

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

FC	DR	M	D-2
----	-----------	---	------------

☐ Amendment

ELEC Received Aug 30, 2022 3:13 AM

Joint Candidates Committee Name				
AET FOR TEANECK BOE				
Candidate Name			Candidate Name	
EDWARD HA			SEBASTIAN RODRIGUEZ	
Office Sought			Office Sought	
SCHOOL BOARD			SCHOOL BOARD	
Candidate Name			Candidate Name	
KASSANDRA REYES			DENISE SANDERS	
Office Sought			Office Sought	
SCHOOL BOARD			SCHOOL BOARD	
Candidate Name			Candidate Name	
CLARA WILLIAMS				
Office Sought		_	Office Sought	-
SCHOOL BOARD			SCHOOL BOARD	
Street Address		<u></u>		
277 GRIGGS AVENUE				
City	St	ate Zip Code	*Day Telephone	*Evening Telephone
TEANECK	N	J 07666-33	304 .	
Committee Email (Optional)		Con	nmittee Website (Optional)	
Election Type:	School Board			Election Date
Election Type.	201.00. 20a.a			11/08/2022
				11/06/2022
County	Legal N	Name of Election	District or Municipality	Political Party
BERGEN COUNTY		CK BD OF ED		NONPARTISAN
CHAIRPERSON				
Name				
DUANE HARLEY				
Mailing Address				
114 BOGERT ST				
City	State	Zip Code	*Day Telephone	*Evening Telephone
TEANECK	NJ	07666		
TDEACUDED				
TREASURER				
Name THOMAS A ARROTT				
THOMAS A. ABBOTT Mailing Address				
277 GRIGGS AVENUE				
City	State	Zip Code	*Day Telephone	*Evening Telephone
TEANECK	NJ	07666-3304	Day Tolophone	Evening relephone
Resident Address	INJ	01000-3304	<u> </u>	<u> </u>
277 GRIGGS AVENUE				
City			State	Zip Code
TEANECK			NJ	07666

DEPOSITORY INFORMATION						
Name of Bank or Depository						
LAKELAND BANK						
Mailing Address						
417 CEDAR LANE						
City			State	Zip Code	Day Telep	phone
TEANECK			NJ	07666	201-836-7	7717
Account Name						
AET FOR TEANECK BOE Account Number						
TBD						
LIST THE NAME(S), MAILING ADDRESS(ES) AND CHECKS OR OTHERWISE MAKE TRANSACTIONS		NUMBER(S)	OF ANY PI	ERSON(S) AUTHORI	ZED TO SIG	N
Name						
THOMAS A. ABBOTT Mailing Address						
277 GRIGGS AVENUE						
City	State Zip	Code	*Day Telep	hone	*Evening Tel	ephone
TEANECK	-	66-3304	, ,		J	•
Name				_		
KASSANDRA REYES						
Mailing Address						
550 GRANT TERRACE						
City	State Zip	Code	*Day Telep	hone	*Evening Tel	ephone
TEANECK	NJ 076	666				
Name						
Mailing Address						
City	State Zip	Code	*Day Telep	hone	*Evening Tel	ephone
CANDIDATE CERTIFICATION: I certify that the state the existence of the candidate committee, establish, management or control of any political committee or false, I may be subject to punishment.	authorize the	establishment	of, maintair	n, or participate direct	y or indirectly	y in the
Registration Number *********** PIN ***	***	Candidate	EDWARD	НА	Date	08/30/2022
Registration Number ************************************	****	Candidate	KASSAND	RA REYES	Date	08/30/2022
Registration Number PIN		Candidate			Date	
Registration Number ************************************	****	Candidate	SEBASTIA	N RODRIGUEZ	Date	08/30/2022
Registration Number ********** PIN ****	***	Candidate	DENISE S	ANDERS	Date	08/30/2022
Registration Number PIN		Candidate			Date	
CHAIRPERSON/TREASURER CERTIFICATION: statements are willfully false, I may be subject to p	•	the statement	ts on this do	cument are true. I am	aware that i	f any of the
Registration Number ********* PIN ***	***	Chairperso	n DIJANF	M HARLEY ESQ	Date	08/30/2022
Registration Number ************************************	***	Treasurer		A ABBOTT	Date	
Treasurers for Gubernatorial and Legislative candi training enter your Treasurer Training ID#	idates are req	uired to receiv	e training w	rith the NJ ELEC. If yo	ou have comp	pleted the

*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.



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

FO	RM	D-2
----	----	------------

ELEC Received Sep 02, 2022 7:59 PM

⊠ Amendment

Joint Candidates Committee Name						
AET FOR TEANECK BOE						
Candidate Name				Candi	date Name	
EDWARD HA				SEBA	STIAN RODRIGUEZ	
Office Sought				Office	Sought	<u> </u>
SCHOOL BOARD				SCHO	OL BOARD	
Candidate Name				Candid	date Name	
KASSANDRA REYES				DENIS	SE SANDERS	
Office Sought				Office	Sought	
SCHOOL BOARD				SCHO	OL BOARD	
Candidate Name				Candid	date Name	
CLARA WILLIAMS						
Office Sought				Office	Sought	
SCHOOL BOARD				SCHO	OL BOARD	
Street Address						
277 GRIGGS AVENUE						
City	St	ate	Zip Cod	е	*Day Telephone	*Evening Telephone
TEANECK	N.	J	07666-3	304		
Committee Email (Optional)			Co	mmittee	e Website (Optional)	
Flection Type: School Board	4					Election Date
Election Type: School Boar	•					
						11/08/2022
County	l enal N	Jame	of Election	n Distri	ct or Municipality	Political Party
BERGEN COUNTY			D OF ED	II DISTIN	or or warnorpanty	NONPARTISAN
BERGEN COONT	ILANE	LOK L	DOI LD			NONF AKTIOAN
CHAIRPERSON						
Name						
DUANE HARLEY						
Mailing Address						_
114 BOGERT ST						
City	State	Zip	Code		*Day Telephone	*Evening Telephone
TEANECK	NJ	076				
		-				
TREASURER						
Name						
THOMAS A. ABBOTT						
Mailing Address						
277 GRIGGS AVENUE						
City	State	Zip	Code		*Day Telephone	*Evening Telephone
TEANECK	NJ		66-3304		•	Č ,
Resident Address						
277 GRIGGS AVENUE						
City					State	Zip Code
TEANECK					NJ	07666-3304

DEPOSITORY INFORMATION						
Name of Bank or Depository						
LAKELAND BANK						
Mailing Address						
417 CEDAR LANE						
City			State	Zip Code	Day Telep	phone
TEANECK			NJ	07666	201-836-7	7717
Account Name						
AET FOR TEANECK BOE Account Number						
*****2469						
LIST THE NAME(S), MAILING ADDRESS(ES) AND CHECKS OR OTHERWISE MAKE TRANSACTIONS		NUMBER(S)	OF ANY PE	ERSON(S) AUTHORI	ZED TO SIG	N
Name						
THOMAS A. ABBOTT						
Mailing Address						
277 GRIGGS AVENUE	Ctata 7in (2040	*Day Talan	hana	*C	
City	State Zip C		*Day Telep	none	*Evening Tel	epnone
TEANECK Name	NJ 0766	66-3304				
KASSANDRA REYES						
Mailing Address						
•						
550 GRANT TERRACE City	State Zip C	Code	*Day Telep	hone	*Evening Tel	enhone
TEANECK	NJ 0766		Day Tolop	Hone	Evering rei	орноне
Name	143 0700					
Name						
ag / taa. 555						
City	State Zip 0	Code	*Day Telepl	none	*Evening Tel	ephone
CANDIDATE CERTIFICATION: I certify that the state the existence of the candidate committee, establish, management or control of any political committee or false, I may be subject to punishment.	authorize the e	stablishment	of, maintair	n, or participate direct	ly or indirectl	y in the
Registration Number ************************************	****	Candidate	EDWARD	НА	Date	09/02/2022
Registration Number ************************************	****	Candidate	KASSAND	RA REYES	Date	09/02/2022
	***		CLARA W	ILLIAMS		09/02/2022
Registration Number *********** PIN ***	****		SEBASTIA	N RODRIGUEZ		09/02/2022
Registration Number ************************************	***	Candidate	DENISE S	ANDERS	Date	09/02/2022
Registration Number PIN		Candidate			Date	
CHAIRPERSON/TREASURER CERTIFICATION: statements are willfully false, I may be subject to p	•	he statement	s on this do	cument are true. I am	aware that i	f any of the
Registration Number ******** PIN ***	***	Chairperso	n DUANE	M HARLEY ESQ	Date	09/02/2022
Registration Number ************************************	***	Treasurer		A ABBOTT	Date	
Treasurers for Gubernatorial and Legislative candi training enter your Treasurer Training ID#	idates are requ	ired to receiv	e training w	ith the NJ ELEC. If yo	ou have comp	pleted the

*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.



SUPPLEMENTAL CONTRIBUTOR INFORMATION

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

FORM	C-
-------------	----

ELEC Received Oct 11, 2022 2:29 PM

CONTRIBUTION	IS REPO	RT TYPE	(Select	One)			
^ -					 	 	

Committee spending under the R-1 reporting threshold (A-1 or A-2 filers etc.) who received a contributionin excess of \$300 in the aggregate from one source in the election, or any currency (cash) contributions. O Committee receiving a contribution in excess of \$1,900 in the aggregate from one source starting with the 13th day before the election up to, and including the day of the election (48-Hour Notice). SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION Candidate(s) Name EDWARD HA, KASSANDRA REYES, CLARA WILLIAMS, SEBASTIAN RODRIGUEZ, DENISE SANDERS Committee Name AET FOR TEANECK BOE Street Address Office Sought SCHOOL BOARD 277 GRIGGS AVENUE State Zip Code *Day Telephone City *Evening Telephone **TEANECK** 07666 Election Date Election Type: School Board 11/08/2022 (Select One) Legal Name of Election District or Municipality County Political Party BERGEN COUNTY TEANECK BD OF ED NONPARTISAN **SECTION II. CONTRIBUTION INFORMATION** Date Received Contributor Name ED HA FOR BOARD OF EDUCATON Address (Number and Street, City, State, Zip Code) Aggregate Amount Amount 589 TILDEN AVE, TEANECK, NJ 07666 \$2,000.00 Occupation (If Individual) Description, if In-Kind Contribution Receipt CHECK Type Employer Name and Mailing Address (If Individual) Date Received Contributor Name KASSANDRA REYES FOR BOE Address (Number and Street, City, State, Zip Code) Aggregate Amount Amount 550 GRANT TERRACE, TEANECK, NJ 07666 \$800.00 Occupation (If Individual) Description, if In-Kind Contribution Receipt CHECK Type Employer Name and Mailing Address (If Individual) Date Received Contributor Name 09/20/2022 VICTORIA FISHER Address (Number and Street, City, State, Zip Code) Amount Aggregate Amount 654 POMANDER WALK, TEANECK, NJ 07666 \$800.00 Occupation (If Individual) Description, if In-Kind Contribution Receipt LOAN STAFF REPRESENTATIVE Type Employer Name and Mailing Address (If Individual) CWA, 1037 RAYMOND BOULEVARD, 5TH FLOOR, NEWARK, NJ 07102 **Total This Page:** \$3,600.00 **Grand Total:** \$5,100.00 PIN Registration Number ********

*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.

THOMAS A ABBOTT

Candidate or Treasurer

Date

10/11/2022

	Date Received	Contributor Name					
	09/21/2022	CLARA WILLIAMS					
	Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount	
	21 STUYVESANT RD, TEAN	ECK, NJ 07666				\$500.00	
	Occupation (If Individual)				Description, if In-Kind C	ontribution	
	ACCOUNTANT		Receipt Type	CHECK			
	Employer Name and Mailing	Address (If Individual)	Type				
	COUNTY OF BERGEN, 1 BE	RGEN COUNTY PLAZA, H	IACKENS	ACK, NJ 07601			
	Date Received	Contributor Name					
	09/21/2022	CLARA WILLIAMS					
	Address (Number and Street				Aggregate Amount	Amount	
	21 STUYVESANT RD, TEAN				\$1,000.00	\$500.00	
	Occupation (If Individual)				Description, if In-Kind C		
	ACCOUNTANT		Receipt	LOAN			
	Employer Name and Mailing	Address (If Individual)	Type				
	COUNTY OF BERGEN, 1 BE	•	IACKENS	ACK N.I.07601			
	Date Received	Contributor Name	., (01(21(0)	1011, 110 07 00 1			
	10/24/2022			AN I			
	Address (Number and Street,	ED HA FOR BOARD OF I	EDUCATO	JN .	Aggregate Amount	Amount	
	,						
	589 TILDEN AVE, TEANECK Occupation (If Individual)	., NJ U/666			\$2,500.00 Description, if In-Kind C	\$500.00	
	Occupation (ii individual)		Receipt	CHECK	Description, il III-Killa C	Onthoution	
	Employer Name and Mailing	Address (If Individual)	Type				
	Employer Name and Mailing	Address (II Individual)					
	Date Received	Contributor Name					
	Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount	
	Occupation (If Individual)		Receipt		Description, if In-Kind C	ontribution	
			Type				
	Employer Name and Mailing	Address (If Individual)					
	Date Received	Contributor Name					
	Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount	
	Occupation (If Individual)				Description, if In-Kind C	ontribution	
			Receipt Type				
	Employer Name and Mailing	Address (If Individual)	Турс				
	Date Received	Contributor Name					
	Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount	
	Occupation (If Individual)				Description, if In-Kind C	ontribution	
			Receipt Type				
	Employer Name and Mailing	Address (If Individual)	Type				
	Date Received	Contributor Name					
	Date Moonvou	Commodel Hamo					
	Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount	
	(. tambo. and onoot,	- y,, <u>-</u> .p 3000)			33. 030.0 / 11100111		
	Occupation (If Individual)				Description, if In-Kind C	ontribution	
	(Receipt		222p. 222, 11 11 1 11 10 0		
	Employer Name and Mailing	Address (If Individual)	Туре				
					T. (.) T. (.)		
					Total This Page:	\$1,500.00	
					Grand Total:	\$5,100.00	
Nev	v Jersey Election Law Enforcer	nent Commission		Page 2 of 4	s	Form C-1SBa Revised Oct 2	022
	,				•		_

Date Received	Contributor Name				
Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind (Contribution
Employer Name and Mailing	Address (If Individual)	– Туре			
Date Received	Contributor Name				
Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind (Contribution
Employer Name and Mailing	Address (If Individual)	- Type			
Date Received	Contributor Name				
Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind (Contribution
Employer Name and Mailing	Address (If Individual)	- Type			
Date Received	Contributor Name				
Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt _ Type		Description, if In-Kind (Contribution
Employer Name and Mailing	Address (If Individual)	- туре		_	
Date Received	Contributor Name				
Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind (Contribution
Employer Name and Mailing	Address (If Individual)	- Type			
Date Received	Contributor Name				
Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind (Contribution
Employer Name and Mailing	Address (If Individual)	- Туре			
Date Received	Contributor Name				
Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind (Contribution
Employer Name and Mailing	Address (If Individual)	- Type			
				Total This Page:	
				Grand Total:	\$5,100.00
New Jersey Election Law Enforcer	ment Commission		Page 3 of 4		sForm C-1SBa Revised Oct. 2022

Date Received	Contributor Name				
Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind C	Contribution
Employer Name and Mailing A	ddress (If Individual)	– Type –			
Date Received (Contributor Name				
Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind C	Contribution
Employer Name and Mailing A	ddress (If Individual)	– Type –			
Date Received (Contributor Name				
Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind C	Contribution
Employer Name and Mailing A	ddress (If Individual)	– Type –			
Date Received (Contributor Name				
Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt _ Type		Description, if In-Kind C	Contribution
Employer Name and Mailing A	ddress (If Individual)	— туре			
Date Received (Contributor Name				
Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt _		Description, if In-Kind C	Contribution
Employer Name and Mailing A	ddress (If Individual)	- Type			
Date Received (Contributor Name				
Address (Number and Street, 0	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt _		Description, if In-Kind C	Contribution
Employer Name and Mailing A	ddress (If Individual)	Type			
Date Received (Contributor Name				
Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt _		Description, if In-Kind C	Contribution
Employer Name and Mailing A	ddress (If Individual)	- Type			_
				Total This Page:	
				Grand Total:	\$5,100.00
Jersey Election Law Enforcem	ent Commission	F	Page 4 of 4		sForm C-1SBa Revised Oct



SUPPLEMENTAL CONTRIBUTOR INFORMATION

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)

FORM	C-1
------	------------

ELEC Received Oct 27, 2022 6:03 PM

	Amendment	
--	-----------	--

★ 1973 ★	Website	e. www.eiec.rij.	gov			∐Amendment
CONTRIBUTIONS REPORT	TYPE (Select One)					
Committee spending under from one source in the expension	der the R-1 reporting thres lection, or any currency (ca			.) who received a	contributionin exces	ss of \$300 in the aggregate
O Committee receiving a cand including the day of	ontribution in excess of \$1 the election (48-Hour Notice		ggregate froi	m one source sta	rting with the13th da	y before the election up to,
SECTION I. CANDIDATE,	JOINT CANDIDATES, O	OR POLITIC	AL COMM	ITTEE INFORM	IATION	
Candidate(s) Name						
EDWARD HA, KASSANDR	A REYES, CLARA WILLIA	MS, SEBAST	IAN RODRI	GUEZ, DENISE	SANDERS	
Committee Name						
AET FOR TEANECK BOE						
Street Address					Office Sought	
277 GRIGGS AVENUE					SCHOOL BOARD	
City		State Zip C	ode	*Day Telephon	e *Ev	ening Telephone
TEANECK		NJ 07666	3			
Election Type:	School Board					Election Date
(Select One)					<u>-</u>	11/08/2022
County	Lec	al Name of E	Election Dist	rict or Municipality	/ F	Political Party
BERGEN COUNTY	TE	ANECK BD C	F ED		1	NONPARTISAN
SECTION II. CONTRIBUT						
Date Received	Contributor Name					
10/21/2022	KASSANDRA REYES F	OR BOE				
Address (Number and Stree					Aggregate Amount	Amount
550 GRANT TERRACE, TE	ANECK, NJ 07666				\$1,600.00	\$800.00
Occupation (If Individual)		Receipt	CHECK		Description, if In-Kir	nd Contribution
Employer Name and Mailing	Address (If Individual)	Type		_		<u> </u>
projer riame and maining	, / taa. 555 (ii ii a. 1 a. a. a. a					
Date Received	Contributor Name					
10/25/2022	KASSANDRA REYES F	OR BOE				
Address (Number and Stree		0.1.202			Aggregate Amount	 Amount
550 GRANT TERRACE, TE	ANECK, NJ 07666				\$2,500.00	\$900.00
Occupation (If Individual)		Docoint			Description, if In-Kir	nd Contribution
		Receipt Type	CHECK			
Employer Name and Mailing	g Address (If Individual)					
Date Received	Contributor Name					
Address (Number and Stree	t, City, State, Zip Code)				Aggregate Amount	Amount
Occupation (If Individual)		Receipt			Description, if In-Kir	nd Contribution
		RECEID				

Total This Page: \$1,700.00 **Grand Total:** \$1,700.00

Registration Number ******** PIN Candidate or Treasurer Date THOMAS A ABBOTT 10/27/2022

Type

*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.

Employer Name and Mailing Address (If Individual)

Date Received Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount Amount
Occupation (If Individual)	Receipt	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individual)	— Type ·	
Date Received Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount Amount
Occupation (If Individual)	Receipt	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individual)	Type	
Date Received Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount Amount
Occupation (If Individual)	ReceiptType	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individual)	туре	
Date Received Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount Amount
Occupation (If Individual)	Receipt Type	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individual)		
Date Received Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount Amount
Occupation (If Individual)	Receipt	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individual)	— Туре	
Date Received Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount Amount
Occupation (If Individual)	Receipt	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individual)	Type	
Date Received Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount Amount
Occupation (If Individual)	Receipt	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individual)	Type	
		Total This Page:
		Grand Total: \$1,700.00
Jersey Election Law Enforcement Commission	Page 2 of 4	sForm C-1SBa Revised Oct 202

Date Received C	contributor Name				
Address (Number and Street, Ci	ty, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind 0	Contribution
Employer Name and Mailing Add	dress (If Individual)	- Type			
Date Received C	ontributor Name				
Address (Number and Street, Ci	ty, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind (Contribution
Employer Name and Mailing Add	dress (If Individual)	Type			
Date Received C	ontributor Name				
Address (Number and Street, Ci	ty, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind (Contribution
Employer Name and Mailing Add	dress (If Individual)	Type			
Date Received Co	ontributor Name				
Address (Number and Street, Ci	ty, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind (Contribution
Employer Name and Mailing Add	dress (If Individual)	_ Type			
Date Received Co	ontributor Name				
Address (Number and Street, Ci	ty, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind (Contribution
Employer Name and Mailing Add	dress (If Individual)	- Type			
Date Received Co	ontributor Name				
Address (Number and Street, Ci	ty, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind (Contribution
Employer Name and Mailing Add	dress (If Individual)	- Type			
Date Received Co	ontributor Name				
Address (Number and Street, Ci	ty, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind (Contribution
Employer Name and Mailing Add	dress (If Individual)	Type			
				Total This Page:	
				Grand Total:	\$1,700.00
Jersey Election Law Enforcemen	nt Commission		Page 3 of 4	S	Form C-1SBa Revised Oct. 20

Date Received	Contributor Name			
Address (Number and Street	, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Receipt	Description, if In-Kind C	Contribution
Employer Name and Mailing	Address (If Individual)	— Type		
Date Received	Contributor Name			
Address (Number and Street	, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Receipt	Description, if In-Kind C	Contribution
Employer Name and Mailing	Address (If Individual)	— Type		
Date Received	Contributor Name			
Address (Number and Street	, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Receipt	Description, if In-Kind C	Contribution
Employer Name and Mailing	Address (If Individual)	— Type ————		
Date Received	Contributor Name			
Address (Number and Street	, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Receipt	Description, if In-Kind (Contribution
Employer Name and Mailing	Address (If Individual)	Type		
Date Received	Contributor Name			
Address (Number and Street	, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Receipt	Description, if In-Kind C	Contribution
Employer Name and Mailing	Address (If Individual)	Type .		
Date Received	Contributor Name			
Address (Number and Street	, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Receipt	Description, if In-Kind C	Contribution
Employer Name and Mailing	Address (If Individual)	Type		
Date Received	Contributor Name			
Address (Number and Street	, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Receipt	Description, if In-Kind C	Contribution
Employer Name and Mailing	Address (If Individual)	Type		
			Total This Page:	
			Grand Total:	\$1,700.00
Jersey Election Law Enforce	ment Commission	Page 4 of 4		\$1,700.00 sForm C-1SBa Revised C



SUPPLEMENTAL CONTRIBUTOR INFORMATION

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

FORM	C-1
------	------------

ELEC Received Nov 27, 2022 10:19 AM

Amendment

CONTRIBUTIONS REPORT	TYPE (Select One)						
Committee spending ur from one source in the	nder the R-1 reporting threselection, or any currency (c.) who received	a contributionin exce	ess of \$300	in the aggregate
O Committee receiving a cand including the day of	contribution in excess of \$ f the election (48-Hour Not		gregate fr	om one source s	tarting with the13th d	ay before th	ne election up to,
SECTION I. CANDIDATE,	JOINT CANDIDATES.	OR POLITIC	AL COM	MITTEE INFOR	RMATION		
Candidate(s) Name	, •• •,	0111 0 21110					
EDWARD HA, KASSANDR	A REYES, CLARA WILLIA	AMS. SEBASTI	IAN RODI	RIGUEZ, DENISI	F SANDERS		
Committee Name	-, -						
AET FOR TEANECK BOE							
Street Address					Office Sought		
277 GRIGGS AVENUE					SCHOOL BOARD		
City		State Zip Co	ode	*Day Telepho	ne *E	vening Tele	phone
TEANECK		NJ 07666		, ,		J	
			·			Election Da	nte
Election Type:	School Board					11/08/2022	
(Select One)							
County	Le	gal Name of E	lection Dis	strict or Municipa	lity	Political Pa	rty
BERGEN COUNTY	<u>TE</u>	NAFLY BD OF	F ED			NONPART	ISAN
OFOTION II OCCUTO'S	TON INFORMATION						
SECTION II. CONTRIBUT Date Received							
	Contributor Name	-OD DOE					
11/15/2022 Address (Number and Stree	KASSANDRA REYES I	-OK BOE			Aggregate Amoun	t Amou	unt .
,					Aggregate Amoun		
550 GRANT TERRACE, TE Occupation (If Individual)	EANECK, NJ 07000					\$265.	
Occupation (il mulvidual)		Receipt	CHECK		Description, if in-N	ina Contino	ation
Employer Name and Mailin	a Address (If Individual)	Type					
Employof Hamo and Mamir	g / taarooo (ii iiiarviadai)						
Date Received	Contributor Name						
11/17/2022	SEBASTIAN RODRIGU	JF7					
Address (Number and Stree					Aggregate Amoun	— t Amou	ınt
533 SAGAMORE AVE, TE					\$600.00	\$350.	00
Occupation (If Individual)		5			Description, if In-K	<u>-</u>	
TEACHER		Receipt Type	CHECK		•		
Employer Name and Mailin	g Address (If Individual)						
NYC DOE, 65 COURT ST,	BROOKLYN, NY						
Date Received	Contributor Name						
Address (Number and Stree	et, City, State, Zip Code)				Aggregate Amoun	t Amou	int
Occupation (If Individual)					Description, if In-K	ind Contribu	ıtion
Cocapation (in mainland)		Receipt			Doscription, it it!	a Jonania	20011
Employer Name and Mailin	g Address (If Individual)	Type					
					Total This Pa	MO: ***	
						ΨΟ1	5.00
					Grand To	otal: \$61	5.00
Registration Number	******		PIN	****			
Candidate or Treasurer	THOMAS A ASSOCT		Date	44/07/0000			
	THOMAS A ABBOTT			11/27/2022			

*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.

Date Received Contribu	utor Name			
Address (Number and Street, City, Sta	te, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)	R	eceipt	Description, if In-Kind	Contribution
Employer Name and Mailing Address (T\	rpe ————		
Date Received Contribu	utor Name			
Address (Number and Street, City, Sta	te, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		eceipt	Description, if In-Kind	Contribution
Employer Name and Mailing Address (If Individual)	/pe		
Date Received Contribu	utor Name			
Address (Number and Street, City, Sta	te, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		eceipt vpe ———	Description, if In-Kind	Contribution
Employer Name and Mailing Address (If Individual)	pc		
Date Received Contribu	utor Name			
Address (Number and Street, City, Sta	te, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		eceipt pe	Description, if In-Kind	Contribution
Employer Name and Mailing Address (
Date Received Contribu	utor Name			
Address (Number and Street, City, Sta	te, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		eceipt	Description, if In-Kind	Contribution
Employer Name and Mailing Address (If Individual)	/pe		
Date Received Contribu	utor Name			
Address (Number and Street, City, Sta	te, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		eceipt	Description, if In-Kind	Contribution
Employer Name and Mailing Address (If Individual)	/pe		
Date Received Contribu	utor Name			
Address (Number and Street, City, Sta	te, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		eceipt vpe ———	Description, if In-Kind	Contribution
Employer Name and Mailing Address (If Individual)	<u></u>		
			Total This Pag	je:
			Grand Tot	al: \$615.00
Jersey Election Law Enforcement Com	mission	Page 2 d	of 4	sForm C-1SBa Revised Oct 202

Date Received C	Contributor Name				
Address (Number and Street, Ci	ty, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind (Contribution
Employer Name and Mailing Ad	dress (If Individual)	– Type			
Date Received C	Contributor Name				
Address (Number and Street, Ci	ty, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind (Contribution
Employer Name and Mailing Add	dress (If Individual)	Type			
Date Received C	Contributor Name				
Address (Number and Street, Ci	ty, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind (Contribution
Employer Name and Mailing Add	dress (If Individual)	- Type			
Date Received Co	ontributor Name				
Address (Number and Street, Ci	ty, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind (Contribution
Employer Name and Mailing Ad	dress (If Individual)	_ Type			_
Date Received Co	ontributor Name				
Address (Number and Street, Ci	ty, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind (Contribution
Employer Name and Mailing Add	dress (If Individual)	- Type			
Date Received Co	ontributor Name				
Address (Number and Street, Ci	ty, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind (Contribution
Employer Name and Mailing Ad	dress (If Individual)	– Туре			
Date Received Co	ontributor Name				
Address (Number and Street, Ci	ty, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind (Contribution
Employer Name and Mailing Add	dress (If Individual)	- Type			
				Total This Page:	
				Grand Total:	\$615.00
Jersey Election Law Enforcement	nt Commission		Page 3 of 4	S	Form C-1SBa Revised Oct. 20

Date Received C	Contributor Name				
Address (Number and Street, C	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind C	Contribution
Employer Name and Mailing Ad	ddress (If Individual)	– Type			
Date Received C	Contributor Name				
Address (Number and Street, C	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind C	Contribution
Employer Name and Mailing Ad	ddress (If Individual)	– Type			
Date Received (Contributor Name				
Address (Number and Street, C	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind C	Contribution
Employer Name and Mailing Ad	ddress (If Individual)	– Type –			
Date Received C	Contributor Name				
Address (Number and Street, C	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind C	Contribution
Employer Name and Mailing Ad	ddress (If Individual)	_ Type ¯		-	
Date Received (Contributor Name				
Address (Number and Street, C	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt _		Description, if In-Kind C	Contribution
Employer Name and Mailing Ad	ddress (If Individual)	- Туре			
Date Received C	Contributor Name				
Address (Number and Street, C	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind C	Contribution
Employer Name and Mailing Ad	ddress (If Individual)	Type			
Date Received C	Contributor Name				
Address (Number and Street, C	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind C	Contribution
Employer Name and Mailing Ad	ddress (If Individual)	– Type			
				Total This Page:	
				Grand Total:	\$615.00
Jersey Election Law Enforcement	ent Commission		Page 4 of 4		sForm C-1SBa Revised Oct.