



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

Phone: (609) 292-8700

Website: www.elec.nj.gov

FORM D-2

ELEC Received May 17, 2023 9:02 AM

Amendment

Joint Candidates Committee Name (required)

MANDEL GAWAS STEVENS FOR WW

Candidate Name

ANDREA S MANDEL

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Name

SONIA GAWAS

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Name

MICHAEL R STEVENS

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Name

Office Sought

Candidate Name

Office Sought

Candidate Name

Office Sought

Street Address

28 MELVILLE RD

City

WEST WINDSOR

State

NJ

Zip Code

08550

*Day Telephone

*Evening Telephone

Committee Email (Optional)

Committee Website (Optional)

Election Type: (Select One)

Primary General

May Municipal Run-Off

Fire District Special

Election Date 11/07/2023

County

MERCER COUNTY

Legal Name of Election District or Municipality

WEST WINDSOR TOWNSHIP

Political Party

NONPARTISAN

CHAIRPERSON

Name

EILEEN MURPHY

Mailing Address

26 BIRCHWOOD CT

City

WEST WINDSOR

State

NJ

Zip Code

08550

*Day Telephone

*Evening Telephone

TREASURER (required)

Name

RAMCHANDRAN SARMA

Mailing Address

28 MELVILLE RD

City

WEST WINDSOR

State

NJ

Zip Code

08550

*Day Telephone

*Evening Telephone

Resident Address

28 MELVILLE RD

City

WEST WINDSOR

State

NJ

Zip Code

08550

*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

Name of Bank or Depository

PNC BANK

Mailing Address

38 PRINCETON HIGHTSTOWN RD

City

State

Zip Code

Day Telephone

WEST WINDSOR

NJ

08550

Account Name

MANDEL GAWAS STEVENS FOR WW

Account Number

*****6447

LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ANY PERSON(S) AUTHORIZED TO SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS

Name

Mailing Address

City

State

Zip Code

*Day Telephone

*Evening Telephone

Name

Mailing Address

City

State

Zip Code

*Day Telephone

*Evening Telephone

Name

Mailing Address

City

State

Zip Code

*Day Telephone

*Evening Telephone

CANDIDATE CERTIFICATION: (required) I certify that the statements on this document are true. I further certify that I have not, and will not during the existence of the candidate committee, establish, authorize the establishment of, maintain, or participate directly or indirectly in the management or control of any political committee or continuing political committee. I am aware that if any of the statements are willfully false, I may be subject to punishment.

Registration Number ***** PIN ***** Candidate ANDREA S MANDEL Date 05/17/2023

Registration Number ***** PIN ***** Candidate SONIA GAWAS Date 05/17/2023

Registration Number ***** PIN ***** Candidate MICHAEL R STEVENS Date 05/17/2023

Registration Number _____ PIN _____ Candidate _____ Date _____

Registration Number _____ PIN _____ Candidate _____ Date _____

Registration Number _____ PIN _____ Candidate _____ Date _____

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 ***** Treasurer(req.) RAMCHANDRAN SARMA Date 05/17/2023

Registration Number ***** PIN ***** Chairperson EILEEN MURPHY Date 05/17/2023

Treasurers for gubernatorial and legislative candidates 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.