

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

FC	RM	D-
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ELEC Received Jul 19, 2022 11:01 PM

Amendment

Candidate Name						Office Sough	nt
EDWARD HA						SCHOOL E	BOARD
Candidate Committee Name							
ED HA FOR BOARD OF EDUCATION							
Street Address							
589 TILDEN AVENUE							
City	Sta	ate	Zip Code	*Da	y Telephone		*Evening Telephone
TEANECK	<u>N</u> .	<u> </u>	07666		2841249		9172841249
Committee Email (Optional)			Comr	nittee Website	(Optional)		
EDHAFORBOE@GMAIL.COM							
Election Type:							Election Date 11/08/2022
County	Legal N	lame of	Election Distr	ct or Municipa	llity		Political Party
BERGEN COUNTY			OF ED	·	•		NONPARTISAN
CHAIRPERSON Name CHRISTINA PAMI							
Mailing Address							
156 FYCKLE LANE							
City	State	Zip C	code	*Day Tele	ephone	*E	Evening Telephone
TEANECK	NJ	0766		,	•		5 1
	110						
TREASURER Name							
CRISTA TIBOLDO							
Mailing Address							
585 TILDEN AVENUE							
City	State	Zip (Code	*Day Tele	ephone	*E	vening Telephone
TEANECK	NJ	0766	66	5514867	057	5	514867057
Resident Address							
City				S	tate		Zip Code
DEPOSITORY INFORMATION							
Name of Bank or Depository							
LAKELAND BANK							
Mailing Address							
417 CEDAR LANE				State	Zip Code		Day Telephone
417 CEDAR LANE City							
City				NJ	07666		2018367717
				NJ	07666		2018367717
City TEANECK				NJ	07666		2018367717

IST THE N HECKS O Name	R OTHERWISE MAKE TRANSAC	HONO			
Mailing Add	dress				
City		State	Zip Code	*Day Telephone	*Evening Telephone
Name		,	_		
Mailing Add	dress				
City		State	Zip Code	*Day Telephone	*Evening Telephone
Name			_		
Mailing Add	dress				
City		State	Zip Code	*Day Telephone	*Evening Telephone
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Page 2 of 2

sForm D-1SB Revised Jun. 2021

New Jersey Election Law Enforcement Commission



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

ELEC Received Jul 20, 2022 2:18 PM

Amendment	

Candidate Name				Offic	e Sought
EDWARD HA				SCH	IOOL BOARD
Candidate Committee Name					
ED HA FOR BOARD OF EDUCATION					
Street Address					
589 TILDEN AVENUE					
City	Sta	ate Zip Code	*Day T	Telephone	*Evening Telephone
TEANECK	NJ	07666	91728	341249	9172841249
Committee Email (Optional)		Comr	mittee Website (C	Optional)	
EDHAFORBOE@GMAIL.COM					
Election Type: School Boar	rd				Election Date
					11/08/2022
County	Legal N	ame of Election Distr	ict or Municipality	v	Political Party
BERGEN COUNTY		CK BD OF ED		,	NONPARTISAN
	-			_	
CHAIRPERSON					
Name					
EDWARD HA					
Mailing Address					
589 TILDEN AVENUE					
City	State	Zip Code	*Day Teleph	hone	*Evening Telephone
Oity					
TEANECK	NJ	07666	917284124	49	9172841249
TEANECK	NJ	07666	917284124	49	9172841249
TEANECK	NJ	07666	917284124	49	9172841249
TEANECK	ŊJ	07666	917284124	49	9172841249
TEANECK TREASURER Name	NJ	07666	917284124	49	9172841249
TEANECK TREASURER Name CRISTA TIBOLDO Mailing Address	NJ	07666	917284124	49	9172841249
TEANECK TREASURER Name CRISTA TIBOLDO Mailing Address 585 TILDEN AVENUE					
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HECKS OR Name					
DWARD I	НА				
Mailing Addr	ress				
589 TILDEI	N AVENUE				
City		State	Zip Code	*Day Telephone	*Evening Telephone
TEANECK		NJ	07666	9172841249	9172841249
Name					
CRISTA TII	BOLDO				
Mailing Addr	ress				
585 TILDEI	N AVENUE				
City		State	Zip Code	*Day Telephone	*Evening Telephone
TEANECK		NJ	07666	5514867057	5514867057
Name					
Mailing Addr	ress				
City		State	Zip Code	*Day Telephone	*Evening Telephone
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Page 2 of 2

sForm D-1SB Revised Jun. 2021

New Jersey Election Law Enforcement Commission



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.ni.gov

FORM C-1

ELEC Received Oct 17, 2022 10:01 PM

Amendment	

	Website	. www.erec	J.HJ.YOV					
CONTRIBUTIONS REPORT T	YPE (Select One)				•			
Committee spending under from one source in the ele				tc.) who received a	contributionin exce	ess of \$3	00 in the aggregate	
O Committee receiving a co and including the day of the			e aggregate fr	om one source sta	rting with the13th d	lay befor	e the election up to,	
SECTION I. CANDIDATE, J	OINT CANDIDATES	OR POLI	TICAL COM	MITTEE INFORM	IATION			_
Candidate(s) Name	Onti Orandidre Lo,	J. (1 O L	THORLE GOIL					
EDWARD HA								
Committee Name								
ED HA FOR BOARD OF EDU	JCATION							
Street Address					Office Sought		_	
589 TILDEN AVE					SCHOOL BOAR	RD		
City		State	Zip Code	*Day Teleph	none	*Evening	Telephone	
TEANECK		NJ	07666	, ,		•	,	
-	0					Election	n Date	
Election Type:	School Board					11/08/2	022	
County	l a	al Nama	of Clastica Di	atriat au NA miain alit		Political	Porty	
•	`			strict or Municipality	/		•	
BERGEN COUNTY	<u>TE</u> /	ANECK B	D OF ED			NONPA	ARTISAN	
								_
SECTION II. CONTRIBUTIO	•	eceipt Ty	pes: A = Cu	rrency or Check	, B = In-Kind, C =	= Loan)		
Date Received	Contributor Name							
Address (Number and Ctreet	City State 7in Code				Aggragata Amaun	·	Amount	
Address (Number and Street,	City, State, Zip Code)				Aggregate Amoun	IL <i>F</i>	Amount	
Occupation (If Individual)					Description, if In-K	Cind Con	tribution	
Occupation (ii individual)		Rece		☐ Check If	Description, il ill-i	tina con	uibuion	
Employer Name and Mailing	Addross (If Individual)	Туре		Currency				
Employer Name and Mailing	Address (II IIIdividdai)							
								_
Date Received	Contributor Name							
A dalar a - (Normala a a a a d Otan a t	Oit. Otata 7ia Oada)				A			
Address (Number and Street,	City, State, ZIP Code)				Aggregate Amoun	ıı <i>F</i>	Amount	
Occupation (If Individual)					Description, if In-K	(ind Con	tribution	
Occupation (il mulvidual)		Rece	eipt	☐ Check If	บ _ั ธอดาปุนังกา, แ เมา-ห	viria Coll	mbullon	

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

Currency

Type

Candidate or Treasurer Date CRISTA E TIBOLDO 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.

Registration Number

Employer Name and Mailing Address (If Individual)

PIN



New Jersey Election Law Enforcement Commission

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

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ELEC Received Oct 28, 2022 11:16 PM

⊠ Amendment

sForm C-1SBa Revised Oct. 2022

CONTRIBUTIONS REPORT TYPE (Select One)
Ocommittee spending under the R-1 reporting threshold (A-1 or A-2 filers etc.) who received a contributionin excess of \$300 in the aggregate

	election, or any currency (,				
O Committee receiving a c			ggregate fr	om one source sta	arting with the13th day I	pefore the election up to,
and including the day of	the election (48-Hour Not	ice).				
SECTION I. CANDIDATE,	JOINT CANDIDATES.	OR POLITIC	CAL COM	MITTEE INFORM	MATION	
Candidate(s) Name					-	
EDWARD HA						
Committee Name						
ED HA FOR BOARD OF ED	DUCATION					
Street Address					Office Sought	
589 TILDEN AVE					SCHOOL BOARD	
City		State Zip C	ode	*Day Telephor	ne *Even	ing Telephone
TEANCK		NJ 07666				
Election Type:			-		Ele	ction Date
• • • • • • • • • • • • • • • • • • • •	School Board				11/	08/2022
(Select One)						
County	Le	gal Name of E	Election Dis	strict or Municipalit	ty Pol	itical Party
BERGEN COUNTY	<u>TE</u>	ANECK BD C	OF ED		NO	NPARTISAN
SECTION II. CONTRIBUTI						
Date Received	Contributor Name					
07/20/2022	EDWARD HA				A	A
Address (Number and Stree	,				Aggregate Amount	Amount
589 TILDEN AVE, TEANEC	K, NJ 07666				Description if In Kind	\$10.00
Occupation (If Individual)		Receipt	CHECK		Description, if In-Kind	Contribution
Employer Name and Mailing	Address (If Individual)	Type			-	
Employer Name and Mailing	Address (II IIIdividdai)					
Date Received	Contributor Name					
09/07/2022	EDWARD HA					
Address (Number and Stree					Aggregate Amount	Amount
589 TILDEN AVE, TEANEC	K, NJ 07666				\$110.00	\$100.00
Occupation (If Individual)		Receipt	CHECK		Description, if In-Kind	Contribution
Employer Name and Mailing	Address (If Individual)	Туре	CHLOR			
Employer Name and Mailing	a Address (II Individual)					
Date Received	Contributor Name					
09/12/2022	EDWARD HA					
Address (Number and Stree	t, City, State, Zip Code)				Aggregate Amount	Amount
589 TILDEN AVE, TEANEC	K, NJ 07666				\$3,110.00	\$3,000.00
Occupation (If Individual)		Receipt	CLIECK		Description, if In-Kind	Contribution
		Туре	CHECK			
Employer Name and Mailing	g Address (If Individual)					
					Total This Page	÷ \$3,110.00
					Grand Total	÷ \$3,495.00
Registration Number	*****		PIN	****		
5						
Candidate or Treasurer	CRISTA E TIBOLDO		Date	10/28/2022		
and the Caldblad Manageral	and an in conflict of Dominion Co. N.	10 4 47 44 4 4				and the description of the Comme

Page 1 of 4

Date Receiv	ved	Contributor Name				
10/09/2022		EDWARD HA				
Address (Nu	umber and Street	, City, State, Zip Code)			Aggregate Amount	Amount
	N AVE, TEANEC	K, NJ 07666			\$3,495.00	\$385.00
Occupation	(If Individual)		Receipt		Description, if In-Kind Co	ontribution
Employer N	ame and Mailing	Address (If Individual)	— Туре			
Date Receiv	ved	Contributor Name				
Address (N	umber and Street	t, City, State, Zip Code)			Aggregate Amount	Amount
Occupation	(If Individual)		Receipt		Description, if In-Kind Co	ontribution
Employer N	ame and Mailing	Address (If Individual)	— Туре			
Date Receiv	ved	Contributor Name				
Address (Nu	umber and Street	, City, State, Zip Code)			Aggregate Amount	Amount
Occupation	(If Individual)		Receipt Type		Description, if In-Kind Co	ontribution
Employer N	ame and Mailing	Address (If Individual)				
Date Receiv	ved	Contributor Name				
Address (No	umber and Street	, City, State, Zip Code)			Aggregate Amount	Amount
	(If Individual)		Receipt Type		Description, if In-Kind Co	ontribution
Employer N	ame and Mailing	Address (If Individual)				
Date Receiv		Contributor Name				
		, City, State, Zip Code)			Aggregate Amount	Amount
Occupation	(If Individual)		Receipt		Description, if In-Kind Co	ontribution
Employer N	ame and Mailing	Address (If Individual)	— Туре			
Date Receiv	ved	Contributor Name				
Address (No	umber and Street	, City, State, Zip Code)			Aggregate Amount	Amount
	(If Individual)		Receipt Type		Description, if In-Kind Co	ontribution
Employer N	ame and Mailing	Address (If Individual)	— rype			
Date Receiv	ved	Contributor Name				
		, City, State, Zip Code)			Aggregate Amount	Amount
	(If Individual)		Receipt Type		Description, if In-Kind Co	ontribution
Employer N	ame and Mailing	Address (If Individual)				
	-				Total This Page:	\$385.00
					Grand Total:	\$3,495.00
New Jersev Elec	tion Law Enforce	ment Commission		Page 2 of 4	sF	Form C-1SBa Revised Oct 2022

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
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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
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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:	\$3,495.00
Jersey Election Law Enforcemen	nt Commission		Page 3 of 4	\$	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 (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 (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 (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 (Contribution
Employer Name and Mailing Ad	ddress (If Individual)	_ Type			
Date Received C	Contributor Name				<u> </u>
Address (Number and Street, C	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		Receipt		Description, if In-Kind (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 (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 (Contribution
Employer Name and Mailing Ad	ddress (If Individual)	- Type			
				Total This Page:	
				Grand Total:	\$3,495.00
Jersey Election Law Enforcement	ent Commission	Pa	ge 4 of 4		sForm C-1SBa Revised Oct.