09/26/2018
Registration Number **	*****	_ PIN <u>***</u>	***	Candidate L	INDA A GEE	EVERS	Date	09/26/2018
Registration Number _*	*****	_ PIN <u>***</u>	***	Candidate _\	/IRGINIA R I	MANZARI	Date	09/26/2018
Registration Number _		PIN _		Candidate _			Date	
Registration Number _		PIN _		Candidate			Date	
Registration Number _		PIN _		Candidate _			Date	
CHAIRPERSON/TRE statements are willful					ents on this o	document are true. I	am aware th	nat if any of the
Registration Number **	*****	_ PIN _**	***	Chairperson	GENE R O	BRIEN	Date	10/05/2018
Registration Number _*	*****	_ PIN _**	***	Treasurer _N	MAGGIE WL	J	Date	10/05/2018
Treasurers for Guber training enter your Tr				re required to red	ceive training	g with the NJ ELEC.	If you have o	completed the
*Leave this field blank if your	telephone number is u	nlisted. Purs	uant to N.J.	.S.A. 47:1A-1.1, an ur	nlisted telephone	e number is not a public re	ecord and must r	not be provided on this form.