



SINGLE CANDIDATE 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

FORM D-1

ELEC Received
Jul 19, 2022 11:01 PM

Amendment

Candidate Name

EDWARD HA

Office Sought

SCHOOL BOARD

Candidate Committee Name

ED HA FOR BOARD OF EDUCATION

Street Address

589 TILDEN AVENUE

City

TEANECK

State

NJ

Zip Code

07666

*Day Telephone

9172841249

*Evening Telephone

9172841249

Committee Email (Optional)

EDHAFORBOE@GMAIL.COM

Committee Website (Optional)

Election Type:

School Board

Election Date

11/08/2022

County

BERGEN COUNTY

Legal Name of Election District or Municipality

TEANECK BD OF ED

Political Party

NONPARTISAN

CHAIRPERSON

Name

CHRISTINA PAMI

Mailing Address

156 FYCKLE LANE

City

TEANECK

State

NJ

Zip Code

07666

*Day Telephone

*Evening Telephone

TREASURER

Name

CRISTA TIBOLDO

Mailing Address

585 TILDEN AVENUE

City

TEANECK

State

NJ

Zip Code

07666

*Day Telephone

5514867057

*Evening Telephone

5514867057

Resident Address

City

State

Zip Code

DEPOSITORY INFORMATION

Name of Bank or Depository

LAKELAND BANK

Mailing Address

417 CEDAR LANE

City

TEANECK

State

NJ

Zip Code

07666

Day Telephone

2018367717

Account Name

ED HA FOR BOARD OF EDUCATION

Account 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.

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: 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 *****

EDWARD HA

07/19/2022

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 *****

CRISTA E TIBOLDO

07/19/2022

Chairperson

Date

Registration Number

PIN

Treasurer

Date

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.*



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FORM D-1

ELEC Received
Jul 20, 2022 2:18 PM

Amendment

Candidate Name

EDWARD HA

Office Sought

SCHOOL BOARD

Candidate Committee Name

ED HA FOR BOARD OF EDUCATION

Street Address

589 TILDEN AVENUE

City

TEANECK

State

NJ

Zip Code

07666

*Day Telephone

9172841249

*Evening Telephone

9172841249

Committee Email (Optional)

EDHAFORBOE@GMAIL.COM

Committee Website (Optional)

Election Type:

School Board

Election Date

11/08/2022

County

BERGEN COUNTY

Legal Name of Election District or Municipality

TEANECK BD OF ED

Political Party

NONPARTISAN

CHAIRPERSON

Name

EDWARD HA

Mailing Address

589 TILDEN AVENUE

City

TEANECK

State

NJ

Zip Code

07666

*Day Telephone

9172841249

*Evening Telephone

9172841249

TREASURER

Name

CRISTA TIBOLDO

Mailing Address

585 TILDEN AVENUE

City

TEANECK

State

NJ

Zip Code

07666

*Day Telephone

5514867057

*Evening Telephone

5514867057

Resident Address

585 TILDEN AVENUE

City

TEANECK

State

NJ

Zip Code

07666

DEPOSITORY INFORMATION

Name of Bank or Depository

LAKELAND BANK

Mailing Address

417 CEDAR LANE

City

TEANECK

State

NJ

Zip Code

07666

Day Telephone

2018367717

Account Name

ED HA FOR BOARD OF EDUCATION

Account 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.

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

Name

EDWARD HA

Mailing Address

589 TILDEN AVENUE

City	State	Zip Code	*Day Telephone	*Evening Telephone
TEANECK	NJ	07666	9172841249	9172841249

Name

CRISTA TIBOLDO

Mailing Address

585 TILDEN AVENUE

City	State	Zip Code	*Day Telephone	*Evening Telephone
TEANECK	NJ	07666	5514867057	5514867057

Name

Mailing Address

City	State	Zip Code	*Day Telephone	*Evening Telephone
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CANDIDATE CERTIFICATION: 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 *****

EDWARD HA

07/20/2022

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 *****

EDWARD HA

07/20/2022

Chairperson

Date

Registration Number *****

PIN *****

CRISTA E TIBOLDO

07/20/2022

Treasurer

Date

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.*



SUPPLEMENTAL CONTRIBUTOR INFORMATION

FORM C-1

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

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(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
Website: www.elec.nj.gov

ELEC Received
Oct 17, 2022 10:01 PM

Amendment

CONTRIBUTIONS REPORT TYPE (Select One)

- Committee spending under the R-1 reporting threshold (A-1 or A-2 filers etc.) who received a contribution in excess of \$300 in the aggregate from one source in the election, or any currency (cash) contributions.
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
Committee Name: ED HA FOR BOARD OF EDUCATION
Street Address: 589 TILDEN AVE
City: TEANECK, State: NJ, Zip Code: 07666
Office Sought: SCHOOL BOARD
Election Type: School Board
Election Date: 11/08/2022
County: BERGEN COUNTY, Legal Name of Election District or Municipality: TEANECK BD OF ED
Political Party: NONPARTISAN

SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check, B = In-Kind, C = Loan)

Date Received, Contributor Name, Address, Occupation, Employer Name and Mailing Address, Receipt Type, Check If Currency, Description, if In-Kind Contribution

Date Received, Contributor Name, Address, Occupation, Employer Name and Mailing Address, Receipt Type, Check If Currency, Description, if In-Kind Contribution

Date Received, Contributor Name, Address, Occupation, Employer Name and Mailing Address, Receipt Type, Check If Currency, Description, if In-Kind Contribution

Grand Total:

Registration Number ***** PIN *****

Candidate or Treasurer: CRISTA E TIBOLDO Date: 10/17/2022

*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.



SUPPLEMENTAL CONTRIBUTOR INFORMATION
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

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FORM C-1

ELEC Received
Oct 28, 2022 11:16 PM

Amendment

CONTRIBUTIONS REPORT TYPE (Select One)

- Committee spending under the R-1 reporting threshold (A-1 or A-2 filers etc.) who received a contribution in excess of \$300 in the aggregate from one source in the election, or any currency (cash) contributions.
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
Committee Name: ED HA FOR BOARD OF EDUCATION
Street Address: 589 TILDEN AVE
Office Sought: SCHOOL BOARD
City: TEANCK, State: NJ, Zip Code: 07666
Election Type: School Board, Election Date: 11/08/2022
County: BERGEN COUNTY, Legal Name of Election District or Municipality: TEANECK BD OF ED, Political Party: NONPARTISAN

SECTION II. CONTRIBUTION INFORMATION

Date Received: 07/20/2022, Contributor Name: EDWARD HA
Address: 589 TILDEN AVE, TEANECK, NJ 07666
Occupation: (If Individual)
Employer Name and Mailing Address (If Individual)
Receipt Type: CHECK
Description, if In-Kind Contribution
Aggregate Amount: \$10.00, Amount: \$10.00

Date Received: 09/07/2022, Contributor Name: EDWARD HA
Address: 589 TILDEN AVE, TEANECK, NJ 07666
Occupation: (If Individual)
Employer Name and Mailing Address (If Individual)
Receipt Type: CHECK
Description, if In-Kind Contribution
Aggregate Amount: \$110.00, Amount: \$100.00

Date Received: 09/12/2022, Contributor Name: EDWARD HA
Address: 589 TILDEN AVE, TEANECK, NJ 07666
Occupation: (If Individual)
Employer Name and Mailing Address (If Individual)
Receipt Type: CHECK
Description, if In-Kind Contribution
Aggregate Amount: \$3,110.00, Amount: \$3,000.00

Total This Page: \$3,110.00
Grand Total: \$3,495.00

Registration Number: *****
Candidate or Treasurer: CRISTA E TIBOLDO
Date: 10/28/2022

Date Received 10/09/2022 Contributor Name EDWARD HA
 Address (Number and Street, City, State, Zip Code) _____
589 TILDEN AVE, TEANECK, NJ 07666 Aggregate Amount \$3,495.00 Amount \$385.00
 Occupation (If Individual) _____ Description, if In-Kind Contribution _____
 _____ Receipt 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 Contribution _____
 _____ Receipt 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 Contribution _____
 _____ Receipt 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 Contribution _____
 _____ Receipt 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 Contribution _____
 _____ Receipt 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 Contribution _____
 _____ Receipt 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 Contribution _____
 _____ Receipt Type _____
 Employer Name and Mailing Address (If Individual) _____

Total This Page: \$385.00

Grand Total: \$3,495.00

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

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Employer Name and Mailing Address (If Individual)	Receipt Type		

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

Total This Page: _____
Grand Total: \$3,495.00

Date Received Contributor Name

Address (Number and Street, City, State, Zip Code) Aggregate Amount Amount

Occupation (If Individual) Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual) Receipt Type

Date Received Contributor Name

Address (Number and Street, City, State, Zip Code) Aggregate Amount Amount

Occupation (If Individual) Description, if In-Kind Contribution

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Occupation (If Individual) Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual) Receipt Type

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Address (Number and Street, City, State, Zip Code) Aggregate Amount Amount

Occupation (If Individual) Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual) Receipt Type

Total This Page:

Grand Total: \$3,495.00