| FORM R-3 | | | |
|---|---|---------------------------------|------------------|
| RECEIPTS AND EXPENDITURES QUAINEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P.O. BOX 185, TRENTON, NJ 08626-0165 | RTERLY REPORT | FOR STAT | TE USE ONLY |
| PLEASE TYPE OR PRINT COMMITTEE NAME OR APPROVED ACRONYM | | FLEC ب | RECEIVED |
| UNION CITY FIRST, INC | | | |
| ADDRESS (number and street) CHECK IF DIFFERENT P.O. BOX 873 | THAN PREVIOUSLY REPORTED | APR | 1 7 2018 |
| CITY, STATE AND ZIP CODE | | ELEC IDENTIFICATION NUMBER | |
| UNION CITY, NEW JERSEY 07087 | -1 Imple 1- | H 09160001f1Q2018 | |
| CPC X PPC | CHECK IF: | X APR JUL | OCT JAN |
| | FIRST REPORT FILED | 15 16 YEAR 2018 | 15 15 |
| Do not attempt to complete the "Depository Information" or the "Net Financial | Summary" until the appropriate schedules have be- | | |
| DEPOSITORY INFORMAT | | COLUMN A | COLUMN B |
| FROM | THROUGH | O O E O MOTA | CALENDAR |
| PERIOD COVERED 01/01/20 | 018 03/31/2018 | THIS REPORT | YEAR-TO-DATE |
| 1. CASH ON HAND, JANUARY 1, 2018 | | | 1,509.20 |
| 2. CASH ON HAND, BEGINNING OF REPORTING PERIO | ·D | 1,509.26 | |
| 3. MONETARY RECEIPTS | (+) | 432,723.00 | 432,723.00 |
| 4. SUBTOTAL | | 434,232,26 | 434,232.26 |
| 5. MONETARY EXPENDITURES | (-) | 387,446.55 | |
| 6. CASH ON HAND, CLOSE OF REPORTING | | 46,785.71 | 46,785.71 |
| NET F | INANCIAL SUMMARY | | |
| 7 CASH ON HAND, CLOSE OF REPORTING PERIOD | | | 46,785,71 |
| 8. DEBT OWED TO COMMITTEE | | (+) | 0.00 |
| 9. SUBTOTAL | | , , | |
| 10. DEBT OWED BY COMMITTEE | · | | 46,785.71 |
| 11. TOTAL (Net Worth) | | (-) | 158,695.00 |
| | | | (111,909.29) |
| | TREASURER'S CERTIFICA | | |
| i certify that the statements on this document are tru | | | |
| limitations designated by law. I am aware that if any | of the statements are willfully faise, i | i may be subject to punishment. | 1 / |
| 4/15/18 ANGELO CALIENTE | | / Mulli | |
| DATE PRINT NAM | WE / | SIGNAT | rure |
| 103 POPLAR AVENUE | | 973-632-5858 | |
| ADDRES | s | *(AREA CODE) DAY TE | LEPHONE NUMBER |
| POMPTON LAKES, NJ 07442 | | 973-632-5858 | |
| | - | *(AREA CODE) EVENING | TELEPHONE NUMBER |

Do not attempt to complete Tables I and II until the appropriate schedules have been completed.

| | TABLE I RECEIPTS | COLUMN A | COLUMN B |
|-------|--|-------------|----------------------------|
| | MONETARY RECEIPTS | THIS REPORT | CALENDAR |
| 1 | CONTRIBUTIONS, \$300 OR LESS | 175,363.00 | YEAR-TO-DATE 175,363.00 |
| 2 | CONTRIBUTIONS, MORE THAN \$300 | 257,360.00 | 257,360.00 |
| 3 | TOTAL (Add lines 1 and 2) | 432,723.00 | 432,723.00 |
| 4 | REFUND OF EXCESS CONTRIBUTIONS (-) | 102,120.00 | 102,120.00 |
| | (ADJUSTMENT SCHEDULE) | 0.00 | 0.00 |
| 5 | SUBTOTAL (Subtract line 4 from line 3) | 432,723.00 | 432,723.00 |
| | OTHER RECEIPTS | | |
| 6 | REIMBURSEMENTS / REFUNDS | 0.00 | 0.00 |
| 7 | DIVIDENDS / INTEREST | 0.00 | 0.00 |
| 8 | LOANS RECEIVED BY COMMITTEE, \$300 OR LESS | 0.00 | 0.00 |
| 9 | LOANS RECEIVED BY COMMITTEE, MORE THAN \$300 | 0.00 | 0.00 |
| 10 | TOTAL MONETARY RECEIPTS (Add lines 5 through 9) | 432,723.00 | 432,723.00 |
| 11 | IN-KIND CONTRIBUTIONS, \$300 OR LESS | 0.00 | 0.00 |
| 12 | IN-KIND CONTRIBUTIONS, MORE THAN \$300 | 0.00 | 00,0 |
| 13 | GROSS RECEIPTS (Add lines 10,11 and 12) | 432,723.00 | 432,723.00 |
| | TABLE II EXPENDITURES | | |
| 14 | OPERATING DISBURSEMENTS | 353,046.55 | 353,046.55 |
| | CONTRIBUTIONS (FROM THIS COMMITTEE) TO: | | |
| 15 a. | NJ GUBERNATORIAL CANDIDATES / COMMITTEES | 0.00 | 0.00 |
| ъ. | NJ LEGISLATIVE CANDIDATES / COMMITTEES | 0.00 | 0.00 |
| c. | ALL OTHER CANDIDATES / COMMITTEES | 0.00 | 0.00 |
| | EXPENDITURES MADE ON BEHALF OF: | | |
| 16 a. | NJ GUBERNATORIAL CANDIDATES / COMMITTEES | 0.00 | 0.00 |
| Ъ. | NJ LEGISLATIVE CANDIDATES / COMMITTEES | 0.00 | 0.00 |
| c. | ALL OTHER CANDIDATES / COMMITTEES | 34,400.00 | 34,400.00 |
| 17 | LOAN PAYMENTS | 0.00 | 0.00 |
| 18 | TOTAL MONETARY EXPENDITURES | | |
| | (Add lines 14 through 17) | 387,446.55 | 387,446.55 |
| 19 | IN-KIND CONTRIBUTIONS, \$300 OR LESS | 0.00 | 0.00 |
| 20 | IN-KIND CONTRIBUTIONS, MORE THAN \$300 | 0.00 | 0.00 |
| 21 | GROSS EXPENDITURES (Add lines 18 through and 20) ection Law Enforcement Commission PAGE 2 | 387,446.55 | 387,446.55 FORM R-3 |

| | DEPOSITORY ST | UMMARY | | | |
|--|--|-----------------------------|--|--|--|
| | PIES MAY BE USED IF ADDITIONAL FORMS | ARE NEEDED. | | | |
| COMMITTEE NAME: UNION | CITY FIRST, INC. | | | | |
| 4 3// 2/20 0.5 10 10 10 10 10 10 10 10 10 10 10 10 10 | BANK ACCOUNT INF | | | | |
| 1. NAME OF BANK VALLEY NATIONA | AL BANK | (ARBA CODE) TE | LEPHONÉ NUMBER | | |
| MAILING ADDRESS 20 - 24 FAIRLAWN | AVENUE | | | | |
| CITY, STATE, ZIP CODE | | | | | |
| FAIRLAWN, NJ 074 | 9 E V | ACCOUNT NUM | DED | | |
| UNION CITY FIRST | Γ, INC | 4154318 | | | |
| opening balance this period 1,358.14 | CLOSE THE PROPERTY OF THE PROP | | | | |
| | n one bank account within the same | bank, the name(s) and accor | int number(s) | | |
| of the additional account(s) m ACCOUNT NAME | ust be provided. | A COOKING NUMBER | | | |
| ACCOUNT NAME | | ACCOUNT NUMBER | | | |
| OPENING BALANCE THIS PERIOD | DEPOSITS THIS PERIOD | DISBURSEMENTS THIS PERIOD | CLOSING BALANCE THIS PERIOD | | |
| 2. NAME OF BANK | | (AREA CODE) TE | LEPHONE NUMBER | | |
| MAILING ADDRESS | | | | | |
| CITY, STATE, ZIP CODE | <u>,</u> | | | | |
| ACCOUNT NAME | | ACCOUNT NUM | BER | | |
| OPENING BALANCE THIS PERIOD | DEPOSITS THIS PERIOD | DISBURSEMENTS THIS PERIOD | CLOSING BALANCE THIS PERIOD | | |
| of the additional account(s) m | n one bank account within the same lust be provided. | | int number(s) | | |
| ACCOUNT NAME | | ACCOUNT NUMBER | | | |
| OPENING BALANCE THIS PERIOD | DEPOSITS THIS PERIOD | DISBURSEMENTS THIS PERIOD | CLOSING BALANCE THIS PERIOD | | |
| | OTHER ASSE | | | | |
| Other than the bank account(s) listed abo | ve, does this committee hold any of the following | (please X); | | | |
| Investment Institution N | Money Market Account | Bonds | | | |
| Certificate of Deposit (| | Stocks | | | |
| Mutual Fund Account | | Real Prope | erty | | |
| Other (please specify) | | <u> </u> | | | |
| For each item checked ("X") above (ather property is held, contact the Commission, | than real property), please complete the following | g information. If real | | | |
| I. NAME OF DEPOSITORY OR ISSUES | , | (AREA CODE) TEI | LEPHONE NUMBER | | |
| MAILING ADDRESS | | | | | |
| CITY, STATE, ZIP CODE | | | | | |
| ACCOUNT NAME | ,, | ACCOUNT NUMB | 77 | | |
| | | ACCOUNT NUMB | THE STATE OF THE S | | |
| TYPE OF ASSET MONEY MARKET C. D. | MUTUAL FUND BONDS | STOCKS OTHER (specif | | | |
| VALUE OF ASSET AT PURCHASE, IF APPLICA | | | y) | | |
| OPENING BALANCE THIS PERIOD | DEPOSITS THIS PERIOD | DISBURSEMENTS THIS PERIOD | CLOSING BALANCE THIS PERIOD | | |
| | <u> </u> | | | | |

| | DEPOSITORY S | UMMARY | |
|--|--|---|------------------------------------|
| PLEASE TYPE OR PRINT. PHOTOCOPIES MA | Y BE USED IF ADDITIONAL FORM | S ARE NEEDED, | |
| COMMITTEE NAME: UNION CITY I | | | |
| 1. NAME OF BANK | BANK ACCOUNT IN | · | |
| ORITANI SAVINGS BANK | K | | ELEPHONE NUMBER |
| MAILING ADDRESS | | (201) 330-24 | 122 |
| 370 PASCACK ROAD | | | |
| CITY, STATE, ZIP CODE | | , | |
| WASHINGTON TOWNSH ACCOUNT NAME | IIP, NJ 07676 | | |
| UNION CITY FIRST, INC. | <u> </u> | ACCOUNT NUM 032-9001 | |
| OPENING BALANCE THIS PERIOD 151.12 | DEPOSITS THIS PERIOD 0.00 | DISBURSEMENTS THIS PERIOD 0.00 | CLOSING BALANCE THIS PERIOD 151.12 |
| If the committee has more than one b | ank account within the same | bank, the name(s) and acco | unt number(s) |
| of the additional account(s) must be | provided. | , | |
| ACCOUNT NAME | - | ACCOUNT NUMBER | |
| OPENING BALANCE THIS PERIOD | DEPOSITS THIS PERIOD | DISBURSEMENTS THIS PERIOD | CLOSING BALANCE THIS PERIOD |
| 2. NAME OF BANK | | (AREA CODE) TI | LEPHONE NUMBER |
| MAILING ADDRESS | | | |
| CITY, STATE, ZIP CODE | | <u> </u> | |
| ACCOUNT NAME | | ACCOUNT NUM | BER |
| OPENING BALANCE THIS PERIOD | DEPOSITS THIS PERIOD | DISBURSEMENTS THIS PERIOD | CLOSING BALANCE THIS PERIOD |
| If the committee has more than one b | ank account within the some | bonk the neme(s) and sees | |
| of the additional account(s) must be p | provided | nauk, the name(s) and acco | unt number(s) |
| ACCOUNT NAME | | ACCOUNT NUMBER | |
| OPENING BALANCE THIS PERIOD | DEPOSITS THIS PERIOD | | |
| | | DISBURSEMENTS THIS PERIOD | CLOSING BALANCE THIS PERIOD |
| Other than the bank account(s) listed above, does the | OTHER ASSI | (please Y). | |
| Investment Institution Money N | | Bonds | |
| Certificate of Deposit (C. D.) | | Stocks | |
| Mutual Fund Account | | | |
| | | Real Prop | erty |
| Other (please specify) | | | |
| For each item checked ("X") above (other than real property is held, contact the Commission. | property), please complete the following | ng information. If real | |
| 1. NAME OF DEPOSITORY OR ISSUER | | (AREA CODE) TE | LEPHONE NUMBER |
| MAILING ADDRESS | | | <u> </u> |
| CTTY, STATE, ZIP CODE | - | <u> </u> | |
| ACCOUNT NAME | <u> </u> | ACCOUNT NUME | BER |
| TYPE OF ASSET | | | <u> </u> |
| MONEY MARKET C. D. MU | TUAL FUND BONDS | STOCKS OTHER (specif | (у) |
| VALUE OF ASSET AT PURCHASE, IF APPLICABLE | DATE OF MATURIT | Y, IF APPLICABLE. | |
| OPENING BALANCE THIS PERIOD | DEPOSITS THIS PERIOD | DISBURSEMENTS THIS PERIOD | CLOSING BALANCE THIS PERIOD |
| New Jersey Election Law Enforcement Commission | · | PAGE 3- | FORM R.3 |

FORM R-3

| ITEMIZED RECEIPTS (OT | HER THAN LOANS) | SCHEDULE A | Page No. | 1 of 54 |
|---|------------------------------------|---|------------------------------|--------------------------------|
| PLEASE TY | PE OR PRINT, PHOTOCOPIES MAY | Y BE USED IF ADDITIONAL FO | RMS ARE NEEDED. | |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TY | TE AND EACH SEPARATE ACCOUNT.) | , | | |
| X MONETARY DY-K | IND CONTRIBUTIONS- | REIMBURSEMENTS/ | | DIVIDENDS/ |
| 1 1 | ENDITURES MADE BY OTHERS | REFUNDS OF DISBURSEMENT | S | INTEREST |
| | | | • | 177 0.1337 |
| COMMITTEE NAME: UNION CITY FIRS | ST, INC. | | | |
| ACCOUNT NAME AND NUMBER: UNION O | TITY FIRST, INC. AC# 41543 | 181 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | III-II |
| NELSON LOPEZ | | 528 26TH STREET #1A | | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COL | DE) | |
| REALESTATE | | UNION CITY, NJ 07087 | | |
| EMPLOYER NAMÉ | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| 17TH & WEST STREET LLC | | <u>-</u> | THIS PERIOD | THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) 528 - 26TH STREET SUITE 1A | | | | |
| (CITY, STATE AND ZIP CODE) | ******* | | \dashv | |
| UNION CITY, NJ 07087 | | | 3/19/2018 | 4,800.00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | — | 7,000.00 |
| | | 4,800.00 | | |
| | | | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| AIM INC OCCUPATION | STATE USE ONLY | 3 CRESCENT CT | NT) | |
| REAL ESTATE | SIXIE OSE ONLI | (CITY, STATE AND ZIP COL FORT LEE, NJ 07024 | <i>(</i> C) | |
| EMPLOYER NAME | | [PORT LEE, NJ 07024 | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| | | | THIS PERIOD | THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | /\dagger | | j |
| ACTURE OF THE AREA STORY | | . , | ~ | |
| (CITY, STATE AND ZIP CODE) | | | 2 10 10 0 1 0 | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | — ^{3/9/2018} | 1,000.00 |
| | | 1,000.00 | | |
| | | 11,000.00 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| ALDIN TRANSPORTATION INC | | 541-543 TOTOWA AVE | | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COE | E) | |
| EMPLOYER NAME | | PATERSON, NJ 07522 | | |
| EVILU I ER NAME | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECRIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | | | |
| | | | | |
| (CITY, STATE AND ZIP CODE) | | | 3/16/2018 | 500,00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 377072016 | 300,00 |
| | | 500.00 | | |
| CONTRACTOR | | | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| ALEJANDRO VELAZQUEZ OCCUPATION | STATE USE ONLY | 300 45TH ST 9G (CTTY, STATE AND ZIP COD | | |
| HEALTH DEPARTMENT | STATE OSB ONE! | UNION CITY, NJ 07107 |)E) | |
| EMPLOYER NAME | | DNOT CITT, IS 67167 | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| CITY OF UNION CITY | | | THIS PERIOD | THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | | | |
| 3715 PALISADE | ···· | | | |
| (CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07091 RECEIPT DESCRIPTION (IF IN-KIND) | | LACORCA ARRANGA DE TRANSPORTA | 3/13/2018 | 1,000.00 |
| ALLE A DESCRIPTION (IF IN-MIND) | | AGGREGATE YEAR-TO-DATE | | |
| LSUBTOTAL (Add all receipts | s listed on this nage 1 | 11,000.00 | | 7,300.00 |
| 2.TOTAL RECEIPTS, THIS PE | 121 | ast page used for | | 7,500.00 |
| | d to applicable line on Page 2, Co | | | |

| TTEMIZED RECEIPTS (OTH | ER THAN LOANS) | SCHEDULE A | Page No. | 2 of 54 |
|---|---|--|---------------------------------|--------------------------------|
| PLEASE TYPE | OR PRINT. PHOTOCOPIES MA | AY BE USED IF ADDITIONAL F | ORMS ARE NEEDED. | <u> </u> |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE. | AND EACH SEPARATE ACCOUNT.) | · · · · · · · · · · · · · · · · · · · | | |
| X MONETARY IN-KIND | CONTRIBUTIONS- | | | |
| 9 / | ITURES MADE BY OTHERS | Reimbursements/ Refunds of disburseme) | NTS | DIVIDENDS/ |
| COMMETTER MANCE | | | | INTEREST |
| COMMITTEE NAME: UNION CITY FIRST, | INC. | | | |
| ACCOUNT NAME AND NUMBER: UNION CIT | Y FIRST, INC. AC# 41543 | 3191 | · | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| ALEXANDER DIAZ OCCUPATION | | 416 CUPSAN DRIVE | | |
| DIRECTOR OF OUTREACH PROGRAMS | STATE USE ONLY | (CITY, STATE AND ZIP CO | , | |
| EMPLOYER NAME | | RINGWOOD, NJ 07456 | | |
| GERGEN TAC | | _ | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| BMPLOYER ADDRESS (NUMBER AND STREET) 416 CUPSAN DRIVE | | <u> </u> | | |
| (CITY, STATE AND ZIP CODE) | | | | |
| RINGWOOD, NJ 07456 | | | 3/13/2018 | ran an |
| RECEIPT DESCRIPTION (IF IN-KIND) | · · · · · · · · · · · · · · · · · · · | AGGREGATE YEAR-TO-DATE | | 600.00 |
| | | 600,00 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTION ADDRESS | AUIMANDALIA | |
| ALEXIS TAVARES | | CONTRIBUTOR ADDRESS 4705 BERGEN LINE AV | | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP CO | | |
| TEACHER EMPLOYER NAME | | UNION CITY, NJ 07087 | | |
| UC HIGH SCHOOL | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | · | | THIS PERIOD |
| 2500 John Fitzgerald Kennedy Blvd (CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 2/27/2018 | 400,00 |
| | | 400.00 | | |
| CONTRIBUTOR NAME | | | | |
| ALI M JALUD | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | 230 72 ST (CITY, STATE AND ZIP COD |)B) | |
| TEACHER | | WEST BERGEN, NJ 0704 | | |
| EMPLOYER NAME UCBOE | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| 3912 BERGEN TURNPIKE | | | | |
| (CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 RECEIPT DESCRIPTION (IF IN-KIND) | | | 2/20/2018 | 350,00 |
| | | AGGREGATE YEAR-TO-DATE 350,00 | | |
| | | 330,00 | <u></u> | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (1 | NUMBER AND STREET) | <u></u> |
| ALPHABETS INC OCCUPATION | City 4 True (10 th drawn) | 1619 WEST ST | | |
| | STATE USE ONLY | (CITY, STATE AND ZIP COD UNION CITY, NJ 07087 | E) | |
| MPLOYER NAME | | ONION CI. 1 , NJ 0/08/ | DATE(S) RECEIVED | A MOVE BUILDING TO THE |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| MA LOTER ADDRESS (NOMBER AND STREET) | | " | | |
| CITY, STATE AND ZIP CODE) | | · . | - | [|
| | | _ | 3/22/2018 | 500.00 |
| ECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 7 | 300,00 |
| 1.SUBTOTAL (Add all receipts liste | ed on this | 500.00 | | |
| 2.TOTAL RECEIPTS, THIS PERIOD | o on this page) (Complete this line on the le | et nage weed for | | 1,850.00 |
| each receipt type. Carry forward to | applicable line on Page 2. Cal- | or page useu 101 umn A.) | | 1 |

| ITEMIZED RECEIPT | S (OTHER) | TITABLE CLARKS | | | |
|--|---------------------|---------------------------------------|--|------------------------------|--------------------|
| TIEMIZED RECEIF I | SOTHER | THAN LUANS) | SCHEDULE A | Page No. | 3 of 54 |
| | LEASE TYPE OR P | RINT. PHOTOCOPIES MA | Y BE USED IF ADDITIONAL FO | ORMS ARE NEEDED. | |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" (| OR EACH TYPE AND EA | CH SEPARATE ACCOUNT.) | · · · · · · · · · · · · · · · · · · · | <u> </u> | ··· <u>·</u> |
| X MONETARY | | | | | |
| CONTRIBUTIONS | in-kind contr | MADE BY OTHERS | REIMBURSEMENTS/ | | DIVIDENDS/ |
| | | - The birth of the same | REFUNDS OF DISBURSEMEN | VTS. | INTEREST |
| COMMITTEE NAME: UNION C | ITY FIRST, INC. | | | | |
| ACCOUNT NAME AND STRATE | | | ···· | <u> </u> | <u> </u> |
| ACCOUNT NAME AND NUMBER: | UNION CITY FI | | | | |
| AMERICAN FIRE & SAFETY EQUI | P CO INC | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| OCCUPATION | 2 00 210 | STATE USE ONLY | PO BOX 3048 (CITY, STATE AND ZIP CO. | DR) | |
| FIRE EQUIPMENT TECH | | | GUTTENBERG, NJ 070 | • | |
| EMPLOYER NAME | - | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| AMERICAN FIRE & SAFETY EQUI EMPLOYER ADDRESS (NUMBER AND STRI | P CO INC | | | THIS PERIOD | THIS PERIOD |
| PO BOX 3048 | 201) | | | | |
| (CITY, STATE AND ZIP CODB) | | | | | |
| GUTTENBERG, NJ 07093 | | | | 2/23/2018 | 1.250.00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | | AGGREGATE YEAR-TO-DATE | | 1,250,00 |
| | | | 1,250.00 | | |
| CONTRIBUTOR NAME | | STATE OF STATE | | | |
| ANA FESTA | | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| OCCUPATION | | STATE USE ONLY | I6 COTTAGE AVE (CITY, STATE AND ZIP COI | <u></u> | |
| ADMINISTRATOR | | <u></u> | MONTALVE, NJ 07645 | JE; | |
| EMPLOYER NAME | , | <u></u> . | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| CITY OF UNION CITY EMPLOYER ADDRESS (NUMBER AND STRE | PT1 | | <u> </u> | THIS PERIOD | THIS PERIOD |
| 3715 PALISADE AVE | E1) | | | | |
| (CITY, STATE AND ZIP CODE) | | | | _ | |
| UNION CITY, NJ 07087 | | | | 3/17/2018 | 1.500.00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | | AGOREGATE YEAR-TO-DATE | 31172015 | 1,500.00 |
| | | | 1,500,00 | | <u> </u> |
| CONTRIBUTOR NAME | | STATE USE ONLY | CONTENTE TOO A DEPOS O | | |
| ANA VALLE | | STATE COL ONLY | CONTRIBUTOR ADDRESS (1 | NUMBER AND STREET) | |
| OCCUPATION | | STATE USE ONLY | (CITY, STATE AND ZIP COD | DE) | |
| SUPERVISOR EMPLOYER NAME | | | RIDGEFIELD, NJ 07657 | • | |
| UCBOE | | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET | | | | THIS PERIOD | THIS PERIOD |
| 3912 BERGEN TURNPIKE | • | | | | |
| (CITY, STATE AND ZIP CODE) | | <u> </u> | | \dashv | |
| UNION CITY, NJ 07087 RECEIPT DESCRIPTION (IF IN-KIND) | | | | 3/21/2018 | 1,000.00 |
| TODOCKITION (IF IN-KIND) | | | AGOREGATE YEAR-TO-DATE | | 1,000.00 |
| | | | 1,000,00 | | |
| ONTRIBUTOR NAME | | STATE USE ONLY | CONTRIBUTOR ADDRESS (N | HMRER AND STORETS | |
| ANA YGLESIAS-LIBERATORE | | | 43 DUER PLACE WEE | OMOBICAND STREET) | |
| CCUPATION TEACHER | | STATE USB ONLY | (CITY, STATE AND ZIP CODI | E) | 1 |
| MPLOYER NAME | | <u> </u> | UNION CITY, NJ 07087 | | |
| UCBOE | | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREE | T) | | | - I HIS PERIOD | THIS PERIOD |
| 3912 BERGEN TURNPIKE | | · · · · · · · · · · · · · · · · · · · | | 1 | |
| CITY, STATE AND ZIP CODE) UNION CITY, NJ 07087 | | | | 7 | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | | <u> </u> | 3/22/2018 | 1,000.00 |
| and the second | | | AGGREGATE YEAR-TO-DATE | | |
| 1,SUBTOTAL (Add all | receipts listed on | (bis page) | 1,000.00 | | |
| 2.TOTAL RECEIPTS, TH | US PERIOD (Cor | nplete this line on the las | st page used for | | 4,750.00 |
| each receipt type. Carry | forward to applic | able line on Page 2, Colu | ımn A.) | | |

| ITEMIZED RECEIPTS (| OTHER THAN LOANS) | SCHEDULE A | Page No. | 4 of 54 |
|---|---|---|---------------------------------|--|
| PLEA | SE TYPE OR PRINT. PHOTOCOPIES MA | Y BE USED IF ADDITIONAL FO | ORMS ARE NEEDED. | |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EA | CH TYPE AND EACH SEPARATE ACCOUNT.) | | | ······································ |
| X MONETARY | IN-KIND CONTRIBUTIONS- | | | r— |
| CONTRIBUTIONS | EXPENDITURES MADE BY OTHERS | REIMBURSEMENTS/ REFUNDS OF DISBURSEMEN | vrs | DIVIDENDS/ INTEREST |
| COMMITTEE NAME: UNION CITY | TITO D. T. | | | [NIEKES! |
| COMMITTEE NAME: UNION CITY | FIRST, INC. | | | |
| ACCOUNT NAME AND NUMBER: UNIO | ON CITY FIRST, INC. AC# 41543 | 181 | <u> </u> | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| ANDY GARCIA OCCUPATION | STATE USE ONLY | 216 NORTH STREET | | · |
| SELF EMPLOYED | STATE DE CALL | (CITY, STATE AND ZIP CO JERSEY CITY, NJ 0730 | • | |
| EMPLOYER NAME | | P-04027 0711,10 0750 | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| JEG ENTERPRISES EMPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| 800 KENNEDY BLDV | | | | |
| (CITY, STATE AND ZIP CODE) | - | | | ļ |
| UNION CITY, N) 07087 RECEIPT DESCRIPTION (IF IN-KIND) | | | 2/13/2018 | 1,250.0 |
| (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | |
| | | 1,250.00 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| ANGELA OTTOMANELLO-MEDINA OCCUPATION | | 317 6TH ST | <u> </u> | |
| SUPERVISOR | STATE USE ONLY | (CITY, STATE AND ZIP CO | DÉ) | |
| EMPLOYER NAME | | UNION CITY, NJ 07088 | DATE(S) RECEIVED | A CONTRACT DEPOSITS AND |
| UCBOE EMPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| 3912 BERGEN TURNPIKE | | | | |
| (CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | 2/28/2018 | 1,200.00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | · · · · · | AGGREGATE YEAR-TO-DATE | | 1,200.0 |
| | | | <u> </u> | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | · · · · · · · · · · · · · · · · · · · |
| ANGELO SERVIDIO OCCUPATION | | 600 HARBOR BLDV UN | TT 1077 | |
| ATTORNEY | STATE USE ONLY | (CITY, STATE AND ZIP COL | , | |
| EMPLOYER NAME | | WEEHAWKEN, NJ 0708 | DATE(S) RECEIVED | |
| ANGELO SERVIDIO ATTORNEY AT LA | <u> </u> | | THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) 405 CENTRE ST | | | | |
| (CITY, STATE AND ZIP CODE) | | | _ | |
| NUTLEY, NJ 07110 | | | 3/3/2018 | 5,000.00 |
| ECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | 5,000.00 |
| <u> </u> | | 5,000.00 | | |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NIJMRER AND STREETS | |
| ANNETTE CHAPARRO CCUPATION | | PO BOX 610 | NOW DEAL AND STREET) | |
| ASSEMBLYWOMAN | STATE USE ONLY | (CITY, STATE AND ZIP COD | E) | |
| MPLOYER NAME | | HOBOKEN, NJ 07030 | - | |
| AND OVER A PROPERTY. | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | _ | |
| CITY, STATE AND ZIP CODE) | | | _ | |
| HOMING BEACH | | | 3/22/2018 | 1,250,00 |
| ECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | 1,230,00 |
| 1.SUBTOTAL (Add all recei | nts listed on this name \ | 1,250.00 | <u> </u> | |
| 2.TOTAL RECEIPTS, THIS I | PERIOD (Complete this line on the last | st name used for | | 8,700.00 |
| each receipt type, Carry form | vard to applicable line on Page 2. Colu | o page useu 101 | | |

| ITEMIZED RECEIPTS (OTHE | R THAN LOANS) | SCHEDULE A | Page No. | 5 of 54 |
|--|--|--|--|------------------------|
| PLEASE TYPE O | R PRINT, PROTOCOPIES MA | Y BE USED IF ADDITIONAL FO | RMS ARE NEEDED. | |
| receipt type (use a separate "schedule a" for each type an | D BACH SEPARATE ACCOUNT.) | | | |
| X MONETARY IN-KIND CO | NATES HELFETONS | W. F. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | | <u> </u> |
| | ONTRIBUTIONS- DRES MADE BY OTHERS | REIMBURSEMENTS/ REFUNDS OF DISBURSEMENT | rs | DIVIDENDS/ INTEREST |
| SOLUTION DATE SHOULD | L CARROLL OF CHERO | ACTUMES OF DISBUIGEMENT | ۵ | INTEXEST |
| COMMITTEE NAME: UNION CITY FIRST, II | NC. | | | ~ |
| | | | | |
| ACCOUNT NAME AND NUMBER: UNION CITY CONTRIBUTOR NAME | | | | |
| ANNETTE KAPLAN | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COD | DE) | |
| PRINCIPAL | | UNION CITY, NJ 07090 | / | |
| EMPLOYER NAME | **** | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| UCBOE | | | THIS PERIOD | THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) 3912 BERGEN TURNPIKE | | | | |
| (CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | 3/20/2018 | 500.00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | 300.00 |
| | <u>.</u> | 500.00 | | |
| CONTRIBUTOR NAME | AM a grad b tomas man are a | (A) the second s | | |
| ANTHONY FELIX | STATE USE ONLY | CONTRIBUTOR ADDRESS () 121 DODD ST | NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COD | DE) | |
| MANAGER | | WEEHAWKEN, NJ 07086 | • | |
| EMPLOYER NAME | | , | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| ART 2 INK | | | THIS PERIOD | THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) 2295 A POWELL BLVD | | | | |
| (CITY, STATE AND ZIP CODE) | | · | | |
| NEW YORK, NY 10030 | | | 3/19/2018 | 1,250,00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | 1,250,00 |
| | · | 1,250,00 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | ONTENDATED ANDRESS | | |
| ANTHONY SNARSKI | STATE USE ONLY | CONTRIBUTOR ADDRESS (1 1223 BERGENLINE AVE | • | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COD | · | |
| ASSISTANT PRINCIPAL | | UNION CITY, NJ 07087 | , | |
| EMPLOYER NAME | _ | - | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| UCBOE EMPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| 3912 BERGEN TURNPIKE | | | | |
| (CITY, STATE AND ZIP CODS) | | <u> </u> | \dashv | |
| UNION CITY, NJ 07087 | | | 3/19/2018 | 1,250.00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | ' | AUGREGATE YEAR-TO-DATE | <u>`</u> | |
| | | 1,250.00 | | ! |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS () | NUMBER AND STREET | <u> </u> |
| ANTONIO IBARRIA | | 6050 BLVD EAST APT 50 | • | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COD | | <u> </u> |
| OWNER | | WEST NEW YORK, NJ 0 | 7093 | |
| EMPLOYER NAME | | | DATE(\$) RECEIVED | AMOUNT(S) RECEIVED |
| USA DISTRIBUTORS INC. DBA EL ESPECIAL EMPLOYER ADDRESS (NUMBER AND STREET) | · | | THIS PERIOD | THIS PERIOD |
| 3711 HUDSON AVENUE | | | | |
| (CITY, STATE AND ZIP CODE) | | | \dashv | |
| UNION CITY, NJ 07087 | <u>. </u> | | 3/15/2018 | 3,000,00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | |
| 1 SIRTOTAL (Add an accept water | d on this | 3,000.00 | | |
| 1.SUBTOTAL (Add all receipts liste 2.TOTAL RECEIPTS, THIS PERIOR | | ast nate used for | <u>. </u> | 6,000.00 |
| each receipt type. Carry forward to a | · • | , • | | |

| TEMIZED RECEIPTS (| (OTHER THAN LOANS) | SCHEDULE A | Page No. | 6 of 54 |
|--|--|--|---------------------------------------|---------------------------------------|
| PLEA | SE TYPE OR PRINT. PHOTOCOPIES MAY | Y BE USED IF ADDITIONAL FO | ORMS ARE NEEDED. | |
| receipt type (use a separate "schedule a" for e | 77-7-14 | | | |
| X MONETARY | IN-KIND CONTRIBUTIONS- | REIMBURSEMENTS/ | | |
| CONTRIBUTIONS | EXPENDITURES MADE BY OTHERS | REFUNDS OF DISBURSEMEN | TS | DIVIDENDS/ |
| | | | | INTEREST |
| COMMITTEE NAME: UNION CITY | FIRST, INC. | | | |
| ACCOUNT NAME AND NUMBER: UNI | ON Chry Prince 1910 A CH 1940 | 404 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NII MADED AND CUDENT) | |
| ANTONIO PEREZ | 5.77.2 055 5,001 | 408 43RD ST | (NOMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COI | DE) | · |
| RETIRED | | UNION CITY, NJ 07087 | | |
| EMPLOYER NAME | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | V **** | THIS PERIOD | THIS PERIOD |
| om oo i sici marinas (marinas si (naci) | | | | |
| (CITY, STATE AND ZIP CODE) | | · | | |
| · · · · · · · · · · · · · · · · · · · | | | 2/28/2018 | 800,00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | 000,00 |
| | | 800.00 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRACT AND ADDRESS | | |
| ARCHER CUELLAR | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | 10 BENNETT AVE (CITY, STATE AND ZIP COI | | |
| POLICE OFFICER | | ROCHELLE PARK, NJ 0 | , | |
| EMPLOYER NAME | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| UNION CITY POLICE | | | THIS PERIOD | THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) 3715 PALISADE AVE | | | | |
| (CITY, STATE AND ZIP CODE) | | <u></u> | _ | |
| UNION CITY, NJ 07087 | | | 3/22/2018 | 200.00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/22/2018 | 500,00 |
| | | 500.00 | | |
| CONTRIBUTOR NAME | | | | · · · · · · · · · · · · · · · · · · · |
| FRED GOLDEN | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | 3320 ROUTE 66 | NE) | <u></u> - |
| OWNER | STATE OSE GALT | (CITY, STATE AND ZIP COD NEPTUNE, NJ 07753 |) E) | |
| EMPLOYER NAME | | REF 10(48, 14) 07/33 | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| AUTOMATED BUILDING CONTROLS, | INC | | THIS PERIOD | THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | <u> </u> | _ | |
| 3320 RUOTE 66 (CITY, STATE AND ZIP CODE) | | | | |
| NEPTUNE, NJ 07753 | | | 0/15/0010 | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 2/15/2018 | 5,000.00 |
| | | 5,000,00 | - | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS () | NUMBER AND STREET) | |
| BAGG INC OCCUPATION | STATE USE ONLY | 910 NEW YORK AVE | | |
| | STATE USE GIVET | (CITY, STATE AND ZIP COD UNION CITY, NJ 07098 | 16) | |
| MPLOYER NAME | | DIVION CITT, NJ 07098 | DATE(S) RECEIVED | AMOUNTON BETTAND |
| | | | THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | | |
| (CITY, STATE AND ZIP CODE) | | | | |
| AND THE PROPERTY OF CORES | | | 2025 | 1 |
| ECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/10/2018 | 900.00 |
| · · · · · · · · · · · · · · · · · · · | | 900.00 | | |
| 1.SUBTOTAL (Add all rec | eipts listed on (his page) | | <u></u> | 7,200.00 |
| 2.TOTAL RECEIPTS, THIS | PERIOD (Complete this line on the la | | | 7,200.00 |
| | rward to applicable line on Page 2. Col- | | | <i>!</i> |

| ITEMIZED RECEI | PTS (OTHER | THAN LOANS) | SCHEDULE A | Page No. | 7 of 54 |
|--|---------------------------------------|-------------------------------------|------------------------------------|---------------------------------|--------------------------------|
| | PLEASE TYPE OR | PRINT, PHOTOCOPIES MA | Y BE USED IF ADDITIONAL FO | ORMS ARE NEEDED. | |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE | | | | | <u> </u> |
| X MONETARY | IN-KIND CON | Танцетомо | - 1 | | |
| CONTRIBUTIONS | | ES MADE BY OTHERS | REIMBURSEMENTS/ | · | DIVIDENDS/ |
| | | TO NO DE OTTERS | REFUNDS OF DISBURSEMEN | TS | INTEREST |
| COMMITTEE NAME: UNION | CITY FIRST, INC | C. | | | |
| ACCOUNT NAME AND NUMBER | INTONOUTY E | There has a second | | | |
| CONTRIBUTOR NAME | ONION CITY F | TRST, INC. AC# 41543 STATE USE ONLY | | | |
| BARBARA MCNERNEY | | STATE OSCONLE | CONTRIBUTOR ADDRESS (40 E 35ST | (NUMBER AND STREET) | |
| OCCUPATION | | STATE USE ONLY | (CITY, STATE AND ZIP COI | DE) | |
| TEACHER | | | BAYONNE, NJ 07002 | - , | |
| EMPLOYER NAME | | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| UCBOE EMPLOYER ADDRESS (NUMBER AND S | TOTAL PROPERTY. | | | THIS PERIOD | THIS PERIOD |
| 3912 BERGEN TURNPIKE | TREE!} | | | | |
| (CITY, STATE AND ZIP CODE) | | | | _ | |
| UNION CITY, NJ 07087 | | | | 3/21/2018 | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | <u> </u> | AGGREGATE YEAR-TO-DATE | 3/21/2018 | 1,250.00 |
| | | | 1,250,00 | | |
| CONTROLLEON | | | | | |
| CONTRIBUTOR NAME BETH NISKANEN | | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| OCCUPATION | | STATE USE ONLY | 809 22ND ST APT 801 | | |
| REAL ESTATE | | STATE OSE ONLY | (CITY, STATE AND ZIP COD | DE) | |
| EMPLOYER NAME | · · · · · · · · · · · · · · · · · · · | <u> </u> | UNION CITY, NI 07095 | B 4 WO W. N. COCH H. | |
| BASAD MANAGEMENT LLC | <u> </u> | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND ST | TREET) | <u> </u> | | - | |
| PO BOX 5200 (CITY, STATE AND ZIP CODE) | | | | | |
| WEEHAWKEN, NJ 07086 | | | | | |
| RECEIPT DESCRIPTION (IF IN-KIND) | <u> </u> | | | 3/2/2018 | 1,250.00 |
| Ç | | | AGGREGATE YEAR-YO-DATE 1,250,00 | | |
| | | · | 11,230.00 | <u>_i</u> | |
| CONTRIBUTOR NAME | | STATE USE ONLY | CONTRIBUTOR ADDRESS (1 | NUMBER AND STREET) | |
| BETH NISKANEN | · · · · · · · · · · · · · · · · · · · | | 809 22ND ST APT 801 | | i |
| OCCUPATION REAL ESTATE | | STATE USE ONLY | (CITY, STATE AND ZIP COD | B) | |
| EMPLOYER NAME | i | | UNION CITY, NJ 07095 | | |
| BASAD MANAGEMENT LLC | | | | DATE(S) RECRIVED THIS PERIOD | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND ST | REST) | | <u>.</u> | This realist | This period |
| PO BOX 5200 | | | | | |
| (CITY, STATE AND ZIP CODE) | | | | | |
| WEEHAWKEN, NJ 07086 RECEIPT DESCRIPTION (IF IN-KIND) | | | | 3/16/2018 | 600.00 |
| RECESS T DESCRIPTION (IF IN-KIND) | | | AGGREGATE YEAR-TO-DATE | | |
| | | | 600.00 | | |
| CONTRIBUTOR NAME | | STATE USE ONLY | CONTRIBUTOR ADDRESS (N | HILADER AND CONTEST | |
| BETSY RODRIGUEZ | | | 130 45TH ST #3 | IUMBER AND STREET) | |
| OCCUPATION | | STATE USE ONLY | (CITY, STATE AND ZIP CODE | 3) | |
| TEACHER | | | UNION CITY, NJ 07124 | | |
| EMPLOYER NAME UCBOE | | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND ST | REETY | | | THIS PERIOD | THIS PERIOD |
| 3912 BERGEN TURNPIKE | | | | | |
| CITY, STATE AND ZIP CODE) | | | <u> </u> | - | |
| UNION CITY, NJ 07087 | | | | 3/15/2018 | 500.00 |
| ECEIPT DESCRIPTION (IF IN-KIND) | ···· | | AGGREGATE YEAR-TO-DATE | - 31312010 | 500.00 |
| J 200 100 100 100 100 100 100 100 100 100 | | | 500.00 | _ | [|
| 1.SUBTOTAL (Add | all receipts listed o | п this page) | | | 3,600.00 |
| AIUIAL RECEIPTS, | THIS PERIOD (C | omplete this line on the las | st page used for | | |
| cach receipt type. Cal | ту тогуята то ярр | licable line on Page 2, Colu | ime A.) | | ı ı |

| TTEMIZED RECEIPTS (OTH | ER THAN LOANS) | SCHEDULE A | Page No. | 8 of 54 |
|---|---|--|---------------------------------------|--------------------------------|
| PLEASE TYPI | E OR PRINT, PHOTOCOPIES MA | Y BE USED IF ADDITIONAL FO | ORMS ARE NEEDED. | |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR BACH TYPE | AND EACH SEPARATE ACCOUNT.) | | · · · · · · · · · · · · · · · · · · · | |
| X MONETARY IN-KINE | CONTRIBUTIONS- | REIMBURSEMENTS/ | | <u> </u> |
| | DITURES MADE BY OTHERS | REFUNDS OF DISBURSEMEN | TS | DIVIDENDS/ INTEREST |
| | | | | ATTENES! |
| COMMITTEE NAME: UNION CITY FIRST | , INC. | | | · . |
| ACCOUNT NAME AND NUMBER: UNION CIT | TY FIRST, INC. AC# 41543 | 163 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | <u> </u> |
| BRAD GINKEL | | 9 HIGHWAY TERR | | |
| OCCUPATION SEEL ELECTRON | STATE USE ONLY | (CITY, STATE AND ZIP CO | • | |
| SELF EMPLOYED EMPLOYER NAME | · | MONTCLAIR, NJ 07042 | | <u> </u> |
| HOBOKEN FARMS | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | | | instaco |
| 314 ELLFAX AVE | | | _ | |
| (CITY, STATE AND ZIP CODE) CLIFTON, NJ 07013 | | | | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/12/2018 | 600.00 |
| | | 600,00 | | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | <u> </u> |
| BRIAN WOLPERT OCCUPATION | STATE USE ONLY | 375 WEBSTER DR | | |
| NEW MILFORD, NJ | STATE USE ONLY | (CITY, STATE AND ZIP COL UNION CITY, NJ 07098 | DE) | |
| EMPLOYER NAME | | 10/41014 CTT 1, 141 07098 | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| UNION CITY POLICE | | <u> </u> | THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) 3715 PALISADE AVE | | | | |
| (CITY, STATE AND ZIP CODE) | | | _ | |
| UNION CITY, NJ 07087 | | | | 1 250 00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | · · · · · · · · · · · · · · · · · · · | AGGREGATE YEAR-TO-DATE | | 1,250.00 |
| | | 1,250.00 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTION ADDRESS | | |
| BUCKET PETERSON GLOBAL INC | STATE CON OTHER | CONTRIBUTOR ADDRESS (145 N FRANKLIN TURN | • | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COD | | <u></u> |
| CLASS CAVING ALLAS | | RAMSEY, NJ 07446 | · | |
| EMPLOYER NAME | | | DATE(S) RECEIVED | AMOUNT(\$) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET) | - | | THIS PERIOD | THIS PERIOD |
| · | | | | |
| (CITY, STATE AND ZIP CODE) | | | \neg | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | | 3/5/2018 | 500.00 |
| Total (L. Marine) | | AGGREGATE YEAR-TO-DATE 500.00 | | |
| | | [300.00 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS () | NUMBER AND STREET) | |
| CAONABO REYES DECUPATION | | 489 OAK ST | | |
| TEACHER | STATE USE ONLY | (CITY, STATE AND ZIP COD | E) | |
| EMPLOYER NAME | | RIDGEFIELD, NJ 07657 | DATE(S) RECEIVED | |
| UCBOE | | | THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | | | |
| 1800 SUMMIT (CITY, STATE AND ZIP CODE) | | · · · · · · · · · · · · · · · · · · · | | |
| UNION CITY, NJ 07091 | | | 2/14/2010 | |
| GCEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/14/2018 | 1,250,00 |
| | | 1,250,00 | | |
| 1.SUBTOTAL (Add all receipts lis | ted on this page) | | | 3,600.00 |
| 2.TOTAL RECEIPTS, THIS PERIC | D (Complete this line on the la | ast page used for | | |
| And receive the court for MALO 16 | <i>ւ</i> որբուսան ռոշ on բ <u>իթ</u> ը Հ, Coi | чии /) | | I |

| ITEMIZED RECEIPTS (OT | HER THAN LOANS) | SCHEDULE A | Page No. | 9 of 54 |
|---|--|---|--|--|
| PLEASE T | YPE OR PRINT. PHOTOCOPIES MA | Y BE USED IF ADDITIONAL FO | ORMS ARE NEEDED. | |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH T | | | | |
| X MONETARY | AND CONTRIBUTIONS- | - | | |
| """ | ENDITURES MADE BY OTHERS | REIMBURSEMENTS/ REFUNDS OF DISBURSEMEN | TTS | DIVIDENDS/ |
| | | THE STAD OF BISBONSHALL | 10 | INTEREST |
| COMMITTEE NAME: UNION CITY FIR | ST, INC. | | <u>, </u> | - |
| ACCOUNT NAME AND NUMBER: UNION | CITY PIDOT INC. ACRAIGA | 101 | · | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | (MILMARD AND STREET) | ······································ |
| CAREPOINT INC | | 10 EXCHANGE PLACE | - | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP CO | | |
| EMPLOYER NAME | | JERSEY CITY, NJ 0730 | | |
| | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | | | THIS PERIOD |
| | | | | |
| (CITY, STATE AND ZIP CODE) | | | | |
| RECEIPT DESCRIPTION (IF IN-KIND) | <u> </u> | AGGREGATE YEAR-TO-DATE | 3/22/2018 | 600.00 |
| | | 600.00 | | |
| | | | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | <u> </u> |
| CARMEN LUGO OCCUPATION | STATE USE ONLY | 163 19TH STREET | | <u> </u> |
| TEACHER | STATE DSE ONLY | (CITY, STATE AND ZIP CON UNION CITY, N.) 07087 | JE) | |
| EMPLOYER NAME | | 011011 0111,100,0007 | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| UCBOE | | | THIS PERIOD | THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) 3912 BERGEN TURNPIKE | | | | |
| (CITY, STATE AND ZIP CODE) | | | _ | |
| UNION CITY, NJ 07087 | | | 3/11/2018 | 600.00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | 000.00 |
| | <u> </u> | 600.00 | | |
| CONTRIBUTOR NAME | STATE USB ONLY | CONTRIBUTOR ADDRESS (| NIIMBED AND CTOTOTA | |
| CARMEN MACHADO | | 145 PALISADES AVE | NOMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COL | DE) | : |
| TEACHER EMPLOYER NAME | l | EMERSON, NJ | | |
| UCBOE | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) | <u> </u> | | | THE FERROD |
| 3912 BERGEN TURNPIKE | · | | | i |
| (CITY, STATE AND ZIP CODE) UNION CITY, NJ 07087 | | | | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/22/2018 | 1,100,00 |
| | | 1,100.00 | | |
| CONTRIBUTOR NAME | | | ······ | |
| FREIDA MANITO | STATE USE ONLY | CONTRIBUTOR ADDRESS (I | NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | 324 55TH STREET (CITY, STATE AND ZIP COD | | |
| OWNER | | WEST NEW YORK, NJ 0 | • | |
| EMPLOYER NAME | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| SENIORS COUNT LLC DBA CASA MANITO EMPLOYER ADDRESS (NUMBER AND STREET) | · | | THIS PERIOD | THIS PERIOD |
| 5500 PALISADE AVE | | | | |
| (CITY, STATE AND ZIP CODE) | ······································ | · · · · · · · · · · · · · · · · · · · | _ | ļ |
| WEST NEW YORK, NJ 07093 | | | 3/1/2018 | 500.00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGOREGATE YEAR-TO-DATE | | |
| 1.SUBTOTAL (Add all receipts | listed on this page | 500.00 | | |
| 2.TOTAL RECEIPTS, THIS PER | RIOD (Complete this fine on the lo | st nage used for | | 2,800.00 |
| each receipt type. Carry forward | i to applicable line on Page 2, Col | umn A.) | • | |

| ACCOUNT NAME AND NUMBER: UNION CITY FIRST, INC. ACR 41543181 CONTRIBUTOR NAME STATE USE ONLY (CONTRIBUTOR ADDRESS (NUMBER AND STREET) 10 NYTHIN TO ADDRESS (NUMBER AND STREET) 11 CONTRIBUTOR ADDRESS (NUMBER AND STREET) 12 CONTRIBUTOR ADDRESS (NUMBER AND STREET) 13 JIL 25 CONTRIBUTOR ADDRESS (NUMBER AND STREET) 14 ACRESS ADDRESS (NUMBER AND STREET) 15 JIL 25 CONTRIBUTOR ADDRESS (NUMBER AND STREET) 15 JIL 25 CONTRIBUTOR ADDRESS (NUMBER AND STREET) 16 JIL 25 CONTRIBUTOR ADDRESS (NUMBER AND STREET) 17 JIL 25 CONTRIBUTOR ADDRESS (NUMBER AND STREET) 17 JIL 25 CONTRIBUTOR ADDRESS (NUMBER AND STREET) 18 JIL 25 CONTRIBUTOR ADDRESS (NUMBER AND STREET) 18 JIL 25 CONTRIBUTOR ADDRESS (NUMBER AND STREET) 19 JIL 25 CONTRIBUTOR ADDRESS (NUMBER AND STREET) 20 JIL 25 CONTRIBUTOR ADDRESS (NUMBER AND STREET) 21 JIL 25 CONTRIBUTOR ADDRESS (NUMBER AND STREET) 21 JIL 25 CONTRIBUTOR ADDRESS (NUMBER AND STREET) 22 JIL 25 CONTRIBUTOR ADDRESS (NUMBER AND STREET) 23 JIL 25 CONTRIBUTOR ADDRESS (NUMBER AND STREET) 24 JIL 25 CONTRIBUTOR ADDRESS (NUMBER AND STREET) 25 JIL 25 CONTRIBUTOR ADDRESS (NUMBER AND STREET) 25 JIL 25 CONTRIBUTOR ADDRESS (NUMBER AND STREET) 25 JI | TIEMIZED RECEIPTS (OT | HER THAN LOANS) | SCHEDULE A | Page No. | 10 of 54 |
|--|--------------------------------------|-----------------------------------|--|--|--------------------|
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| CONTINUENCIANAME UNION CITY FIRST, INC. ACS 41543181 | | | 4************************************ | | |
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| CONTRIBUTION NAME | COMMITTEE NAME: UNION CITY FIR: | ST, INC. | | <u> </u> | |
| CONTRIBUTION NAME | ACCOUNT NAME AND NUMBER: YINTON (| TITY PIDCT INC. ACMARGA | 101 | | |
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| BEDICATOR BOTTOM (CITY, STATE AND ZE CODE) MOONACHIE, NJ 07024 DATES RECEIVED THES PRICO THES PRIC | | 1 | · · · · · · · · · · · · · · · · · · · | (NUMBER AND STREET) | |
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| CHRISTIAN YEGEN CCUPATION STATE USE ONLY CEDAR GROVE, NJ 07009 C | CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET | |
| DEVELOPER DEVELOPER MPLOYER NAME CHRISTIAN YEGEN MPLOYER ADDRESS (NUMBER AND STREET) 31 BERGEN DRIVE CITY, STATE AND ZIP CODE) CEDAR GROVE, NJ 07009 THIS PERIOD AMOUNT(S) RECEIVED THIS PERIOD THIS PERIOD THIS PERIOD THIS PERIOD AMOUNT(S) RECEIVED THIS PERIOD THIS PERIOD THIS PERIOD AMOUNT(S) RECEIVED THIS PERIOD THIS PERIOD THIS PERIOD 4,600.00 1.SUBTOTAL (Add all receipts listed on this page) 2.TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for | | | | HOMESKANDSTREET) | |
| MPLOYER NAME CHRISTIAN YEGEN MPLOYER ADDRESS (NUMBER AND STREET) 31 BERGEN DRIVE CITY, STATE AND ZIP CODE) CEDAR GROVE, NJ 07009 ECEIPT DESCRIPTION (IF IN-KIND) AGGREGATE YEAR-TO-DATE 500.00 1.SUBTOTAL (Add all receipts listed on this page) 2.TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for | | STATE USE ONLY | · | DE) | |
| CHRISTIAN YEGEN MPLOYER ADDRESS (NUMBER AND STREET) 31 BERGEN DRIVE CITY, STATE AND ZIP CODE) CEDAR GROVE, NJ 07009 ECEIPT DESCRIPTION (IF IN-KIND) AGGREGATE YEAR-TO-DATE 500,00 1.SUBTOTAL (Add all receipts listed on this page) 2.TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for | | | CEDAR GROVE, NJ 0700 | 09 | |
| MPLOYER ADDRESS (NUMBER AND STREET) 31 BERGEN DRIVE CITY, STATE AND ZIP CODE) CEDAR GROVE, NJ 07009 ECEIPT DESCRIPTION (IF IN-KIND) AGGREGATE YEAR-TO-DATE 600.00 1.SUBTOTAL (Add all receipts listed on this page) 2.TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for | | | | | 1 |
| CITY, STATE AND ZIP CODE) CEDAR GROVE, NJ 07009 ECEIPT DESCRIPTION (IF IN-KIND) AGGREGATE YEAR-TO-DATE 600.00 1.SUBTOTAL (Add all receipts listed on this page) 2.TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for | IMPLOYER ADDRESS (NUMBER AND STREET) | | | TAISTAKIOD | THIS PERIOD |
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| ECEIPT DESCRIPTION (IF IN-KIND) AGOREGATE YEAR-TO-DATE 600.00 1.SUBTOTAL (Add all receipts listed on this page) 2.TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for | • | | | T | |
| 1.SUBTOTAL (Add all receipts listed on this page) 2.TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for | ECEIPT DESCRIPTION (IF IN-KIND) | | l. anna . | 2/15/2018 | 600.00 |
| 1.SUBTOTAL (Add all receipts listed on this page) 2.TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for | | | | | |
| 2.TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for | 1.SUBTOTAL (Add all receipts i | listed on this page) | | <u> </u> | 1 (00 00 |
| each receipt type. Carry forward to applicable line on Page 2. Column A) | 2.TOTAL RECEIPTS, THIS PER | IOD (Complete this line on the la | st page used for | <u> </u> | 4,600.00 |

| ITEMIZED RECEIPTS (OTHER T | HAN LOANS) | SCHEDULE A | Page No. | 11 of 54 |
|--|--|--|---------------------------------|---------------------------------------|
| PLEASE TYPE OR PRI | NT. PHOTOCOPIES MAY I | BE USED IF ADDITIONAL FORM | <u> </u> | |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND BACH SEI | PARATS ACCOUNT.) | | 110000 | |
| X MONETARY IN-KIND CON- | TRIBUTIONS- | REIMBURSEMENTS/ | | |
| day-main | ES MADE BY OTHERS | REFUNDS OF DISBURSEMEN | NTS | DIVIDENDS/ INTERESY |
| COMMITTEE NAME: UNION CITY FIRST, INC | <u></u> | | | 41728201 |
| COMMITTEE NAME: UNION CITY FIRST, INC | <u> </u> | <u></u> | | |
| ACCOUNT NAME AND NUMBER: UNION CITY F | IRST, INC. AC# 4154 | 3181 | | |
| CONTRIBUTOR NAME CHRITOPHER CRISPINO | STATE USB ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | 248 EAST ARTHUR (CITY, STATE AND ZIP CO | arve. | |
| RETIRED | | ISELIN, NJ 08830 | , DB) | |
| EMPLOYER NAME | <u> </u> | , | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | <u>. </u> | THIS PERIOD | THIS PERIOD |
| | | | | |
| (CITY, STATE AND ZIP CODE) | | | _ | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | | 2/8/2018 | 1,250.00 |
| <u> </u> | | AGGREGATE YEAR-TO-DATE 1,250.00 | | |
| CONTRIBUTOR NAME | | 1400000 | _ | |
| DINO CLEMENTE | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | 120 LEUNING ST (CITY, STATE AND ZIP CO. | DE) | |
| CATERER | | SOUTH HACKENSACK | • | |
| EMPLOYER NAME CLEMENTE BAKERY | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| 120 LEUNING ST | | | | |
| (CITY, STATE AND ZIP CODE) SOUTH HACKENSACK, NJ 07606 | | | | |
| RECEIPT DESCRIPTION (IF IN-KIND) | <u> </u> | AGGREGATE YEAR-TO-DATE | 3/2/2018 | 1,250,00 |
| | | 1,250,00 | | |
| CONTRIBUTOR NAME | PT LEG LOS CONTRA | | | |
| GIDO VASQUEZ | STATE USE ONLY | CONTRIBUTOR ADDRESS (57 LINCOLN AVE | (NUMBER AND STREET) | |
| DECUPATION | STATE USB ONLY | (CITY, STATE AND ZIP COL | DE) | |
| PAVING CONTRACTOR IMPLOYER NAME | | CLIFFSIDE PARK, NJ 07 | 7010 | |
| CLIFFSIDE PAVING LLC | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) | · | | | West Educate |
| 57 LINCOLN AVE (CITY, STATE AND ZIP CODE) | | | <u></u> | |
| CLIFFSIDE PARK, NJ 07010 | | | 3/21/2018 | , , , , , , , , , , , , , , , , , , , |
| ECEIPT DESCRIPTION (IF IN-KIND) | - W-V- | AGGREGATE YZAR-TO-DATE | | 750,00 |
| | · · · · · · · · · · · · · · · · · · · | 750.00 | <u>_</u> | |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| MIMBER AND STREET | |
| COMPASSIONATE CARE RESEARCH INSTITUTE INC | | 950 US HIGHWAY 1 NO | _ | |
| CCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COD | • | |
| MPLOYER NAME | ······································ | WOODBRIDGE, NJ 0709 | ···· | |
| | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | | |
| CITY, STATE AND ZIP CODE) | | | \dashv | |
| | | | 3/22/2018 | 7,200.001 |
| ECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | 7,200.00 |
| 1.SUBTOTAL (Add all receipts listed on th | lis nage l | 7,200.00 | <u> </u> | |
| 2, TOTAL RECEIPTS, THIS PERIOD (Com | plete this line on the last | page used for | | 10,450.00 |
| each receipt type. Carry forward to applica | ble line on Page 2, Colum | na A.) | | |

| ITEMIZED RECEI | PTS (OTHER THAN LOANS) | SCHEDULE A | Page No. | 12 05 54 |
|---|---|---|---------------------------------------|---|
| • • • | PLEASE TYPE OR PRINT. PHOTOCOPIES MAY | | | 12 of 54 |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" I | FOR EACH TYPE AND EACH SEPARATE ACCOUNT.) | BE USED IF ADDITIONAL FOR | MS ARE NEEDED. | |
| | | | | |
| X MONETARY | IN-KIND CONTRIBUTIONS- | REIMBURSEMENTS | | D(VIDENDS/ |
| CONTRIBUTIONS | EXPENDITURES MADE BY OTHERS | REFUNDS OF DISBURSEME | INTS | INTEREST |
| COMMITTEE NAME: UN | ION CITY FIRST, INC. | | | |
| | | | <u> </u> | |
| ACCOUNT NAME AND NUMBER: CONTRIBUTOR NAME | UNION CITY FIRST, INC. AC# 415 | | | |
| | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| CRESPO & COMPANY INC OCCUPATION | | 5115 BERGENLINE AV | · - | |
| | STATE USE ONLY | 1 / | • | |
| EMPLOYER NAME | | WEST NEW YORK, N | · · · · · · · · · · · · · · · · · · · | |
| | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STR | EET) | | | THIS PERIOD |
| | | | | |
| (CITY, STATE AND ZIP CODE) | 1 | | - | |
| DECEMENT DECOMPOSITION OF THE SERVICE | | | 3/15/2018 | 2,500.00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | 2,550,00 |
| | | 2,500.00 | | - |
| CONTRIBUTOR NAME | | | | ······································ |
| DANIEL CHOI | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | 32 TRINITY PL | | |
| DEVELOPER | SIATE GE ONLT | (CITY, STATE AND ZIP CO | • | |
| EMPLOYER NAME | | EAST HANOVER, NJ 0 | · · · · · · · · · · · · · · · · · · · | |
| DANIEL CHOI | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| MPLOYER ADDRESS (NUMBER AND STRE | ÆT) | ······································ | | THIS PERIOD |
| 32 TRINITY PL | | | | - |
| (CITY, STATE AND ZIP CODE) | | | - - | |
| EAST HANOVER, NJ 07936 | <u>-</u> | | 3/11/2018 | 1,250.00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | 1,230.00 |
| | | 1,250.00 | | |
| ONTRIBUTOR NAME | 7.00 | | | |
| DANIEL DIIORIO | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | PO BOX 576 | | · |
| VERIFICATION OFFICER | STATE OFF GIVE | (CITY, STATE AND ZIP CO | • | |
| MPLOYER NAME | | JUNION CITY, NJ 07087 | | |
| UCBOE | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| MPLOYER ADDRESS (NUMBER AND STRE | ET) | | | THE PRIME |
| 3913 BERGEN TURNPIKE | | | | |
| CITY, STATE AND ZIP CODE) | | | | 1 |
| UNION CITY, NJ 07087 ECEIPT DESCRIPTION (IF IN-KIND) | | | 2/27/2018 | 2,500.00 |
| Description (if https://do. | | AGGREGATE YEAR-TO-DATE | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | 2,500.00 | | |
| ONTRIBLITOR NAME | STATE USE ONLY | CONTRIBUTION AND THE | | |
| DANIEL PEER | STATE GOD ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | 341 LINCOLN AVE (CITY, STATE AND ZIP COL | <u> </u> | |
| CORRECTION OFFICER | | LYNDHUST, NJ 07072 | ib) | |
| MPLOYER NAME | | 1111011011, 147 07072 | DATE/O UDDENING | |
| HUDSON COUNTY | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| MPLOYER ADDRESS (NUMBER AND STREE | T) | | ┪ | |
| 35 HACKENSACK AVE STY, STATE AND ZIP CODE) | | | | |
| KEARNY, NJ 07022 | | | | |
| CEIPT DESCRIPTION (IF IN-KIND) | | | 3/11/2018 | 1,250.00 |
| | | AGGREGATE YEAR-TO-DATE | | .,=, |
| LSURTOTAL (Add | all receipts listed on this page) | 1,250.00 | | |
| 2.TOTAL RECEIPTS. | THIS PERIOD (Complete this line on the last | t morra mar d firm | | 7,500.00 |
| each receipt type. Ca | rry forward to applicable line on Page 2, Colum | mn A) | | |
| | Transport age 2, Chian | reted / hop | | |

| ITEMIZED RECEIPTS (| OTHER THAN LOANS) | COMEDITION A | T: | |
|---|---|--|---------------------------------|--------------------------------|
| | | SCHEDULE A | | 13 of 54 |
| PLEAST RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH T | E TYPE OR PRINT. PHOTOCOPIES MAY B | BE USED IF ADDITIONAL FORI | MS ARE NEEDED. | |
| | — SEPARATE ACCOUNT.) | | | |
| X MONETARY | IN-KIND CONTRIBUTIONS- | REIMBURSEMENTS | | DIVIDENDS/ |
| CONTRIBUTIONS | EXPENDITURES MADE BY OTHERS | REFUNDS OF DISBURSEME | ETYS | (NTEREST |
| COMMITTEE NAME: UNION CIT | Y FIRST, INC. | | | |
| | 1 | | | |
| ACCOUNT NAME AND NUMBER: UN CONTRIBUTOR NAME | NION CITY FIRST, INC. AC# 4154 | 3181 | | |
| DANIELA RICA | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) |) |
| OCCUPATION | STATE USE ONLY | 149 CAROLINE RD | ····· | |
| TEACHER | STATE (SECURE) | (CITY, STATE AND ZIP CO PARAMUS, NJ 07652 | DDE) | |
| EMPLOYER NAME | | 177774100, 10 07032 | DATE(S) RECEIVED | thiometric person as |
| UCBOE EMPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | AMOUNT(S) RECEIVED THIS PERFOD |
| 3912 BERGEN TURNPIKE | | | | |
| (CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | 3/20/2018 | 550.00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 314074010 | 550.00 |
| | | 550.00 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | COMPONENTAN ADDRESS | | |
| DAVID CHASMER | | CONTRIBUTOR ADDRESS 189 BEECH ST | (NUMBER AND STREET) | |
| OCCUPATION POLICE SERGEANT | STATE USB ONLY | (CITY, STATE AND ZIP CO | DE) | |
| POLICE SERGEANT EMPLOYER NAME | | NUTLEY, NJ 07110 | | |
| UNION CITY POLICE | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| 3715 PALISADE AVE (CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | | |
| RECEIPT DESCRIPTION (IP IN-KIND) | | 1.00070 1.70 m. n. | 3/22/2018 | 600.00 |
| | <u></u> | AGGREGATE YEAR-TO-DATE 600.00 | | |
| CONTRIBUTOR NAME | | | | |
| DAVID DUNLAY | STATE USE ONLY | CONTRIBUTOR ADDRESS (| (NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | 77 BEECH ST (CITY, STATE AND ZIP COL | | |
| POLICE OFFICER | | NUTLEY, NJ 07110 | JE) | |
| MPLOYER NAME UNION CITY POLICE | | 1,140 07.10 | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| 3715 PALISADE AVE | | | | |
| CITY, STATE AND ZIP CODB) | | | | |
| UNION CITY, NJ 07087 ECEIPT DESCRIPTION (IF IN-KIND) | | | 3/22/2018 | 600.00 |
| TOTAL POSSESS TION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | 000.00 |
| | | 600.00 | | <u></u> |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (1 | NUMBER AND STREET) | |
| DAVID ROBERTS CCUPATION | | 618 HUDSON ST | ŕ | |
| ATTORNEY | STATE USE ONLY | (CITY, STATE AND ZIP COD | E) | |
| MPLOYER NAME | | HOBOKEN, NJ 07030 | 1 | |
| DAVID ROBERTS | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| MPLOYER ADDRESS (NUMBER AND STREET) 618 HUDSON ST | | | 7 | |
| ITY, STATE AND ZIP CODE) | | | | |
| HOBOKEN, NJ 07030 | | | 2000000 | |
| CEIPT DESCRIPTION (IF IN-KIND) | | ACGREGATE YEAR-TO-DATE | 3/22/2018 | 1,250.00 |
| 1 CYIPADAMA T. A. L. T. | | 1,250.00 | | 1 |
| 1.SUBTOTAL (Add all receip 2.TOTAL RECEIPTS, THIS PE | ts listed on this page) ERIOD (Complete this line on the last p | | | 3,000.00 |
| each receipt type. Carry forwa | rd to applicable line on Page 2, Column | age used for | | |
| Towns Till at an area | COLUMN | <u> </u> | | |

| ITEMIZED, RECEJ | PTS (OTHER THAN LOANS) | SCHEDULE A | Page No. | 14 of 54 |
|--|--|---|---------------------------------|---|
| | PLEASE TYPE OR PRINT, PHOTOCOPIES MAY B | E USED IF ADDITIONAL FORM | IS ARE NEEDED. | |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" | FOR EACH TYPE AND EACH SEPARATE ACCOUNT.) | | <u></u> | |
| X MONGTARY | IN-KIND CONTRIBUTIONS- | h z po so sin are see | | - |
| CONTRIBUTIONS | EXPENDITURES MADE BY OTHERS | REIMBURSEMENTS/ REFUNDS OF DISBURSEMEN | rrs | DIVIDENDS/ INTEREST |
| | | | | Interest |
| COMMITTEE NAME: UN | ION CITY FIRST, INC. | | | |
| ACCOUNT NAME AND NUMBER: | UNION CITY FIRST, INC. AC# 4154: | 2101 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NIIMBER AND STREET) | |
| DELIA MENENDEZ | | 10 MADISON AVE | (MONDON MIND STREET) | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP CO | DE) | |
| SUPERVISION EMPLOYER NAME | | KEARNY, NJ 07032 | | |
| UCBOE | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STR | EET) | · . | THO PARIOD | THIS PERIODS |
| 3912 BERGEN TURNPIKE | | | | |
| (CITY, STATE AND ZIP CODE) UNION CITY, NJ 07087 | | ' | | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | I CONTROL WILLIAM IN THE STATE OF THE STATE | 3/22/2018 | 1,250.00 |
| | | AGGREGATE YEAR-TO-DATE | | |
| | | 1,200,00 | | <u></u> - |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | <u> </u> |
| DELL AUTO STORAGE INC | | 1425 UNION TPKE | | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP CO | • | |
| EMPLOYER NAME | | NORTH BERGEN, NJ 0 | | |
| | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STR | GET) | | | |
| (CITY, STATE AND ZIP CODE) | | · | | |
| (CITT, STATE AND AIR CODE) | | | | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 2/15/2018 | 1,250.00 |
| | <u></u> | 1,250.00 | • | |
| CONTRIBUTOR NAME | | | | |
| DENTISMILES INC | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | · - · · · · · · · · · · · · · · · · · · |
| OCCUPATION | STATE USE ONLY | 2200 NEW YORK AVE (CITY, STATE AND ZIP COI | <u> </u> | |
| | STATE SEE GAZT | UNION CITY, NJ 07111 | JE) | |
| EMPLOYER NAME | | 1011011 011 1,10 01111 | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STRE | 25774 | <u> </u> | THIS PERIOD | THIS PERIOD |
| EMPLOTER ADDRESS (NOMBER AND STRE | ж() | | | |
| (CITY, STATE AND ZIP CODE) | | | | |
| | | | 3/9/2018 | 1,250.00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | 1,250.00 |
| | | 1,250.00 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | COMPANY NO. 1 | | |
| DERICK VALERA | STATE DSB ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | 803 22ND ST APT #11 (CITY, STATE AND ZIP COD |)E) | |
| DEAN OF STUDENTS | | UNION CITY, NJ 07097 | -2) | |
| MPLOYER NAME | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| UCBOE MPLOYER ADDRESS (NUMBER AND STRE | ET | | THIS PERIOD | THIS PERIOD |
| MPLOTER ADDRESS (NUMBER AND STRE 3912 BERGEN TURNPIKE | 51) | | | |
| CITY, STATE AND ZIP CODE) | | <u></u> | _ | |
| UNION CITY, NJ 07087 | | | 3/19/2018 | 000.00 |
| ECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 31312010 | 900.00 |
| | | 900.00 | | |
| 1,SUBTOTAL (Add | d all receipts listed on this page) | | | 4,650.00 |
| each receipt tone C | S, THIS PERIOD (Complete this line on the last parry forward to applicable line on Page 2, Colum | page used for | 1- | |
| each receipt type, Ca | I to maio io applicable nue on Page 2, Colum | щ А.) | | 1 |

| ITEMIZED RECEIPTS (OTF | IER THAN LOANS) | SCHEDULE A | | |
|--|--|---|--|--|
| · | · | 1 | 15 of 54 | |
| PLEASE TYP RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AN | E OR PRINT, PHOTOCOPIES MAY | BE USED IF ADDITIONAL FOR | MS ARE NEEDED. | |
| | o bach seraka (g account.) | | | |
| | -KIND CONTRIBUTIONS- | REIMBURSEMENTSV | | DIVIDENDS |
| CONTRIBUTIONS | (PENDITURES MADE BY OTHERS | REFUNDS OF DISBURSIME | NTS | INTEREST |
| COMMITTEE NAME: UNION CITY FI | PST INC | | | ····· |
| | MOI, INC. | | | |
| ACCOUNT NAME AND NUMBER: UNION | CITY FIRST, INC. AC# 4154 | 3181 | <u> </u> | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | <u> </u> |
| MOHAMAD CHAUDHRY OCCUPATION | OT LED LIES ON DA | 3807 BERGENLINE AV | /E | |
| DOCTOR | STATE USE ONLY | (CITY, STATE AND ZIP CO | ODE) | |
| MPLOYER NAME | | UNION CITY, 07087 | | · F |
| DILIGENT MEDICAL CARE | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED TRIS PERIOD |
| MPLOYER ADDRESS (NUMBER AND STREET) | · | | | and, |
| 3807 BERGENLINE AVENUE CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/12/2018 | 1,250.00 |
| | | 1,250,00 | | |
| | | 1,200,00 | ······································ | |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| DOMINICK LUNANOVA CCUPATION | | 517 PARK AVE | | |
| BUILDING INSPECTOR | STATE USE ONLY | (CITY, STATE AND ZIP CO | DE) | |
| MPLOYER NAME | | HOBOKEN, NJ 07030 | <u> </u> | |
| CITY OF HOBOKEN | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | | 1104 (19810) |
| 94 WASHINGTON AVE CITY, STATE AND ZIP CODE) | | | i | |
| HOBOKEN, NJ 07030 | | | | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 2/27/2018 | 600,00 |
| | | 600.00 | | |
| ONTRIBUTOR NAME | | | \ | |
| ROBERTO MOREIRO | STATE USE ONLY | CONTRIBUTOR ADDRESS | | ······································ |
| CCUPATION | STATE USE ONLY | 3300 BERGENLINE AVI (CITY, STATE AND ZIP COI | | |
| RESTAURANT OWNER | 777712 030 07711 | UNION CITY, NJ 07087 |)E) | |
| MPLOYER NAME | | | DATE(S) RECEIVED | LACAD TION DECERTIFIE |
| DON LUIS RESTAURANT MPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| 330 BERGENLINE AVE | | | 7 | |
| CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07124 | | | 2/12/2010 | |
| CBIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/12/2018 | 2,000,00 |
| | | 2,000.00 | _ | |
| INTRIBUTOR NAME | STATE USE ONLY | Too many many many many many many many many | | |
| ED FARMER | STATE CAE ONLY | CONTRIBUTOR ADDRESS (1 60 COLUMBIA RD | NUMBER AND STREET) | |
| CUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COD | E) | |
| SELF EMPLOYED PLOYER NAME | | MORRISTOWN, NJ 0796 | | |
| MILLENIUM STRATEGIES | | | DATE(S) RECEIVED | AMOUNT(\$) RECEIVED |
| PLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| 50 COLUMBIA RD | | | | |
| TY, STATE AND ZIP CODE) | | | _ | |
| MORRISTOWN, NJ 07960 | | | 2/12/2018 | 1 250 00 |
| CEIPT DESCRIPTION (IF IN-KIND) | <u> </u> | AGGREGATE YEAR-TO-DATE | | 1,250.00 |
| 1.SURTOTAL CARLETTE | 44 - 41 - | 1,250.00 | | |
| 1.SUBTOTAL (Add all receipts list 2.TOTAL RECEIPTS, THIS PERIO | ied on this page) D (Complete this New are the least | | | 5,100,00 |
| each receipt type. Carry forward to | applicable line on Page 2. Colum | nage used for n A) | | |
| The state of the s | THE ALL COMMIT | 41 Chy | | [|

| TIEMIZED RECEIPTS (OTHER T | HAN LOANS) | SCHEDULE A | Page No. | 16 of 54 |
|---|--|--|--|--------------------------------|
| PLEASE TYPE OR PRIN | T. PROTOCOPIES MAY | BE USED IF ADDITIONAL FOR | MS ARE NEEDED. | |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND EACH SEP. | ARATE ACCOUNT.) | | | |
| X MONETARY IN-KIND CONT. | 'PIS) (Typaic | | | _ |
| ATTACHE CONT. | S MADE BY OTHERS | REIMBURSEMENTS/ REFUNDS OF DISBURSEMI | TATEO | DIVIDENDS/ |
| | | KEFONDS OF DISBUKSEMI | NIS | INTEREST |
| COMMITTEE NAME: UNION CITY FIRST, INC | - | | | |
| ACCOUNT NAME AND NUMBER: UNION CITY F | DET DIO ACTUE | | | |
| CONTRIBUTOR NAME | RST, INC. AC# 4154 STATE USE ONLY | | C All Department of the Partment of the Samuel of the Samu | |
| EDWIN MARTINEZ | | 137 PIERRE AVE | S (NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP C | ODE) | |
| VICE PRINCIPAL EMPLOYER NAME | <u> </u> | GARFIELD, NJ | | |
| UCBOE | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | | This period | THIS PERIOD |
| 3912 BERGEN TURNPIKE | <u>. </u> | | | |
| (CITY, STATE AND ZIP CODE) UNION CITY, NJ 07087 | | | | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | A CORPO (TOTAL OR A CORPO A CO | 3/22/2018 | 1,200,0 |
| <u> </u> | | AGGREGATE YEAR-TO-DATE | | |
| | | 11,200.00 | | |
| CONTRIBUTOR NAME VICTOR BLAS | STATE USB ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| OCCUPATION OCCUPATION | STATE USE ONLY | 4500 BERGENLINE AV | /ENUE | |
| STORE OWNER | STATE USB UNLY | (CITY, STATE AND ZIP CO | · · | |
| EMPLOYER NAME | | UNION CITY, NJ 07087 | DATE(S) RECEIVED | |
| EL WATERLOO | | | THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) 4500 BERGENLINE AVE | | | | |
| (CITY, STATE AND ZIP CODE) | · · · · · · · · · · · · · · · · · · · | | _ | |
| UNION CITY, NJ 07087 | | | 3/19/2018 | 1.000.0 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | 1,000.0 |
| | | 1,000.00 | | |
| CONTRIBUTOR NAME | STATE USB ONLY | CONTRIBUTOR ADDRESS | OHD (DED AND CODE OF | |
| ELECTION FUND OF ASSEMBLYMAN RAJ MUKHERI | | PO BOX I | (HOWBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP CO | DE) | |
| MPLOYER NAME | | JERSEY CITY, NJ 0730 | 3 | _ |
| | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| CITY, STATE AND ZIP CODE) | | | | |
| OIT, DIATE AND ZIF (CODE) | | | | |
| ECEIPT DESCRIPTION (IF IN-KIND) | <u> </u> | AGGREGATE YEAR-TO-DATE | 3/22/2018 | 7,200.00 |
| | | 7,200.00 | | |
| ONTRIBUTOR NAME | | | | |
| ELECTION FUND OF STEVEN FULOP | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | PO BOX 3399 (CITY, STATE AND ZIP COS | | |
| | | JERSEY CITY, NJ 07307 | - | |
| MPLOYER NAME | <u> </u> | 1200000 | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | · · · · · · · · · · · · · · · · · · · | <u> </u> | THIS PERIOD | THIS PERIOD |
| | | | | |
| CITY, STATE AND ZIP CODE) | | | \dashv | |
| JERSEY CITY, NJ 07307 | | | 3/22/2018 | 1,250.00 |
| CEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | 1,230.00 |
| 1.SUBTOTAL (Add all receipts listed on this | nage) | 1,250.00 | <u> </u> | |
| 2.TOTAL RECEIPTS, THIS PERIOD (Comp | lete this line on the last r | nage used for | | 10,650.00 |
| each receipt type. Carry forward to applicab | le line on Page 2, Colum | n A.) | | |

| ITEMIZED RECEIPTS | <u>(OTHER THAN LOAN</u> | NS) | SCHEDULE A | Page No. | 17 of 54 |
|--|---|----------------|--|---------------------------------|--|
| PLEA | SE TYPE OR PRINT. PHOTOCOPIE | S MAY BE | USED IF ADDITIONAL FORMS | S ARE NEEDED. | , |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH | TYPE AND EACH SEPARATE ACCOUNT.) | | · · | | |
| X MONETARY | IN-KIND CONTRIBUTIONS- | Γ | BEILDING CELEBRA | | — |
| CONTRIBUTIONS | EXPENDITURES MADE BY OTHERS | | REIMBURSEMENTS/ REFUNDS OF DISBURSEMENT | rs | DIVIDENDS/ ENTEREST |
| | | <u>-</u> | | - | INTEREST |
| COMMITTEE NAME: UNION C | ITY FIRST, INC. | | | | |
| ACCOUNT NAME AND NUMBER: | UNION CITY FIRST, INC. A | CP 416434 | 101 | | |
| CONTRIBUTOR NAME | STATE USE | C# 415431 | CONTRIBUTOR ADDRESS (| MINDED AND CTREET | |
| ELECTION FUND OF WILLIAM O'DEA | | | 444 WEST SIDE AVE | HOMING A(LDS KBE) | |
| OCCUPATION | STATE USE | ONLY | (CITY, STATE AND ZIP COL | DE) | ······································ |
| EMPLOYER NAME | | | JERSEY CITY, NJ 07307 | · | <u> </u> |
| EMI LOTER TOTAL | | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) | <u> </u> | | | 1140 14400 | THIS PERIOD |
| | | | | | |
| (CITY, STATE AND ZIP CODE) | · · · · · · · · · · · · · · · · · · · | | | | |
| JERSEY CITY, NJ 07307 RECEIPT DESCRIPTION (IF IN-KIND) | | | TAGGET CAMPANIA TO THE PARTY | 2/16/2018 | 600,00 |
| | | | AGGREGATE YEAR-TO-DATE 600,00 | 1 | |
| | | | 000.00 | <u> </u> | |
| CONTRIBUTOR NAME | STATE USE | ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | <u> </u> |
| ELIZABETH LYDECKER OCCUPATION | | - | 219 39TH ST | · | |
| EXC DRIVER | STATE USE | ONLY | (CITY, STATE AND ZIP COD | PE) | |
| EMPLOYER NAME | | | UNION CITY, NJ 07108 | DATE/S) DECEMEN | 44.00.00.00.00.00.00.00.00 |
| UCBOE | | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | • | · · · · · · · · · · · · · · · · · · · | 7 | |
| 3912 BERGEN TURNPIKE (CITY, STATE AND ZIP CODE) | <u> </u> | - <u>-</u> - | | _ | |
| UNION CITY, NJ 07087 | | | | 3/13/2018 | 600.00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | <u> </u> | | AGGREGATE YEAR-TO-DATE | 3/13/2010 | 600.00 |
| | | | 600,00 | | |
| CONTRIBUTOR NAME | DT 1557 (10x | | GOLVED COLUMN TO THE COLUMN TO | | |
| ELKE VOIGT | STATE USE | ONLY | CONTRIBUTOR ADDRESS (1 39-10 PELLINGTON DR | NUMBER AND STREET) | |
| OCCUPATION | STATE USE | ONLY | (CITY, STATE AND ZIP COD | E) | |
| POOL DIRECTOR | | | FAIR LAWN, NJ 07410 | <u></u> | |
| BMPLOYER NAME RON DARIO POOL | | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | | | THIS PERIOD | THIS PERIOD |
| 500 WEST STREET | | | | | |
| (CITY, STATE AND ZIP CODE) | · · · · · · · · · · · · · · · · · · · | | | 7 | |
| UNION CITY, NJ 07087 RECEIPT DESCRIPTION (IF IN-KIND) | | | | 2/23/2018 | 900.00 |
| ADDERN'T TON (IF NAMED) | | | AGGREGATE YEAR-TO-DATE | | |
| | · · · · · · · · · · · · · · · · · · · | _ | 900.00 | | |
| CONTRIBUTOR NAME | STATE USE | ONLY | CONTRIBUTOR ADDRESS (N | IUMBER AND STREET) | |
| ERNESTO GARCIA | | | 100 MANHATTAN AVE | • | |
| EDUCATOR | STATE USE | ONLY | (CITY, STATE AND ZIP CODI | E) | |
| EMPLOYER NAME | | | UNION CITY, NJ 07108 | A ATTENCY DESCRIPTION | 1 |
| UCBOE | | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | | 7 | |
| 3912 BERGEN TURNPIKE (CITY, STATE AND ZIP CODE) | | | | _ | |
| UNION CITY, NJ 07087 | | | | 2/02/02/0 | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | | AGGREGATE YEAR-TO-DATE | 3/22/2018 | 600.00 |
| | | | 600.00 | | [|
| 1.SUBTOTAL (Add all re | ceipts listed on this page) | | | | 2,700.00 |
| each receipt ture. Commiss | S PERIOD (Complete this line on rward to applicable line on Page | the last p | age used for | | |
| tuen receipt type. Carry 10 | THAT TO APPECADIC SINE ON YAGE | 4, COLUMI | 1 A.) | _ | † |

| ITEMIZED RECEIPTS (| OTHER THAN LOANS) | SCHEDULE A | Page No. | 18 of 54 |
|---|--|---------------------------------------|---------------------------------------|---|
| PLEAS | E TYPE OR PRINT. PHOTOCOPIES MAY I | · · · · · · · · · · · · · · · · · · · | | 10 01 04 |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH T | YPE AND EACH SEPARATE ACCOUNT.) | DE COSE IF ADDITIONAL FORM | HS ARE NEEDED. | <u> </u> |
| X MONETARY | 1 | | | |
| CONTRIBUTIONS | IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS | REIMBURSEMENTS/ | | DIVIDENDS/ |
| | LAFERDITORES MADE BY OTHERS | REFUNDS OF DISBURSEME. | NTS | INTEREST |
| COMMITTEE NAME: UNION CIT | Y FIRST, INC. | | · · · · · · · · · · · · · · · · · · · | /* bridding Wiles of the control of |
| ACCOUNT NAME AND NUMBER: UI | | | | |
| CONTRIBUTOR NAME | NION CITY FIRST, INC. AC# 4154 STATE USE ONLY | | | |
| ESMERALDA DORESTE-ROMAN | STATE OSE ONLY | CONTRIBUTOR ADDRESS 817- 19TH ST | (NUMBER AND STREET) | - |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP CO | DDE) | _ |
| DIRECTOR OF ADULT EDUCATION EMPLOYER NAME | | UNION CITY, NJ 07086 | • | |
| UCBOE | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | <u> </u> | THIS PERIOD | THIS PERIOD |
| 3912 BERGEN TURNPIKE | | | | |
| (CITY, STATE AND ZIP CODE) | <u> </u> | | | |
| UNION CITY, NJ 07087 RECEIPT DESCRIPTION (IF IN-KIND) | | | 3/15/2018 | 1,250,00 |
| ALCENT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 7 | |
| | | 1,250.00 | | <u> </u> |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | (MILABED AND STREET) | |
| FELIX MENDELSON | | 222 JO DRIVE | (HUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP CO | DE) | · |
| REAL ESTATE EMPLOYER NAME | | LOS GATOS, CA 95032 | | |
| CENTRAL HOTEL LLC | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| 413-417 38TH STREET | | | | |
| (CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 RECEIPT DESCRIPTION (IF IN-KIND) | | · | 2/7/2018 | 1,250.00 |
| COLUMN TOWN (IF DA-KIND) | | AGGREGATE YEAR-TO-DATE | | |
| | | 1,250.00 | <u></u> | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | NUMBER AND STREET | |
| FLIA VERAS | | 227 48 TH ST | (TOMOBINADI) | |
| CLISTON | STATE USE ONLY | (CITY, STATE AND ZIP CO | DE) | · |
| CUSTODIAN MPLOYER NAME | | UNION CITY, NJ 07087 | , | |
| UCBOE | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| 3912 BERGEN TURNPIKE | | | ļ | |
| CITY, STATE AND ZIP CODE) | · | <u> </u> | | |
| UNION CITY, NJ 07087 ECEIPT DESCRIPTION (IF IN-KIND) | | | 3/5/2018 | 400.00 |
| tion (2 Evides) | | AGGREGATE YEAR-TO-DATE | | |
| | | 400,00 | <u> </u> | |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| FRANK DE LA SOTO | | 4901 BORADWAY AVE | · · · · · · · · · · · · · · · · · · · | |
| CCUPATION WATER PURIFICATION | STATE USE ONLY | (CITY, STATE AND ZIP COD | DE) | |
| MPLOYER NAME | | UNION CITY, NJ 07123 | | |
| AI PURIFIED WATER LLC | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | | <u> </u> | | THIS PERIOD |
| 4901 BORADWAY AVE | | | | |
| CITY, STATE AND ZIP CODE) UNION CITY, NJ 07123 | | | 7 | 1 |
| ECEIPT DESCRIPTION (IF IN-KIND) | | 1.00 | 3/15/2018 | 1,200.00 |
| | | AGGREGATE YEAR-TO-DATE | 1 | |
| 1.SUBTOTAL (Add all recei | pts listed on this page) | 1,200.00 | <u> </u> | 4.50.00 |
| 2.TOTAL RECEIPTS, THIS P | ERIOD (Complete this line on the last | page used for | | 4,100.00 |
| each receipt type. Carry forw | ard to applicable line on Page 2, Colum | ın Á.) | | ļ |

| ITEM | IIZED RECEIPTS | (OTHER T | HAN LOANS) | SCHEDULE A | Page No. | 19 of 54 |
|--|-------------------------------|--|-----------------------------|--|---------------------------------|---------------------------------------|
| | PLI | EASE TYPE OR PRIM | T. PHOTOCOPIES MAY B | E USED IF ADDITIONAL FORM | S ARE NEEDED. | |
| RECEIPT TYPE (USE A | SEPARATE 'SCHEDULE A' FOR EA | | <u>'</u> | | | |
| X Mor | NETARY | IN-KIND CONT | RIBUTIONS. | REIMBURSEMENTS | | DIV(DENDS/ |
| COV | NTRIBUTIONS | EXPENDITURE | s made by others | REFUNDS OF DISBURSEMENT | rs | INTEREST |
| COMMITTEE NA | AME: UNION (| CITY FIRST, INC | | | | |
| 1000mm Star | | | | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · |
| CONTRIBUTOR NAM | E AND NUMBER: | UNION CITY F | | | | |
| FREDRICK HU | | | STATE USE ONLY | CONTRIBUTOR ADDRESS (| |) |
| OCCUPATION | | - | STATE USE ONLY | 260 PROSPECT AVE 86: (CITY, STATE AND ZIP COI | | |
| SUPERVISOR | ····· | | | HACKENSACK, NJ 0760 | • | |
| EMPLOYER NAME UCBOE | | | | • | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| | SS (NUMBER AND STREET) | <u> </u> | | · | DOMES SELLT | THIS PERIOD |
| 3912 BERGEN | · | | | | | |
| (CITY, STATE AND | , | | | | | |
| UNION CITY, I RECEIPT DESCRIPT: | | _ | | | 3/22/2018 | 1,250.00 |
| NECON (DESCRIPT) | MA (IC IN-KIND) | | | AGGREGATE YEAR-TO-DATS | | |
| ·• <u>.</u> | | | <u> </u> | 1,250,00 | <u></u> | |
| CONTRIBUTOR NAM | ME | · . | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET |) |
| GAIL RENGEL | | | | 523 35TH ST | | , |
| OCCUPATION ATTORNEY | | | STATE USE ONLY | (CITY, STATE AND ZIP COD | PE) | |
| EMPLOYER NAME | | | | UNION CITY, NJ 07087 | | _ |
| GAIL RENGEL | | | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| | SS (NUMBER AND STREET) | <u>, </u> | | | - | |
| 523 35TH ST (CITY, STATE AND: | ZID CANES | <u></u> | | | | |
| UNION CITY, N | • | | | | | |
| RECEIPT DESCRIPTI | | | <u> </u> | AGGREGATE YEAR-TO-DATE | 2/27/2018 | 500.00 |
| · · · <u>- · · · · · · · · · · · · · · · ·</u> | | <u>.</u> | | 500,00 | | |
| CONTRIBUTOR NAM | ···· | ···· | | | | |
| GANESH SWAN | | | STATE USE ONLY | CONTRIBUTOR ADDRESS () | NUMBER AND STREET | |
| OCCUPATION | | | STATE USE ONLY | 710 SUMMIT AVE (CITY, STATE AND ZIP COD | F\ | |
| · | | | | UNION CITY, NJ 07087 | _, | |
| EMPLOYER NAME | | | | | DATE(\$) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRES | SS (NUMBER AND STREET) | | | | THÍS PERIOD | THIS PERIOD |
| - - | the formatting of the stay of | | | | | |
| (CITY, STATE AND 2 | ZIP CODE) | <u> </u> | | | ∤ | |
| RECEIPT DESCRIPTION | COLUMN TOWN | <u></u> | | | 3/22/2018 | 600,00 |
| CECEIFT DESCRIPTO | ON (IF IN-KIND) | | | AGGREGATE YEAR-TO-DATE | | |
| | <u> </u> | | | 600.00 | <u> </u> | |
| CONTRIBUTOR NAM | Æ | | STATE USE ONLY | CONTRIBUTOR ADDRESS (N | TUMBER AND STREET | |
| GAUTAM SAGI | <u> </u> | | | 1427 GRAND STREET | ····, | |
| OCCUPATION CONSTRUCTIO | w. | | STATE USE ONLY | (CITY, STATE AND ZIP CODI | В) | |
| MPLOYER NAME | | | | HOBOKEN, NJ 07030 | | |
| GREEN REALT | Y LLC | | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| | S (NUMBER AND STREET) | | · . | | 7 | |
| 1410 PALISADE | | | <u> </u> | | | |
| CITY, STATE AND Z UNION CITY, N | • | | | | | |
| ECEIPT DESCRIPTION | | <u> </u> | <u> </u> | AGGREGATE YEAR-TO-DATE | 2/19/2018 | 2,500.00 |
| | <u> </u> | | | 2,500.00 | | |
| | 1.SUBTOTAL (Add all r | eccipts listed on th | nis page) | | -1 | 4,850.00 |
| 2, | TOTAL RECEIPTS, TH | IS PERIOD (Com | plete this line on the last | page used for | | |
| | each receipt type, Carry (| orwara to applica | mic une on Page 2, Colum | an A.) | | |

| ITEMIZED REC | CEIPTS (OTHER THAN LOANS) | SCHEDULE A | Page No. | 20 of 54 |
|--|---|--|---------------------------------|--|
| | PLEASE TYPE OR PRINT. PHOTOCOPIES MAY I | BE USED IF ADDITIONAL FORM | S ARE NEEDED. | |
| RECEIPT TYPE (USE A SEPARATE "SCHEDI | J.E A" FOR EACH TYPE AND EACH SEPARATE ACCOUNT.) | | | <u> </u> |
| X MONETARY | IN-KIND CONTRIBUTIONS- | | | |
| CONTRIBUTIONS | EXPENDITURES MADE BY OTHERS | REIMBURSEMENTS/ REFUNDS OF DISBURSEMEN | rs | DIVIDENDS/ INTEREST |
| 201.0 | | MAI OTHE OF BROOKSHILL | 1.0 | INTEREST |
| COMMITTEE NAME: | UNION CITY FIRST, INC. | | | |
| ACCOUNT NAME AND NUMB | ER: UNION CITY FIRST, INC. AC# 4154 | 2181 | | ······································ |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| GERALDINE PEREZ | | 1910 PALISADE AVE | | |
| OCCUPATION PRINCIPAL | STATE USE ONLY | (CITY, STATE AND ZIP COL |)E) | |
| EMPLOYER NAME | | UNION CITY, NJ 07087 | | |
| UCB0E | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AN | D STREET) | | \dashv | |
| 3912 BERGEN TURNPIKE (CITY, STATE AND ZIP CODE) | | *************************************** | | |
| UNION CITY, NJ 07087 | | | 2/5 (2010) | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/5/2018 | 1,250.00 |
| | | 1,250.00 | | |
| CONTRIBUTOR NAME | | | | |
| GERARDO TAN | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | 279 GRACE AVE (CITY, STATE AND ZIP COE |)F) | |
| DEVELOPER | | SEACAUCUS, NJ 07094 | , | |
| EMPLOYER NAME | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| GERARDO TAN EMPLOYER ADDRESS (NUMBER ANI | STREET | <u> </u> | THIS PERIOD | THIS PERIOD |
| 279 GRACE AVE | | | | |
| (CITY, STATE AND ZIP CODE) | | | \dashv | |
| SEACAUCUS, NJ 07094 | | | 3/20/2018 | 600,00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | |
| · | | 600,00 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (1 | NUMBER AND STREET) | |
| GINELLA INC OCCUPATION | | 2308 BERGENLINE AVE | · · | |
| CCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COD | E) | <u> </u> |
| MPLOYER NAME | | UNION CITY, NJ 07087 | I | |
| | <u> </u> | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| IMPLOYER ADDRESS (NUMBER AND | STREET) | <u> </u> | 7 | |
| (CITY, STATE AND ZIP CODE) | | | | |
| , , , | | | 3/20/2018 | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/20/2018 | 550,00 |
| <u></u> <u></u> - | | 550.00 | | |
| ONTRIBUTOR NAME | STATE USE ONLY | (A) main was to see a | (D) | |
| RAMON M. GONZALEZ | STATE USE UNLY | CONTRIBUTOR ADDRESS (N 545-547 39TH ST. SUITE | - | |
| CCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP CODE | | |
| ATTORNEY MPLOYER NAME | | UNION CITY, NJ 07087 | <u> </u> | |
| GONZALEZ Y CARIDE ESQS | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND | STREET) | ····· | THIS PERIOD | This period |
| 545-547 39TH ST | | | | |
| CITY, STATE AND ZIP CODE) | | *************************************** | 7 | |
| UNION CITY, NJ 07087 ECEIPT DESCRIPTION (IF IN-KIND) | | 1000-15-15-15-15-15-15-15-15-15-15-15-15-15- | 3/5/2018 | 1,250.00 |
| | | AGGREGATE YEAR-TO-DATE | | |
| | (Add all receipts listed on this page) | | <u> </u> | 3,650.00 |
| 2.TOTAL RECE | IPTS, THIS PERIOD (Complete this line on the last | page used for | | 3,030,00 |
| each receipt ty | pe. Carry forward to applicable line on Page 2, Colum | nn A.) | | |

| TTEMIZED RECEIPT | S (OTHER THAN LOANS) | SCHEDULE A | Page No. | 21 of 54 |
|--|---|--|---------------------|--------------------|
| | PLEASE TYPE OR PRINT, PHOTOCOPIES MAY BI | E USED IF ADDITIONAL FORM | IS ARE NEEDED, | - |
| RECEIPT TYPE (USE A SEPARATE *SCHEDULE A* FOR | | | | |
| X MONETARY | IN-KIND CONTRIBUTIONS- | | | [] |
| CONTRIBUTIONS | EXPENDITURES MADE BY OTHERS | RETIMBURSEMENTS/ | etvo | DIVIDENDS |
| | EXTENDED OF UTBERS | REFUNDS OF DISBURSEMEN | TIS . | INTEREST |
| COMMITTEE NAME: UNION | CITY FIRST, INC. | | | <u> </u> |
| A COOLDED VIA TO A TO | | | · | |
| ACCOUNT NAME AND NUMBER: CONTRIBUTOR NAME | UNION CITY FIRST, INC. AC# 41543. | | | |
| H&M FOOD OF NJ CORP | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | 601 4TH STREET (CITY, STATE AND ZIP CO | DE) | <u> </u> |
| | | UNION CITY, NJ 07087 | • | |
| EMPLOYER NAME | | , | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET | | | тыз уелюр | THIS PERIOD |
| EMI-DO TEK ADDRESS (NUMBER AND STREET | 7 | | | |
| (CITY, STATE AND ZIP CODE) | | | | |
| · | | | 2/21/2018 | 1,250.00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | - 21/2010 | 1,230.00 |
| · <u>, </u> | <u> </u> | 1,250.00 | | |
| CONTRIBUTOR NAME | | · | | |
| HELEN BRZOZOWSKI | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | 917 SUMMIT AVE (CITY, STATE AND ZIP COI | YE\ | |
| TEACHER | Print Ball direct | UNION CITY, NJ 07089 | · | |
| EMPLOYER NAME | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| UCBOE | | | THIS PERIOD | THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET |) | | | |
| 3912 BERGEN TURNPIKE (CITY, STATE AND ZIP CODE) | | <u> </u> | | |
| UNION CITY, NJ 07087 | | | 2700000 | |
| RECEIPT DESCRIPTION (IF IN-KIND) | ······································ | AGGREGATE YEAR-TO-DATE | 2/28/2018 | 2,500,00 |
| | | 2,500.00 | | |
| CONTRIBUTOR NAME | | | | |
| HOBOKEN LOCK AND SUPPPLY INC | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | ···· |
| OCCUPATION | STATE USE ONLY | 624 WASHINGTON ST (CITY, STATE AND ZIP COD | N2) | |
| | STATE OSE ORLE | HOBOKEN, NJ 07030 |)E) | |
| EMPLOYER NAME | | 110DOKEN, 10 07030 | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| TO OTHER AND DESCRIPTION OF THE PROPERTY OF TH | | | THIS PERIOD | THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) |) | | | |
| (CITY, STATE AND ZIP CODE) | | | _ | |
| | | | 2/12/2019 | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/12/2018 | 1,250,00 |
| | | 1,250.00 | | |
| CONTRIBUTOR NAME | ···· | | | |
| IAN E NUNEZ | STATE USE ONLY | CONTRIBUTOR ADDRESS (1 | NUMBER AND STREET) | |
| DCCUPATION | STATE USE ONLY | 1614 HAMILTON ST | <u></u> | |
| POLICE OFFICER | SAME ONE ONLY | (CITY, STATE AND ZIP COD BELLEVILLE, NJ 07109 | E) | |
| EMPLOYER NAME | | (DELLES TELLES, NO U/ IV) | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| UNION CITY POLICE | | | THIS PERIOD | THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) | · · · · · · · · · · · · · · · · · · · | | | [[|
| 3715 PALISADE AVE (CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | 2/22/24/2 | |
| RECEIPT DESCRIPTION (IF IN-KEND) | | AGGREGATE YEAR-TO-DATE | 3/22/2018 | 600.00 |
| | | 600.00 | 1 | |
| 1.SUBTOTAL (Add a) | l receipts listed on this page) | | | 5,600.00 |
| 2.TOTAL RECEIPTS, T | HIS PERIOD (Complete this line on the last p | page used for | | |
| each receipt type. Carry | y forward to applicable line on Page 2, Colum | in A.) | | ı İ |

| TI EMIZED, RECEIPTS (| JIHER THAN LOANS) | SCHEDULE A | Page No. | 22 of 54 |
|---|--|--|------------------------|--------------------|
| | E TYPE OR PRINT. PHOTOCOPIES MAY B | B USED IF ADDITIONAL FORM | MS ARE NEEDED. | |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH 1 | YPE AND BACH SEPARATE ACCOUNT.) | | | |
| X MONETARY | IN-KIND CONTRIBUTIONS- | DEL STRUCK | | |
| CONTRIBUTIONS | EXPENDITURES MADE BY OTHERS | REIMBURSEMENTS/ REFUNDS OF DISBURSEMEN | Tre | DIVIDENDS/ |
| | The state of the s | KEPONDS OF DISBORSEMEN | 112 | INTEREST |
| COMMITTEE NAME: UNION CIT | Y FIRST, INC. | | | |
| ACCOUNT NAME AND NUMBER: UI | NION CITY FIRST, INC. AC# 41543 | 191 | · · | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| IGNACIO LUIS WUST | | 293 GRACE AVE | (Manual Manual Manual) | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP CO | DE) | |
| DEVELOPER EMPLOYER NAME | | SEACAUCUS, NJ 07094 | <u></u> | |
| SELF EMPLOYED | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | _ _ | THIS PERIOD | THIS PERIOD |
| 293 GRACE AVE | | | | |
| (CITY, STATE AND ZIP CODE) | | ··· | - | |
| SEACAUCUS, NJ 07094 | | | 3/13/2018 | 2,500.00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-YO-DATE | | |
| <u> </u> | | 2,500.00 | | <u></u> |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | ATTIMDED AND COMME | |
| LAWRENCE R. INSERRA JR. | GIATE DOD ONE! | 20 RIDGE ROAD | (HOMBER AND STREET) | |
| OCCUPATION | STATE USB ONLY | (CITY, STATE AND ZIP CO | DE) | |
| SUPERMARKET EXECUTIVE | | MAHWAH, NJ 07430 | , | |
| EMPLOYER NAME | | <u> </u> | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| INSERRA SUPERMARKETS EMPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| 2 RIDGE ROAD | | | | |
| (CITY, STATE AND ZIP CODE) | | | | |
| MAHWAY, NJ 07430 | | | 2/7/2018 | 500.00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 2 7/2019 | 300.00 |
| | | 500.00 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | AUTOPP AND PROFESSION | |
| IRMA ARENCIBIA | | 4545 PALISADE AVE | (NONDER AND SIREBI) | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COL | DE) | |
| TEACHER | | UNION CITY, NJ 07087 | <u> </u> | |
| EMPLOYER NAME | | · · · · · · · · · · · · · · · · · · · | DATE(8) RECEIVED | AMOUNT(S) RECEIVED |
| UCBOE EMPLOYER ADDRESS (NUMBER AND STREET) | | <u> </u> | THIS PERIOD | THIS PERIOD |
| 3912 BERGEN TURNPIKE | | | | |
| (CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | 3/8/2018 | 400.00 |
| RECEIFT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | 100.00 |
| | | 400.00 | <u> </u> | |
| CONTRIBUTOR NAME | STATE USE ONLY | COMPRESSION | AND COURT / 1 | |
| JASON BUSCHHOFF | SIATE DSC ORLY | CONTRIBUTOR ADDRESS (100 MANHATTAN AVE | _ | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COL | | |
| RETIRED | | UNION CITY, NJ 07095 | • | |
| EMPLOYER NAME | | , <u>1,6</u> ,4,1,5,1 | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| 20 120 (NOMEDER AND STREET) | | | | |
| (CITY, STATE AND ZIP CODE) | | | \dashv | |
| · | | | 3/10/2018 | 400,00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | 400,000 |
| | | 400.00 | | |
| 1.SUBTOTAL (Add all rece | | | | 3,800.06 |
| ### PACK RECEIPTS, THIS | PERIOD (Complete this line on the last) | page used for | | |
| then receipt type. Carry 10ft | ward to applicable line on Page 2, Colum | III A.) | | 1 |

| ITEMIZED RECEIPT | (S (OTHER THAN LOANS) | SCHEDULE A | Page No. | 23 of 54 |
|--|---|---|---------------------|--------------------------------|
| | PLEASE TYPE OR PRINT. PHOTOCOPIES MAY I | BE USED IF ADDITIONAL FORM | MS ARE NEEDED. | |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR | EACH TYPE AND EACH SEPARATE ACCOUNT.) | | | |
| X MONETARY | IN-KIND CONTRIBUTIONS | To Eith 4 to 1 to Alexa area area. | | |
| CONTRIBUTIONS | EXPENDITURES MADE BY OTHERS | reimbursements/ Refunds of disbursemen | TT Q | DIVIDENDS/ |
| · | | NOT CIVE OF DISDONSBURE | 115 | INTEREST |
| COMMITTEE NAME: UNIO | N CITY FIRST, INC. | | | · |
| ACCOUNT NAME AND NUMBER: | | | | |
| CONTRIBUTOR NAME | UNION CITY FIRST, INC. AC# 4154 | | | |
| RENE JINORIO | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | 287 JULIANNE TER (CITY, STATE AND ZIP CO | DE) | |
| OWNER | | SECAUCUS, NJ 07094 | , | |
| EMPLOYER NAME | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| JINCO EMPLOYER ADDRESS (NUMBER AND STREE | T) | <u> </u> | THIS PERIOD | THIS PERIOD |
| 287 JULIANNE TR | 1) | | | |
| (CITY, STATE AND ZIP CODE) | | | | |
| SEACAUCUS, NJ 07094 | | | 3/16/2018 | 1.350.00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | <u>.</u> | AGGREGATE YEAR-TO-DATE | 3/10/2018 | 1,250.00 |
| | | 1,250.00 | | |
| CONTRIBUTOR NAME | | | | |
| JOANNA CASTIALLO | STATE USE ONLY | CONTRIBUTOR ADDRESS | | |
| OCCUPATION | STATE USE ONLY | 1112 WASHINGTON AV | · | |
| SCHOOL ADMINISTRATOR | STATE COST ONE! | (CITY, STATE AND ZIP CO. HOBOKEN, NJ 07030 | DE) | |
| EMPLOYER NAME | | INOBOKEN, NJ 0/030 | DATE(S) RECEIVED | A COLUMNIA DECEMBE |
| UCBOE | | | THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| MPLOYER ADDRESS (NUMBER AND STREET | r) | | - | |
| 3912 BERGEN TURNPIKE (CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-10-DATE | 3/22/2018 | 1,250.00 |
| | | 1,250,00 | | |
| CONTRIBUTOR NAME | GT ATTO LIGHT | | | |
| JOAQUIN RODRIGUEZ | STATE USE ONLY | CONTRIBUTOR ADDRESS (| | , , |
| OCCUPATION | STATE USB ONLY | 4414 BERGENLINE AVI | | |
| OPTICIAN | 33112 GG2 GN21 | UNION CITY, NJ 07126 |)C) | |
| EMPLOYER NAME | | 011011 0111,113 07120 | DATE(8) RECEIVED | AMOUNT(S) RECEIVED |
| OPTICAL VISION | | | THIS PERIOD | THIS PERIOD |
| MPLOYER ADDRESS (NUMBER AND STREET 4414 BERGENLINE AVE |) | | | |
| CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07126 | | | 2/12/0010 | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/13/2018 | 500.00 |
| | | 500.00 | - | |
| ONTRIBUTOR NAME | | | | |
| JOCELYN RIVAS | STATE USE ONLY | CONTRIBUTOR ADDRESS () | | - |
| CCUPATION | STATE USE ONLY | 70 VREELAND AVENUE (CITY, STATE AND ZIP COD | | |
| TEACHER | | UNION CITY, NJ 07087 | .b) | |
| MPLOYER NAME | | 214011 0111,14 07007 | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| WEI OVER ADDRESS OF TARRED AND CORPORA | | | THIS PERIOD | THIS PERIOD |
| MPLOYER ADDRESS (NUMBER AND STREET) 3912 BERGEN TURNPIKE | | | | |
| CITY, STATE AND ZIP CODE) | | | _ | |
| UNION CITY, NJ 07087 | | | 2/22/2019 | |
| ECHIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 2/23/2018 | 600.00 |
| | | 600,00 | | |
| 1.SUBTOTAL (Add al | l receipts listed on this page) | | | 3,600.00 |
| 2.TOTAL RECEIPTS, T | HIS PERIOD (Complete this line on the last | page used for | | |
| each receipt type. Carr | y forward to applicable line on Page 2, Colun | on A.) | | |

| ITEMIZED RECEIP | IS (OTHER THAN LOANS) | SCHEDULE A | Page No. | 24 of 54 |
|---|---|---|------------------------------|--------------------------------|
| • | PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE | | | 27 02 07 |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR | LEACH TYPE AND EACH SEPARATE ACCOUNT.) | OSED IF ADDITIONAL FURN | 25 ARE NEEDED, | |
| | | _ | | |
| MONETARY CONTRIBUTIONS | IN-KIND CONTRIBUTIONS- | reimbursements/ | | DIVIDENDS/ |
| CONTRIBUTIONS | EXPENDITURES MADE BY OTHERS | refunds of disbursemen | TS | INTEREST |
| COMMITTEE NAME: UNIO | N CITY FIRST, INC. | | <u> </u> | |
| ACCOUNT NAME AND NUMBER: | | | - | |
| CONTRIBUTOR NAME | UNION CITY FIRST, INC. AC# 415431 | | | |
| JODY BURR | STATE USE ONLY | CONTRIBUTOR ADDRESS | | |
| OCCUPATION | STATE USB ONLY | 416 W SADDLE RIVER (CITY, STATE AND ZIP CO.) | | |
| REAL ESTATE | | UPPER SADDLE RIVER | , | |
| EMPLOYER NAME | | OT DIVOIDS IN VEN | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| DB REALTY | | | THIS PERIOD | THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET 3900 BERGEN AVE | r) | | | |
| (CITY, STATE AND ZIP CODE) | | | _ | Į |
| UNION CITY, NJ 07087 | | | a 22 2 2 2 4 | |
| RECEIPT DESCRIPTION (IF IN-KIND) | · | AGGREGATE YEAR-TO-DATE | 2/28/2018 | 500.00 |
| | | 500.00 | | |
| CONTRACTOR | | | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| JOHN BENNETT OCCUPATION | | 15 ROWLAND AVE | | |
| ASSISTANT SUPERINTENDENT | STATE USE ONLY | (CITY, STATE AND ZIP COL | DE) | |
| EMPLOYER NAME | | CLIFTON, NJ 07014 | <u> </u> | |
| UCBOE | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET | 7) | | | , morbidob |
| 3912 BERGEN TURNPIKE (CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | | İ |
| RECEIPT DESCRIPTION (IF IN-KIND) | | Training to the second | 3/12/2018 | 2,500.00 |
| , | | AGGREGATE YEAR-TO-DATE 2,500.00 | | |
| | <u> </u> | [2,300.00 | <u> </u> | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| JOHN JAY HEBERT | | 514 23RD STREET | , | |
| OCCUPATION THEATER DIRECTOR | STATE USE ONLY | (CITY, STATE AND ZIP COD | E) | |
| EMPLOYER NAME | | UNION CITY, NJ 07087 | · | |
| LOOKOUTKITTY 34 LLC | • | | DATE(S) RECEIVED THUS PERIOD | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET |) | | THUS PERIOD | THIS PERIOD |
| 514 23RD STREET | | | | |
| (CITY, STATE AND ZIP CODB) | | | | |
| UNION CITY, NJ 07106 RECEIPT DESCRIPTION (IF IN-KIND) | | | 2/12/2018 | 600.00 |
| Con to Description (in Its Alley) | | AGGREGATE YEAR-TO-DATE | | |
| | | 600.00 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (1 | I IMBER AND STOCETS | |
| JOHN LYNCH ESQ | | 380 MOUNTAIN RD | OUDBRIGO STREET) | |
| CCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COD | E) | |
| LAWYER MPLOYER NAME | | UNION CITY, NJ 07107 | | |
| JOHN LYNCH BSO | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | · · · · · · · · · · · · · · · · · · · | | THIS PERIOD | THIS PERIOD |
| 1814 KENNEDY BLVD | | | | |
| CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07107 | | | 3/14/2018 | 750,00 |
| ECEIPT DESCRIPTION (IF IN-KIND) | - | AGGREGATE YEAR-TO-DATE | 7 | 750,00 |
| LSURTOTAL (Add at | I Magainta Hata - 41.2 | 750.00 | <u></u> | |
| 2.TOTAL RECEIPTS T | l receipts listed on this page) HIS PERIOD (Complete this line on the last pa | and and free | | 4,350.00 |
| each receipt type. Carr | y forward to applicable line on Page 2, Column | ige usen for (A.) | | |
| | | 1 - 4] | | 1 |

| ITEMIZED RECEIPT | S (OTHER THAN LOANS) | SCHEDULE A | Page No. | 25 of 54 |
|--|---|---|---------------------------------|--------------------------------|
| | PLEASE TYPE OR PRINT. PHOTOCOPIES MAY | BE USED IF ADDITIONAL FOR: | · | |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR | EACH TYPE AND EACH SEPARATE ACCOUNT.) | - COLD I ADDITIONAL FOR | MO ARE HEEDED | |
| X MONETARY | IN-KIND CONTRIBUTIONS | | | _ |
| CONTRIBUTIONS | EXPENDITURES MADE BY OTHERS | REIMBURSEMENTS/ REFINDS OF DISBURSEMEN | NTS | DIVIDENDS/ INTEREST |
| COMMITTEE NAME: UNION | N CITY FIRST, INC. | | | LVJERES) |
| ONIO! | CITT FIRST, INC. | | | |
| ACCOUNT NAME AND NUMBER: | UNION CITY FIRST, INC. AC# 4154 | (3181 | | <u> </u> |
| CONTRIBUTOR NAME JOHN MEDINA | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | 317 6TH ST | | |
| SECURITY | STATE OSE GIVE I | (CITY, STATE AND ZIP CO UNION CITY, NJ 07087 | ~ | |
| EMPLOYER NAME | | | DATE(S) RECEIVED | |
| UCBOE | | | THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET 3912 BERGEN TURNPIKE |) | | _ | |
| (CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | 20000000 | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 2/28/2018 | 1,200.00 |
| | | 1,200.00 | | |
| CONTRIBUTION NAME | | | · | |
| CONTRIBUTOR NAME JOHN JAY HEBERT | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| OCCUPATION | CT ATT HOD ON (A) | 514 23RD STREET | | |
| THEATER DIRECTOR | STATE USE ONLY | (CITY, STATE AND ZIP COI | • | |
| EMPLOYER NAME | | UNION CITY, NJ 07106 | | |
| LOOKOUTKITTY 34 LLC | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED TRIS PERIOD |
| SMPLOYER ADDRESS (NUMBER AND STREET) | | | | |
| 514 23RD STREET (CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07106 | | | | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/22/2018 | 1,400.00 |
| | | 1,400.00 | | |
| CONTRIBUTOR NAME | DEPARTMENT OF THE PARTMENT OF | | | |
| JON WELLER | STATE USE ONLY | CONTRIBUTOR ADDRESS (| (NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | 316 EINSENHOWER (CITY, STATE AND ZIP COD | DE) | · |
| TULI REALTY | | LIVINGSTON, NJ 07039 | • | |
| MPLOYER NAME | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| PROPERTY MANAGER MPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| PO BOX 333 | | | | |
| CITY, STATE AND ZIP CODE) | | | _ | |
| LIVINGSTON, NJ 07039 | | | 3/22/2018 | 1 750 00 |
| ECEIPT DESCRIPTION (IF IN-KIND) | | Acoregate year-to-date | | 1,250.00 |
| | | 1,250.00 | | |
| ONTRIBUTOR NAME | STATE USE ONLY | COMPANIED ADDRESS (| | |
| JORGE RIVERA FUNERAL HOME INC | | CONTRIBUTOR ADDRESS (N 4543 KENNEDY BLVD | NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COD |)B) | |
| MPLOYER NAME | | NORTH BERGEN, NJ 070 | | |
| WITTO I ER NAME | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| | | | | |
| LITY, STATE AND ZIP CODE) | | | \dashv | ļ. [|
| SOUTH INDOMESTICS AND THE STATE OF THE STATE | | | 3/15/2018 | 600.00 |
| CEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | 000.00 |
| f STIRTOTAL (A32.n | descripto Historia | 600.00 | | |
| 2,TOTAL RECEIPTS. TI | receipts listed on this page) HIS PERIOD (Complete this line on the last | nago use 1 C | | 4,450.00 |
| each receipt type. Carry | forward to applicable line on Page 2, Colum | page used for | | |
| Ingery Flection I am E-A | Present was on a use of Colon | | | [] |

| ITEMIZED RECEI | PTS (OTHER THAN LOANS) | SCHEDULE A | Page No. | 26 of 54 |
|--|--|---|------------------------------|--------------------|
| | | | | 20 01 34 |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" | PLEASE TYPE OR PRINT. PHOTOCOPIES MAY E FOR EACH TYPE AND EACH SEPARATE ACCOUNT.) | BE USED IF ADDITIONAL FOR | MS ARE NEEDED. | |
| 1 | · | | | |
| X MONETARY CONTRIBUTIONS | IN-KIND CONTRIBUTIONS | REIMBURSEMENTS | | DIVIDENDS/ |
| OUNTABBLIONS | EXPENDITURES MADE BY OTHERS | REFUNDS OF DISBURSEME | NTS | INTEREST |
| COMMITTEE NAME: UN | ION CITY FIRST, INC. | | | ~ |
| ACCOUNT NAME AND MIR OPEN | | · · · · · · · · · · · · · · · · · · · | | |
| ACCOUNT NAME AND NUMBER: CONTRIBUTOR NAME | UNION CITY FIRST, INC. AC# 41543 | | | |
| JORGE RODRIGUEZ | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) |) |
| OCCUPATION | STATE USE ONLY | 20 CARMINA AVE (CITY, STATE AND ZIP CO | ne. | |
| COMPTROLLER | | RUTHERFORD, NJ 070 | | |
| EMPLOYER NAME | | 110 171010 010, 147 070 | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| UCBOE | | | THIS PERIOD | THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STR 3912 BERGEN TURNPIKE | EET) | | | |
| (CITY, STATE AND ZIF CODE) | | <u> </u> | _ | |
| UNION CITY, NJ 07087 | | | 2000000 | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/20/2018 | 1,250,00 |
| | | 1,250.00 | | |
| 202 | | | <u></u> | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| JOSE PEDRAZA OCCUPATION | | 300 45TH ST APT 5D | <u> </u> | |
| DEAN OF STUDENTS | STATE USE ONLY | (CITY, STATE AND ZIP CO | • | |
| EMPLOYER NAME | | UNION CITY, NJ 07089 | · | |
| UCBOE | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STR | BET) | | - Ind FERON | THIS PERIOD |
| 3912 BERGEN TURNPIKE | | | | |
| (CITY, STATE AND ZIP CODE) UNION CITY, NJ 07087 | | - | _ | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | | 2/28/2018 | 1,250.00 |
| , | | AGGREGATE YEAR-TO-DATE | | |
| | | 1,250.00 | <u>l</u> | <u> </u> |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET | |
| JOSE SALAMANCA | | 3514 PALISADE AVE | , resident of the billion of | |
| ECUPATION RETIRED | STATE USE ONLY | (CITY, STATE AND ZIP COI | DE) | |
| MPLOYER NAME | | UNION CITY, NJ 07086 | | |
| | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STRE | ET) | | THIS PERLOD | THIS PERIOD |
| | | | İ | |
| CITY, STATE AND ZIP CODE) | | | | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | | 3/14/2018 | 360,00 |
| Tobleta Hot (if IN-KIND) | | AGGREGATE YEAR-TO-DATE | | |
| | | 360.00 | | |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| MINDED AND OTREDO | |
| JOSEPH BONACCI | | 1014 KENNEDY BLVD A | | |
| CCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COD | | |
| DEAN OF STUDENTS MPLOYER NAME | | UNION CITY, NJ 07087 | • | |
| UCBOE | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET | 37) | | THIS PERIOD | Thus period |
| 3912 BERGEN TURNPIKE | / | | | |
| CITY, STATE AND ZIP CODE) | | | _ | |
| UNION CITY, NJ 07087 | | | 3/19/2018 | 1 2 4 2 6 2 |
| ECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/17/2010 | 1,250.00 |
| Agreemen | | 1,250.00 | | |
| I,SUBTOTAL (Add | all receipts listed on this page) | | | 4,110.00 |
| each receipt time. Co. | THIS PERIOD (Complete this line on the last p | oage used for | | ., |
| escu receipt type. Ca | rry forward to applicable line on Page 2, Colum | п А.) | | i |

| TIEMIZED RECEIP | TS (OTHER THAN LOANS) | SCHEDULE A | Page No. | 27 of 54 |
|--|--|--|---|---------------------|
| | PLEASE TYPE OR PRINT. PHOTOCOPIES MAY | BE USED IF ADDITIONAL FOR | MS ARE NEEDED. | |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FO | R EACH TYPE AND EACH SEPARATE ACCOUNT.) | | | |
| X MONETARY | DI VIDE CONTRIGUIZIONIO | | | _ |
| CONTRIBUTIONS | IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS | REMBURSEMENTS/ | A | DIAIDEND2/ |
| | | REFUNDS OF DISBURSEME | NTS | INTEREST |
| COMMITTEE NAME: UNIO | N CITY FIRST, INC. | | · · · · · · · · · · · · · · · · · · · | |
| ACCOUNT NAME AND NUMBER: | TANGAN GERMANIA | | | |
| CONTRIBUTOR NAME | UNION CITY FIRST, INC. AC# 4154 STATE USE ONLY | | | |
| JOSEPH FERRANTE | SINIEUSEURLI | CONTRIBUTOR ADDRESS 20 FRIOR WAY | (NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP CO | DDE) | |
| ADMINISTRATOR EMPLOYER NAME | | WAYNE, NJ 07470 | - / | |
| UCBOE | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREE | 'n | | THIS PERIOD | THIS PERIOD |
| 25 KENNEDY | • 7 | | | |
| (CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07091 | | | 3/15/2018 | 1 350 00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3.70,2015 | 1,250.00 |
| | | 1,250.00 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTROL TO LA CO | <u>. </u> | |
| JOSEPH GAUDIO | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | PO BOX 1144 (CITY, STATE AND ZIP CO | DF) | |
| SELF EMPLOYED | | UNION CITY, NJ 07087 | | |
| EMPLOYER NAME NICKLE MANAGEMENT | - | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET | | <u> </u> | THIS PERIOD | THIS PERIOD |
| PO BOX 1144 | • | | | |
| (CITY, STATE AND ZIP CODE) | | | _ | |
| UNION CITY, NJ 07087 | | | 2/15/2018 | 1 250 00 |
| RECEIPT DESCRIPTION (IF IN-KIND) | · · · · · · · · · · · · · · · · · · · | AGGREGATE YEAR-TO-DATE | | 1,250.00 |
| | <u> </u> | 1,250.00 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIDUCTION A SURPLICA | | |
| JP MARBLE AND GRANITE CORP | | CONTRIBUTOR ADDRESS (706 6TH ST | NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COI | DE) | |
| MPLOYER NAME | | UNION CITY, NJ 07087 | • | |
| A STANDAL | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET |) | | THIS PERIOD | THIS PERIOD |
| | | | | |
| CITY, STATE AND ZIP CODE) | | | \dashv | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | ···· | 3/8/2018 | 500,00 |
| The state of the s | | AGGREGATE YEAR-TO-DATE | | 102,00 |
| | | 500.00 | <u></u> | |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (I | VIIMBER AND STREET | |
| JP PLUMBING HEATING CCUPATION | | PO BOX 1781 | TOTALE AND STREET) | |
| CCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COD | E) | |
| MPLOYER NAME | | HOBOKEN, NJ 07030 | | |
| | | | DATE(S) RECEIVED | AMOUNT(\$) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | | ···· | THIS PERTOD | THIS PERIOD |
| NAME OF LINE AND STREET | | • | 1 | |
| HTY, STATE AND ZIP CODE) | | | ┪ | |
| CEIPT DESCRIPTION (IF IN-KIND) | | · | 3/21/2018 | 500.00 |
| | | AGGREGATE YEAR-TO-DATE | 1 | |
| 1.SUBTOTAL (Add a) | l receipts listed on this page) | 500.00 | | |
| 2.TOTAL RECEIPTS, T | HIS PERIOD (Complete this line on the last a | page used for | | 3,500.00 |
| cach receipt type. Carry | y forward to applicable line on Page 2, Colum | n A.) | | |

| ITEMIZED RECEI | PTS (OTHER THAN LOANS) | SCHEDULE A | Page No. | 28 of 54 |
|--|---|--|---------------------------------------|--|
| | | | · · · · · · · · · · · · · · · · · · · | 20 01 54 |
| RECEIPT TYPE (USE A SEPARATE "SCHEOULE A" | PLEASE TYPE OR PRINT. PHOTOCOPIES MAY E FOR EACH TYPE AND EACH SEPARATE ACCOUNT.) | BE USED IF ADDITIONAL FOR | MS ARE NEEDED. | |
| l | | | | |
| X MONETARY | IN-KIND CONTRIBUTIONS- | REIMBURSEMENTS/ | | DIVIDENDS |
| CONTRIBUTIONS | EXPENDITURES MADE BY OTHERS | REFUNDS OF DISBURSEMEN | TS | INTEREST |
| COMMITTEE NAME: UN | ION CITY FIRST, INC. | | | <u></u> - |
| | | · | | |
| ACCOUNT NAME AND NUMBER: | UNION CITY FIRST, INC. AC# 41543 | 3181 | | |
| CONTRIBUTOR NAME JUAN LOACES | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | 600 ELIZABETH ST | - | |
| POLICE LIEUTENANT | STATE USE ONE! | (CITY, STATE AND ZIP CO NEW MILFORD, NJ | DE) | |
| EMPLOYER NAME | | INDW MILPORD, NJ | DATE(S) RECEIVED | (346)3777677 |
| UNION CITY POLICE | | | THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STR | EET) | | | |
| 3715 PALISADE AVE (CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | 2 (20 /0010 | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AOGREGATE YEAR-TO-DATE | 3/22/2018 | 1,250.00 |
| | | 1,250.00 | | |
| Control | | | | <u></u> |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| JUANA HIDALGO OCCUPATION | Cinami Line On Co. | 2709 SUMMIT AVE | | |
| RESTAURANT OWNER | STATE USE ONLY | (CITY, STATE AND ZIP CO | DE) | |
| EMPLOYER NAME | | UNION CITY, NJ 07087 | | |
| JUANA RESTAURANT LLC | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STR | EET) | | \dashv | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| 2709 SUMMIT AVE (CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07092 | | | | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/18/2018 | 500.00 |
| <u> </u> | | 500.00 | | |
| | | 1300.00 | <u> </u> | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| GLORIA CRUZ OCCUPATION | | 1801 BERGENLINE AVE | | <u>-</u> |
| RESTAURANT OWNER | STATE USE ONLY | (CITY, STATE AND ZIP COD | DE) | · |
| EMPLOYER NAME | | UNION CITY, NJ 07087 | I | |
| JUANA Y GLORIA RESTAURANT | LLC | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STRE | igt) | <u> </u> | - | The I Million |
| 1801 BERGENLINE AVE (CITY, STATE AND ZIP CODE) | | | | i |
| UNION CITY, NJ 07087 | | | | ļ |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGOREGATE YEAR-TO-DATE | 3/5/2018 | 1,000.00 |
| | | 1,000.00 | ! | |
| | | | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| JUDITH BARRIOS CCUPATION | | 309 37TH ST | | |
| SUPERVISOR | STATE USE ONLY | (CITY, STATE AND ZIP COD | E) | |
| MPLOYER NAME | | UNION CITY, NJ 07087 | DATE: (1) | |
| UCBOE | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| MPLOYER ADDRESS (NUMBER AND STRE | ET) | | 7 | |
| 3912 BERGEN TURNPIKE (CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DAYE | 3/22/2018 | 1,250,00 |
| <u> </u> | _ | 1,250.00 | | |
| 1.SUBTOTAL (Add | all receipts listed on this page) | | <u> </u> | 4,000.00 |
| 2.TOTAL RECEIPTS | S, THIS PERIOD (Complete this line on the last i | page used for | · · · · · · · · · · · · · · · · · · · | 4,000.00 |
| each receipt type, Ca | arry forward to applicable line on Page 2, Colum | <u>na A.)</u> | | 1 |

| ITEMIZED RECEI | PTS (OTHER THAN LOANS) | SOMEDIA E | | <u>. </u> |
|--|---|---|---------------------------------------|--|
| | | SCHEDULE A | | 29 of 54 |
| SCEIPT TYPE (USE A SEPARATE "SCHEDULE A" I | PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE FOR EACH TYPE AND EACH SEPARATE ACCOUNT.) | E USED IF ADDITIONAL FOR | MS ARE NEEDED. | |
| | | | | <u> </u> |
| X MONETARY | IN-KIND CONTRIBUTIONS | REIMBURSEMENTS/ | | |
| CONTRIBUTIONS | EXPENDITURES MADE BY OTHERS | REFUNDS OF DISBURSEMEN | NTS | DIVIDENDS/ INTEREST |
| COMMITTEE NAME; UNI | ON CITY FIRST, INC. | | | INTEREST |
| | | | <u></u> | |
| ACCOUNT NAME AND NUMBER: | UNION CITY FIRST, INC. AC# 415433 | 181 | · · · · · · · · · · · · · · · · · · · | |
| JULIO ANGEL RIVERA | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | <u> </u> |
| OCCUPATION | CT + TO LYCE AND | 34 STILET AVE | | |
| PRINCIPAL | STATE USE ONLY | (CITY, STATE AND ZIP CO | DE) | |
| MPLOYER NAME | | WARREN, NJ 07059 | | <u> </u> |
| UCBOE | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STRE | iET) | | 111/2 15/2/00 | THIS PERIOD |
| 3912 BERGEN TURNPIKE | | | | |
| CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 ECEIPT DESCRIPTION (IF IN-KIND) | | | 2/28/2018 | 1.250.0 |
| TOTAL TOTAL | | AGGREGATE YEAR-TO-DATE | | 1,250.0 |
| ····· | | 1,250.00 | | |
| ONTRIBUTOR NAME | STATE USE ONLY | | | , |
| JULIO VERGARA | STATE DSE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | 54 JEFFERSON (CITY, STATE AND ZIP COD | | |
| EDUCATOR | | JERSEY CITY, NJ 07307 | - | |
| MPLOYER NAME | | | | · |
| UCBOE | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| MPLOYER ADDRESS (NUMBER AND STREE 3912 BERGEN TURNPIKE | ET) | | | ************************************** |
| CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | 1.0000000000000000000000000000000000000 | 3/12/2018 | 3,000.00 |
| | | AGGREGATE YEAR-TO-DATE 3,000.00 | | |
| | | 15,000.00 | | |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (N | NIMBER AND STERET | |
| JUSTINA BUSCHHOFF CUPATION | | 100 MANHATTAN AVE | APT 605 | |
| RETIRED | STATE USE ONLY | (CITY, STATE AND ZIP COD) | E) | |
| PLOYER NAME | | UNION CITY, NJ 07094 | | |
| | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| PLOYER ADDRESS (NUMBER AND STREE | Τ) | | THIS PERIOD | THIS PERIOD |
| Span b | | | | |
| ITY, STATE AND ZIP CODE) | | | \dashv | |
| CEIPT DESCRIPTION (IF IN-KIND) | | | 3/10/2018 | |
| OZZ I DZSEKIF HON (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3,70,2018 | 450.00 |
| | | 450,00 | 1 | |
| NTRIBUTOR NAME | STATE USE ONLY | ZONN- | | |
| CBDS ENTERPRISES INC | STATE DSE UNLY | CONTRIBUTOR ADDRESS (N | UMBER AND STREET) | |
| CUPATION | STATE USE ONLY | 3196A KENNEDY BLVD (CITY, STATE AND ZIP CODE | | |
| | | UNION CITY, NJ 07087 | s) | |
| PLOYER NAME | | 1011014 011 1, 143 0/08/ | DATEMA DECEMBED | |
| PLOYER ADDRESS (NUMBER AND STREET | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| CONTRACTOR OF THE PROPERTY |) | | 7 | |
| IY, STATE AND ZIP CODE) | | | J | |
| , | | | | |
| EIPT DESCRIPTION (IF IN-KIND) | | | 2/4/2018 | 1,250.00 |
| | ! | AGGREGATE YEAR-TO-DATE | | , |
| 1.SUBTOTAL (Add a | receipts listed on this page) | 1,250.00 | <u> </u> | |
| 2.TOTAL RECEIPTS, 7 | THIS PERIOD (Complete this line on the last are | Ze used for | | 5,950.00 |
| czen receipt type. Carr | ry forward to applicable line on Page 2, Column A | A.) | | 1 |
| Jersey Election Law Rufagement Committee | | | | · · · · · · · · · · · · · · · · · · · |

| ITEMIZED RECEI | PTS (OTHER THAN LOANS) | SCHEDULE A | Page No. | 30 of 54 |
|--|---|---|------------------------------|---------------------------------------|
| • | PLEASE TYPE OR PRINT. PHOTOCOPIES MAY | | | 30 01 34 |
| RECEIPT TYPE (USE A SEPARATE "SCHEOULE A" F | OR EACH TYPE AND EACH SEPARATE ACCOUNT.) | BE USED IF ADDITIONAL FOR | MS ARE NEEDED. | |
| X MONETARY | | | | |
| CONTRIBUTIONS | IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS | REIMBURSEMENTS/ | | DIVIDENDS/ |
| 303 to (III) | | REFUNDS OF DISBURSEME | ENTS | INTEREST |
| COMMITTEE NAME: UNI | ON CITY FIRST, INC. | | · | |
| ACCOUNT NAME AND NUMBER; | UNION CITY FIRST, INC. AC# 4154 | 43181 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | | S (NUMBER AND STREET) | |
| KEITH FURLONG OCCUPATION | CTATE WATER | 5 SILOMAC | | |
| PUBLIC RELATIONS | STATE USE ONLY | (CITY, STATE AND ZIP CO | • | |
| MPLOYER NAME | | NORTH HALEDON, N. | J 07508 DATE(S) RECEIVED | A MOLYMAN - HOLLAND |
| MPLOYER ADDRESS (NUMBER AND STRE | Em | | THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| 5 SILOMAC | | | | |
| (CITY, STATE AND ZIP CODE) | | | | |
| NORTH HALEDON, NJ 07508 ECCEPT DESCRIPTION (IF IN-KIND) | | | 3/13/2018 | 1,000.00 |
| | | AGGREGATE YEAR TO DATE | | *,500.00 |
| | | 1,000,00 | | |
| CONTRIBUTOR NAME KENNEDY NG | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | <u> </u> |
| OCCUPATION - | STATE USE ONLY | 3608 BERGENDINE | · | |
| UNION CITY EMPLOYEE | | (CITY, STATE AND ZIP CO UNION CITY, NJ 07100 | | <u> </u> |
| EMPLOYER NAME CITY OF UNION CITY | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STRE | ET) | | THIS PERIOD | THIS PERIOD |
| 3715 PALISADE | | | | |
| CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07091 ECEIPT DESCRIPTION (IF IN-KIND) | | | 3/22/2018 | 1,250.00 |
| · · · · · · · · · · · · · · · · · · · | | AGGREGATE YEAR-TO-DATE | | |
| ONTRIBUTOR NAME | | 11,250,00 | <u> </u> | |
| KRIVIT & KRIVIT | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | 1000 POTOMAC STREE (CITY, STATE AND ZIP COL | T, NW SUITE 250 | |
| MPLOYER NAME | | WASHINGTON, DC 200 | • | |
| AL LOT OF NAME | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREE | T) | | This period | THIS PERIOD |
| CITY, STATE AND ZIP CODE) | | | | |
| on 1,41 A TE ARD ZIF CODE) | | | 7 | |
| CEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 2/19/2018 | 1,250.00 |
| | | 1,250,00 | | |
| ONTRIBUTOR NAME | STATE USE ONLY | | | |
| LA DOMINICA CORP | STATE USE ONLY | CONTRIBUTOR ADDRESS () 635 56TH ST | NUMBER AND STREET) | |
| CUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COD | (B) | ···· |
| PLOYER NAME | | WEST NEW YORK, NI 0 | • | |
| | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED |
| IPLOYER ADDRESS (NUMBER AND STREET | i) | | | THIS PEXIOD |
| TY, STATE AND ZIP CODE) | | | | |
| | | | 2/15/2010 | 1 |
| CEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/15/2018 | 900.00 |
| 1 SURTOTAL / A 22 . | H maralata Nata Langua | 900.00 | <u></u> | - - |
| 2.TOTAL RECEIPTS. | ell receipts listed on this page) THIS PERIOD (Complete this line on the last p | Tago na 1 f | | 4,400.00 |
| each receipt type. Car. | ry forward to applicable line on Page 2. Colum | page used for in A.) | | |
| V Jersey Election Low Enforcement Commission | | | | , , , , , , , , , , , , , , , , , , , |

| ITEMIZED RECEIN | PTS (OTHER THAN LOANS) | SCHEDULE A | Page No. | 21 - 5 - 5 - 6 |
|--|--|---|---------------------|---------------------------------|
| | | | Page No. | 31 of 54 |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE) | PLEASE TYPE OR PRINT. PHOTOCOPIES MA A' FOR EACH TYPE AND EACH SEPARATE ACCOUNT.) | AY BE USED IF ADDITIONAL FO | ORMS ARE NEEDED. | |
| l | | | | |
| X MONETARY CONTRIBUTIONS | IN-KIND CONTRIBUTIONS- | REIMBURSEMENTS/ | | DIVIDENDS/ |
| | EXPENDITURES MADE BY OTHERS | REFUNDS OF DISBURSEMEN | τs | INTEREST |
| COMMITTEE NAME: UNION | CITY FIRST, INC. | | | |
| ACCOUNT NAME AND MUNICIPA | | | | |
| ACCOUNT NAME AND NUMBER CONTRIBUTOR NAME | | | | |
| LARRY REGAL | STATE USE ONLY | CONTRIBUTOR ADDRESS 2 RIVERVIEW CT | (NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP CO | DE) | |
| DEVELOPER EMPLOYER NAME | | IRVINGTON, NY 10533 | - | |
| REGAL DEVELOPER CORP | | | DATE(S) RECEIVED | AMOUNT(\$) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND S | TREET) | | THIS PERIOD | THIS PERIOD |
| 155 SAW MILL RIVER RD (CITY, STATE AND ZIP CODE) | | | | |
| ARDSLEY, NY 10502 | | | | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/12/2018 | 500.00 |
| | | 500.00 | | |
| CONTRIBUTOR NAME | | | <u> </u> | |
| _ LAUREN SOSA-HERRERA | STATE USE ONLY | CONTRIBUTOR ADDRESS (| | |
| OCCUPATION | STATE USE ONLY | 1002 CENTRAL AVE AP (CITY, STATE AND ZIP COL | | - |
| MATH COACH | | UNION CITY, NJ 07087 | 15) | |
| EMPLOYER NAME UCBOE | | 3,1,0,007 | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND ST | TREET) | | THIS PERIOD | THIS PERIOD |
| 3912 BERGEN TURNPIKE | | | | |
| (CITY, STATE AND ZIP CODE) UNION CITY, NJ 07087 | | | | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | · | 3/22/2018 | 900.00 |
| | | AGGREGATE YEAR-TO-DATE | | |
| NA Proprieta de la constante d | | 1300:00 | _ | |
| CONTRIBUTOR NAME LEONARD I ALTAMURA ESQ | STATE USE ONLY | CONTRIBUTOR ADDRESS () | UMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | 400 BERGENLINE AVEN | TUE | |
| LAWYER | | (CITY, STATE AND ZIP CODI UNION CITY, NJ 07087 | E) | |
| MPLOYER NAME | | 1011011 CITT, NJ 07087 | DATE(S) RECEIVED | ANCORPTED RECOVERS |
| LEONARD J ALTAMURA ESQ MPLOYER ADDRESS (NUMBER AND STE | REET | | THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| 400 BERGENLINE AVENUE | | | | |
| CITY, STATE AND ZIP CODE) | · · · · · · · · · · · · · · · · · · · | | - | |
| UNION CITY, NJ 07087 BCEIPT DESCRIPTION (IF IN-KIND) | | | 2/16/2018 | 350.00 |
| | | AGGREGATE YEAR-TO-DATE | | 524,00 |
| | | 350.00 | <u> </u> | |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (N | UMBER AND STREET) | |
| LEONEL ORTEGA CCUPATION | CT ATT LINE OF THE | 543 BRANDON PLACE | | |
| RETIRED | STATE USE ONLY | (CITY, STATE AND ZIP CODE | | |
| MPLOYER NAME | | CLIFFSIDE PARK, NJ 070 | DATE(S) RECEIVED | |
| MPLOYER ADDRESS (NUMBER AND STR | EFT | | THIS PERIOD | AMOUNT(S) RECEIVED (THIS PERIOD |
| | EEI) | | | |
| TTY, STATE AND ZIP CODE) | | | - | |
| CEIPT DESCRIPTION (IF IN-KIND) | | | 2/7/2018 | 1 350 00 |
| - DECORD FOR (IT IN-KIND) | | AGGREGATE YEAR-TO-DATE | - · · · - · · · · | 1,250,00 |
| 1.SUBTOTAL (Add a | ll receipts listed on this page) | 1,250,00 | | |
| 2.TOTAL RECEIPTS, 7 | THIS PERIOD (Complete this line on the los | st page used for | | 3,000.00 |
| each receipt type. Carr | ry forward to applicable line on Page 2, Colu | ımı A.) | | |

| ITEMIZED RECED | PTS (OTHER THAN LO | ANS) | SCHEDULE A | Page No. | 32 of 54 |
|--|--|----------------------------|--|--|--|
| | PLEASE TYPE OR PRINT. PHOTOC | OPIES MA | AY BE USED IF ADDITIONAL FO | ORMS ARE NEEDED. | · · · · · · · · · · · · · · · · · · · |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE. | A" FOR EACH TYPE AND BACH SEPARATE ACCO | OUNT.) | | THE THE TELEPINATION OF TH | |
| X MONETARY | IN-KIND CONTRIBUTIONS- | r | | | |
| CONTRIBUTIONS | EXPENDITURES MADE BY OTHERS | | REIMBURSEMENTS/ REFUNDS OF DISBURSEMEN | rre | D!VIDENDS/ |
| COMMITTEE NAME: UNION | CITY FIRST, INC. | | | | INTEREST |
| | | | | | |
| ACCOUNT NAME AND NUMBER CONTRIBUTOR NAME | | AC# 4154: | | | |
| LESTER HERNANDEZ | STATE US | SE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| OCCUPATION | STATE US | SE ONLY | 118 PALISADE AVE (CITY, STATE AND ZIP CO. | DE) | |
| POLICE SERGEANT EMPLOYER NAME | | | CLIFFSIDE PARK, NJ 0 | • | |
| UNION CITY POLICE | | _ | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND S | TREET) | | | THIS PERIOD | THIS PERIOD |
| 3715 PALISADE AVE | | | | | |
| (CITY, STATE AND ZIP CODE) UNION CITY, NJ 07087 | | | | _ | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | | | 3/20/2018 | 600,0 |
| <u> </u> | | | AGGREGATE YEAR-TO-DATE 600,00 | | |
| | | | 1000.00 | <u> </u> | |
| CONTRIBUTOR NAME | STATE US | E ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | <u> </u> |
| LILITH FELLOWESGRANDA DCCUPATION | S77 A TT F10: | T.O.T.II | 1003 JEFFERSON DR | , | |
| TEACHER | STATE USI | E UNLY | (CITY, STATE AND ZIP COL | • | |
| MPLOYER NAME | | | STEWARTSVILLE, NJ 0 | DATE(S) RECEIVED | L. Voya mid. |
| UCBOE MPLOYER ADDRESS (NUMBER AND ST | CDECTA | | | THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| 4115 PARK AVE APT D3 | ABE!) | | | \neg | |
| CITY, STATE AND ZIP CODE) | | | | \dashv | |
| UNION CITY, NJ 07087 ECCIPT DESCRIPTION (IF IN-KIND) | | | | 3/15/2018 | 1,500.00 |
| COOR I DESCRIT NOW (IF IN-KIND) | | | AGGREGATE YEAR-TO-DATE | | 1,500.00 |
| | | | 1,500.00 | | |
| ONTRIBUTOR NAME | STATE USE | ONLY | CONTRIBUTOR ADDRESS (| NIMBER AND STREET) | |
| LINDA SYLVESTRI CCUPATION | | | 181 ROSS AVE | • | |
| SR ACCOUNT EXECUTIVE | STATE USE | ONLY | (CITY, STATE AND ZIP COD | _ | |
| MPLOYER NAME | | | HACKENSACK, NJ 0760 | | |
| ATLANTIC INC | | | | DATE(S) RECEIVED THIS PERKOD | AMOUNT(S) RECEIVED THIS PERIOD |
| MPLOYER ADDRESS (NUMBER AND ST 400 BROADACRES DR #250 | RBET) | | | | |
| CITY, STATE AND ZIP CODE) | | | | 4 | |
| BLOOMFIELD, NJ 07003 | | | | 2/27/2018 | 1,272,411 |
| ECEIPT DESCRIPTION (IF IN-KIND) | | | AGGREGATE YEAR-TO-DATE | | 1,250,00 |
| | | | 1,250.00 | | |
| ONTRIBUTOR NAME | STATE USE | ONLY | CONTRIBUTOR ADDRESS (N | LIMBER AND STREET | |
| LISA MIDDLETOWN - CRABBE CUPATION | | | 45 CUFTER DR | OWBER WAD SIKEEL) | |
| TEACHER | STATE USE | ONLY | (CITY, STATE AND ZIP CODE | | |
| IPLOYER NAME | | | EAST HANOVER, NJ 079 | | |
| UCBOB | | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| IPLOYER ADDRESS (NUMBER AND STR 3912 BERGEN TURNPIKE | LET) | | | 1 | ************************************** |
| ITY, STATE AND ZIP CODE) | | | | _ | |
| UNION CITY, NJ 07087 | _ | | | 2/1//2013 | |
| CEIPT DESCRIPTION (IF IN-KIND) | | | AGGREGATE YEAR-TO-DATE | 3/16/2018 | 600.00 |
| 1 STIDTOTAL CAR | Daniel III | | 600,00 | | |
| 2.TOTAL RECEIPTS | ll receipts listed on this page) THIS PERIOD (Complete this line | av. 4L - 1- | | | 3,950.00 |
| each receipt type. Car | ry forward to applicable line on Pa | on the last ige 2. Colu | o page used for Imn A.) | | |
| V Jersey Election Law Enforcement Comm | reina | | | | |

| ITEMIZED RECEIPTS (OT | HER THAN LOANS) | SCHEDULE A | | |
|--|------------------------------------|---|---------------------------------|---|
| | | | | 33 of 54 |
| PLEASE T RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH T | YPE OR PRINT. PHOTOCOPIES MA | Y BE USED IF ADDITIONAL E | ORMS ARE NEEDED. | |
| | TPE AND EACH SEPARATE ACCOUNT.) | | | |
| X MONETARY IN- | KIND CONTRIBUTIONS- | REIMBURSEMENTS | | 1 |
| CONTRIBUTIONS EXT | PENDITURES MADE BY OTHERS | REFUNDS OF DISBURSEMEN | NTT'S | DIVIDENDS/ |
| COMMITTEE NAME: UNION CITY FIR | | | | INTEREST |
| COMMITTEE NAME: UNION CITY FIR | RST, INC. | | | |
| ACCOUNT NAME AND NUMBER: UNION | CITY FIRST INC. A CHAIRA | 101 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | | 0.77 | |
| LOCAL UNION #164 IBEW | J. 112 000 0112 1 | CONTRIBUTOR ADDRESS 205 ORBIN ROAD STE | (NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP CO | | ····· |
| EMPLOYER NAME | | PARAMUS, NJ 07652 | . – –, | |
| EMPDOTER NAME | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| | | | | |
| (CITY, STATE AND ZIP CODE) | | | | |
| DECEMBER 2016 | | | 3/9/2018 | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/ 3/2016 | 2,500.00 |
| | | 2,500.00 | | |
| CONTRIBUTOR NAME | | | | <u> </u> |
| LORRAINE BUSCHHOFF | STATE USE ONLY | CONTRIBUTOR ADDRESS | | |
| OCCUPATION | STATE USE ONLY | 100 MANHATTAN AVE | | |
| LEGISLATIVE AIDE | STATE COL ORE I | (CITY, STATE AND ZIP CO UNION CITY, NJ 07096 | , | - · · · · · · · · · · · · · · · · · · · |
| EMPLOYER NAME | | [ONION CITT, NJ 07096 | | |
| SENATOR STACK | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) 609 NEW YORK AVENUE | | | - | - Barron |
| (CITY, STATE AND ZIP CODE) | ···· | · <u> </u> | | |
| UNION CITY, NJ 07087 | | | | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | ACCEDICATE VITABLE TO SAFE | 3/10/2018 | 400.00 |
| | | AGGREGATE YEAR-TO-DATE 400.00 | | |
| | | | <u> </u> | |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| LOS AMIGOS CORP | | 3500 BERGENLINE AVE | 3 | |
| | STATE USE ONLY | (CTTY, STATE AND ZIP COL | DE) | |
| MPLOYER NAME | | UNION CITY, NJ 07106 | | |
| | • | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | - Into realog | THIS PERIOD |
| CITY, STATE AND ZIP CODE) | | | | |
| on i, similand Air Copp) | | | 7 | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | <u></u> | 3/7/2018 | 500.00 |
| | | AGGREGATE YEAR-TO-DATE | | |
| | | 500,00 | <u> </u> | |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (N | HIMRER AND STREET | |
| LUCY SOOVAJIAN CCUPATION | | 823 18TH ST | (OWDERCAND STREET) | i |
| SUPERVISOR | STATE USE ONLY | (CITY, STATE AND ZIP COD | E) | |
| MPLOYER NAME | | UNION CITY, NJ 07113 | | i |
| UCBOE | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| 3912 BERGEN TURNPIKE | | | | |
| TITY, STATE AND ZIP CODE) | | | - | |
| UNION CITY, NJ 07087 CEPPT DESCRIPTION (IF IN-KIND) | | | 3/19/2018 | 1,250.00 |
| | | AGGREGATE YEAR-TO-DATE | 7 | 1,230.00 |
| 1.SUBTOTAL (Add all receipts l | isted on the name \ | 1,250,00 | | |
| 2.TOTAL RECEIPTS, THIS PERI | OD (Complete this line on the last | naga need for | | 4,650.00 |
| each receipt type. Carry forward | to applicable line on Page 2. Colu | . page useu tor mn A.) | | |

| ITEMIZED RECEIPTS (OT | THER THAN LOANS) | SCHEDULE A | Page No. | 34 of 54 |
|--|------------------------------------|--|---------------------------------|--|
| PLEASE T | TYPE OR PRINT, PHOTOCOPIES MA | V RE HEED IS ADDITIONAL O | | |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH T | YPE AND EACH SEPARATE ACCOUNT.) | T DE OSED IF ADDITIONAL | FORMS ARE NEEDED. | |
| | _ | | | |
| CONTENTS TO STATE OF | KIND CONTRIBUTIONS- | REIMBURSEMENTS | | DIVIDENDS/ |
| BX | PENDITURES MADE BY OTHERS | REFUNDS OF DISBURSEME | NIS | INTEREST |
| COMMITTEE NAME: UNION CITY FIR | RST, INC. | | | |
| | | <u> </u> | | |
| ACCOUNT NAME AND NUMBER: UNION | CITY FIRST, INC. AC# 41543 | 3181 | <u> </u> | _ |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | S (NUMBER AND STREET | ·) |
| MALANGA CONSTRUCTION CO INC | | 285 PASSAIC AVE | | , |
| | STATE USE ONLY | (CITY, STATE AND ZIP CO | ODE) | |
| EMPLOYER NAME | | FAIRFIELD, NJ 07004 | | |
| | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| | | | | |
| (CITY, STATE AND ZIP CODE) | | | | } |
| DECEMPA DECOMPANYON OF THE PARTY OF THE PART | | | 3/9/2018 | 500.0 |
| ECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | 600,0 |
| | | 600.00 | | |
| CONTRIBUTOR NAME | | | | <u>- </u> |
| MANUEL SUAREZ | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | 1608 KENNEDY BLVD | | |
| RESTAURANT OWNER | STATE USE ONLY | (CITY, STATE AND ZIP CO | - | |
| EMPLOYER NAME | | UNION CITY, NJ 07087 | | |
| LAS BRISAS CAGE | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | | | THIS PERIOD |
| 4900 HUDSON AVE | | | | |
| (CITY, STATE AND ZIP CODE) | | · <u> </u> | | |
| UNION CITY, NJ 07087 RECEIPT DESCRIPTION (IF IN-KIND) | | | 3/22/2018 | 1,250.00 |
| | | AGGREGATE YEAR-TO-DATE | 7 | 1,430.00 |
| | | 1,250.00 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | | | |
| MARIA DOUROS | STATE USE UNLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | <u> </u> |
| CCUPATION | STATE USE ONLY | 380 MOUNTAIN BLVD | NEX. | |
| SPEECH PATHOLOGIST | | (CITY, STATE AND ZIP COI UNION CITY, NJ 07108 | DE) | |
| MPLOYER NAME | | TOTALON CIT 1, NJ 0/108 | To 4 mm/fb. In a days as | |
| UCBOE | | | DATE(8) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| MPLOYER ADDRESS (NUMBER AND STREET) 3912 BERGEN TURNPIKE | | | 7 | |
| CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | \neg | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | l. action in the contract of t | 3/2/2018 | 1,250.00 |
| <u> </u> | | AGGREGATE YEAR-TO-DATE | | |
| | | 1,250.00 | <u> </u> | |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| WIMPER AND SEE COM | |
| MARIA VALDIVIA | | 678 SLOCUM AVE | NOMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COD | E) | |
| TEACHER MPLOYER NAME | | RIDGEFIELD, NJ 07657 | | |
| UCBOE | | <u> </u> | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| APLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| 3912 BERGEN TURNPIKE | | | | |
| ITY, STATE AND ZIP CODE) | | | 4 | |
| UNION CITY, NJ 07087 | | | a ma va a s s | |
| CEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/22/2018 | 600.00 |
| | | 600.00 | | |
| 1.SUBTOTAL (Add all receipts I | isted on this page) | | . <u> </u> | |
| 2.TOTAL RECEIPTS, THIS PERI | OD (Complete this line on the last | t page used for | | 3,700.00 |
| cach receipt type, Carry forward | to applicable line on Page 2, Colu | mn A.) | | |

| ITEMIZED RECEIPTS | (OTHER THAN LOANS) | SCHEDULE A | Page No. | 35 of 54 |
|--|--|---------------------------------------|---|--------------------------------|
| PLEA | SE TYPE OR PRINT, PHOTOCOPIES M | IAY BE USED IF ADDITIONAL I | FORMS ARE NEEDED | |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" POR E | ACH TYPE AND EACH SEPARATE ACCOUNT.) | | OZGAS ARE REEDED. | |
| X MONETARY | IN-KIND CONTRIBUTIONS. | | | |
| CONTRIBUTIONS | EXPENDITURES MADE BY OTHERS | REIMBURSEMENTS/ REFUNDS OF DISBURSEME | labre | DIVIDENDS |
| COMMITTEE NAME: UNION CITY | · | | 4412 | INTEREST |
| COMMITTEE NAME: UNION CITY | FIRST, INC. | | | |
| ACCOUNT NAME AND NUMBER: UNI | ION CITY FIRST, INC. AC# 4154 | 43181 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | S (NUMBER AND STREET | \ |
| MARIANNE TIRABASSI OCCUPATION | STATE (IDE OVI) | 623 PROSPECT AVE | · | , |
| TEACHER | STATE USE ONLY | (CITY, STATE AND ZIP CO | • | |
| EMPLOYER NAME | | RIDGEFIELD, NJ 0765 | DATE(S) RECEIVED | LALAN THE PROPERTY |
| UCBOE EMPLOYER ADDRESS (NUMBER AND STREET) | | <u> </u> | THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| 3912 BERGEN TURNPIKE | | | | |
| (CITY, STATE AND ZIP CODE) | | | _ | |
| UNION CITY, NJ 07087 RECEIPT DESCRIPTION (IF IN-KIND) | | | 2/20/2018 | 1,250,0 |
| cooper a process, stold (in 114-VIIAD) | | AGGREGATE YEAR-TO-DATE | | 3,230,0 |
| | | 1,250.00 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| MARINI AND MANCI OCCUPATION | | 602 15TH STREET | | |
| DENTIST | STATE USE ONLY | (CITY, STATE AND ZIP CO | | |
| EMPLOYER NAME | | UNION CITY, NJ 07087 | | |
| MARINI AND MANCI MPLOYER ADDRESS (NUMBER AND STREET) | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| 602 15TH STREET | | | | |
| (CITY, STATE AND ZIP CODE) | | | _ | |
| UNION CITY, NJ 07087 ECEPT DESCRIPTION (IF IN-KIND) | | | 2/14/2018 | 500.00 |
| Total Total (IF IN-KIND) | | ACCREGATE YEAR-TO-DATE | | 300.00 |
| | ····· | 500,00 | | |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| MARK FLORES CCUPATION | | 150 NORTH CARLTON | PLACE | |
| S.L.E.O. III | STATE USE ONLY | (CITY, STATE AND ZIP COI | DE) | |
| MPLOYER NAME | | UNION CITY, NJ 07091 | DATE OF BROWN | |
| CITY OF UNION CITY MPLOYER ADDRESS (NUMBER AND STREET) | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| 3715 PALISADE | | | | |
| CITY, STATE AND ZIP CODE) | | | _ | |
| UNION CITY, NJ 07091 ECEIPT DESCRIPTION (IF IN-KIND) | | _ | 3/5/2018 | 500.00 |
| TOPSCRIPTION (IF IN-KIND) | · | AGGREGATE YEAR-TO-DATE | | 500.00 |
| | | 500,00 | | |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NIIMBER AND STOEPT | |
| MARTHA O'CONNELL CCUPATION | | 42 E 22ND ST | - | |
| EDUCATOR | STATE USE ONLY | (CITY, STATE AND ZIP COD | PE) | |
| IPLOYER NAME | | BAYONNE, NI 07002 | D. L. E. C. L. C. | · |
| UCBOE ADDRESS (ATD GER AND GER | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| PLOYER ADDRESS (NUMBER AND STREET) 3912 BERGEN TURNPIKE | | | _ | |
| ITY, STATE AND ZIP CODE) | | | 4 | |
| UNION CITY, NJ 07087 | | | 3/19/2018 | |
| CEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 7772016 | 1,250,00 |
| 1.SUBTOTAL (Add all rece | inte lietad on this was a | 1,250.00 | | |
| 2.TOTAL RECEIPTS, THIS I | ERIOD (Complete this line on the la | St nage nead for | | 3,500.00 |
| each receipt type. Carry form | vard to applicable line on Page 2, Col | umn A.) | | 1 |
| Jersey Riection Law Enforcement Commission | | | | |

| A Page No. | 36 of 54 |
|---------------------------------|--------------------------------|
| FORMS ARE NEEDED. | |
| FORMS ARE NEEDED. | |
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| , | DIVIDENDS/ |
| ENTS | INTEREST |
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| ODB. | |
| CODE) 94 | |
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| DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| | T.III. ERIOD |
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| AGGREGATE YEAR-TO-DATE | |
| | 500.0 |
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| 2012 | |
| s (number and street St | |
| ODE) | |
| 4 52) | |
| DATE(S) RECEIVED | AMOUNT(8) RECEIVED |
| THIS PERIOD | THIS PERIOD |
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| | |
| 3/5/2018 | 1,250,00 |
| } | |
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| (NUMBER AND STREET | } |
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| DDE) | |
| 9 | |
| DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| THIS PERIOD | THIS PERIOD |
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| j | |
| 2/26/2018 | 500.00 |
| | 500.00 |
| |) |
| | <u> </u> |
| (NUMBER AND STREET) | |
| | |
| DE) 3, NJ 07604 | |
| | |
| DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERSOD |
| \neg | |
| | - |
| | |
| 3/15/2018 | 500,00 |
| | |
| | |
| | 2,750.00 |
| _ \ <u>_</u> | |

| ITEMIZED RECEIPTS | (OTHER THAN LOANS) | SCHEDULE A | Page No. | 37 of 54 |
|--|--|--|---------------------|--|
| PLE | | | V/ 01 34 | |
| RECEIPT TYPE (USE A SEPARATE 'SCHEDULE A" FOR | ASE TYPE OR PRINT. PHOTOCOPIES MA EACH TYPE AND EACH SEPARATE ACCOUNT.) | I DE USED IF AUDITIONAL F | ORMS ARE NEEDED, | |
| X MONETARY | - , | | | |
| CONTRIBUTIONS | IN-KIND CONTRIBUTIONS- | reimbursements/ | | DIVIDENDS |
| | EXPENDITURES MADE BY OTHERS | RÉFUNDS OF DISBURSEME | NTS | INTEREST |
| COMMITTEE NAME: UNION CIT | Y FIRST, INC. | | | |
| ACCOUNT NAME AND ARDADED. TO | TO LOTTE | | | |
| ACCOUNT NAME AND NUMBER: UN CONTRIBUTOR NAME | | | | |
| MICHAEL PERAGINE | STATE USE ONLY | CONTRIBUTOR ADDRESS 522 26TH ST | (NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP CO | OD8) | |
| TEACHER EMPLOYER NAME | | UNION CITY, NI 07099 | • | |
| UCBOE | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET | Τ) | | THIS PERIOD | THIS PERIOD |
| 3912 BERGEN TURNPIKE | , | | 1 | |
| (CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | 3/22/2018 | 1.250.0 |
| RECEIPT DESCRIPTION (IF IN-KIND) | AGGREGATE YEAR-TO-DATE | | 1,250.0 | |
| | | 1,250.00 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | GO TO TO TO THE TOTAL THE TOTAL TO THE TOTAL | | |
| MICHAEL RUIZ | STATE OSE ONE! | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP CO | DE | <u> </u> |
| DEAN OF STUDENTS EMPLOYER NAME | | UNION CITY, NJ 07087 | - | |
| UCBOE | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET | | | THIS PERIOD | THIS PERIOD |
| 3912 BERGEN TURNPIKE | , | | | |
| (CITY, STATE AND ZIP CODE) | | | - | |
| UNION CITY, NJ 07087 | | | 3/7/2018 | 000.00 |
| ECEIPT DESCRIPTION (IF IN-KIND) | · · · · · · · · · · · · · · · · · · · | AGGREGATE YEAR-TO-DATE | | 900.00 |
| | | 900.00 | | |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTED ADDRESS | | |
| MICHELLE COWAN | 333333 | CONTRIBUTOR ADDRESS (96 OTTAWA AVE | (NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COL | (30 | ······································ |
| ASSISTANT PRINCIPAL MPLOYER NAME | | HASBROUCK HEIGHTS | • | |
| UCBOE | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | | <u> </u> | THIS PERIOD | THIS PERIOD |
| 96 OTTAWA AVE | | | | |
| CITY, STATE AND ZIP CODE) | | | - | |
| HASBROUCK HEIGHTS, NJ 07604 ECEIPT DESCRIPTION (IF IN-KIND) | | | 2/28/2018 | 1,250,00 |
| r broadt How (if hy-Kino) | | AGGREGATE YEAR-TO-DATE | | 1,200,00 |
| | | 1,250.00 | | |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| WILDED AND STREET | |
| MICHELLE SPENCER | | 34 VREELAND AVE | NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COD | E) | |
| SUPERVISOR MPLOYER NAME | | RUTHERFORD, NJ 07070 | | |
| UCBOE | | | DATE(S) RECEIVED | AMOUNT(\$) RECEIVED |
| PLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| 3912 BERGEN TURNPIKE | | | | |
| ITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 CEIPT DESCRIPTION (IF IN-KIND) | | | 3/24/2018 | 500.00 |
| | | AGGREGATE YEAR-TO-DATE | | 300,00 |
| 1.SUBTOTAL (Add all rec | mints listed on this name | 500.00 | | |
| 2.TOTAL RECEIPTS. THIS | PERIOD (Complete this line on the las | t mage need for | | 3,900,00 |
| each receipt type. Carry for | rward to applicable line on Page 2, Colu | s page used for imit A.) | | |
| Jersey Election Law Enforcement Commission | | | | _ [|

| ITEMIZED RECEIPTS (OTHE | ER THAN LOANS) | SCHEDULE A | Page No. | 38 of 54 |
|--|--|--|------------------------------|--------------------|
| PLEASE TYPE (| PLEASE TYPE OR PRINT, PHOTOCOPIES MAY BE USED IF ADDIT | | | |
| RECEIPT TYPE (USE A SEPARATE 'SCHEDULE A' FOR EACH TYPE A) | TO EACH SEPARATE ACCOUNT.) | | OKING ARE REEDED. | _ |
| X MONETARY | O. 100 Inc. 100 Inc. 100 Inc. 100 Inc. 100 Inc. 100 Inc. 100 Inc. 100 Inc. 100 Inc. 100 Inc. 100 Inc. 100 Inc. | | | |
| TO THE PARTY OF TH | Ontributions- Ures made by others | REIMBURSEMENTS/ | | DIVIDENDS/ |
| | L | REFUNDS OF DISBURSEME | NTS | INTEREST |
| COMMITTEE NAME: UNION CITY FIRST, 1 | NC. | ···· | | <u> </u> |
| ACCOUNT NAME AND NUMBER: UNION CITY | / PIDOT ING | | | |
| CONTRIBUTOR NAME | FIRST, INC. AC# 41543 | | | |
| MIKE SON & PLUMBING INC | SAME ONLY ONE | CONTRIBUTOR ADDRESS 3700 NEW YORK AVE | | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP CO | | ···· |
| MPLOYER NAME | | UNION CITY, NJ 07083 | 7 | |
| | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | - | | THIS PERIOD | THIS PERIOD |
| CUTY OF THE AND | | | | |
| CITY, STATE AND ZIP CODE) | —————————————————————————————————————— | <u> </u> | | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | | 3/5/2018 | 500,0 |
| | | AGGREGATE YEAR-TO-DATE | | |
| | | 500.00 | <u> </u> | |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| MIRTHA SERRET CCUPATION | | 4 BUTTERNUT WAY | (Aronanok Aria 01/CEC1) | |
| SUPERVISOR | STATE USE ONLY | (CITY, STATE AND ZIP CO | DE) | |
| MPLOYER NAME | _ | SPARTA, NJ 07871 | | |
| UCBOE | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | - Isaa Peakoli | THIS PERIOD |
| 3912 BERGEN TURNPIKE CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | · · · · · · · · · · · · · · · · · · · | | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | Lagrage | 3/22/2018 | 600.00 |
| | · | AGGREGATE YEAR-TO-DATE 600.00 | | |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRACTOR | | |
| MUSTAFA QATTOUS | JAME COLONE, | CONTRIBUTOR ADDRESS (8401 KENNEDY BLVD | (NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COL | DE) | |
| SELF EMPLOYED APLOYER NAME | | NORTH BERGEN, NJ 07 | • | |
| CREST POINT DEVELOPMENT | | | DATE(\$) RECEIVED | AMOUNT(S) RECEIVED |
| PLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| 8901 KENNEDY BLYD | | | | |
| ITY, STATE AND ZIP CODE) | | | - - | |
| NORTH BERGEN, NJ 07047 CEIPT DESCRIPTION (IF IN-KIND) | | | 2/17/2018 | 2,500.00 |
| The state of the s | | AGGREGATE YEAR-TO-DATE | | 2,500.00 |
| | | 2,500.00 | | |
| NTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| MINAPED AND CORPOR | |
| VADIA MAKAR | | 770 ANDERSON AVE #1 | | |
| CUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COD | E) | |
| PLOYER NAME | | CLIFFSIDE PARK, NJ 070 | 010 | |
| JCBOE . | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| PLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| 912 BERGEN TURNPIKE | | | | |
| TY, STATE AND ZIP CODE) INION CITY, NJ 07087 | ' <u> </u> | | 7 | |
| EIPT DESCRIPTION (IF IN-KIND) | · · · · · · · · · · · · · · · · · · · | | 2/27/2018 | 500,00 |
| ,1 | | AGGREGATE YEAR-TO-DATE | | |
| | | | | |
| 1.SUBTOTAL (Add all receipts listed | on this page) | 500.00 | <u> </u> | |
| 1.SUBTOTAL (Add all receipts listed 2.TOTAL RECEIPTS, THIS PERIOD (each receipt type. Carry forward to ap | Complete this line on the las- | t hage need for | | 4,100.00 |

| ITEMIZED RECEIPTS (OTH | ER THAN LOANS) | SCHEDULE A | Page No. | 39 of 54 |
|---|---------------------------------------|--|--|--------------------|
| PLEASE TYPE | OR PRINT. PHOTOCOPIES M. | AY BE USED IF ADDITIONAL | | |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE A | ND EACH SEPARATE ACCOUNT.) | | THE RELEASE | |
| X MONETARY INLEINE | CONTRIBUTIONS- | — | | |
| 1 1 000 | TURES MADE BY OTHERS | REIMBURSEMENTS/ REFUNDS OF DISBURSEME | :ATre | DIVIDENDS/ |
| COMMITTEE NAME: UNION CITY FIRST, | INC | | | INTEREST |
| | | · · · · · · · · · · · · · · · · · · · | | |
| ACCOUNT NAME AND NUMBER: UNION CIT | | | | |
| NAFPAKTOS DINER INC | STATE USE ONLY | | S (NUMBER AND STREET) |) |
| OCCUPATION | STATE USE ONLY | 543 32ND ST (CITY, STATE AND ZIP O | ODE) | |
| EMPLOYER NAME | | UNION CITY, NJ 0708 | • | |
| | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| (CITY, STATE AND ZIP CODE) | | | | |
| | | | 2/10/2010 | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/20/2018 | 1,250.0 |
| | | 1,250.00 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR A DODECTO | A Contraction of the Contraction | |
| NANCY JAFARGIAN | | CONTRIBUTOR ADDRESS 729 28TH STREET | (NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP CO | DDE) | |
| EMPLOYER NAME | | UNION CITY, NJ 07087 | · | |
| WASHINGTON SCIPP; | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | <u> </u> | | This period | THIS PERIOD |
| 3905 NEW YORK AVE (CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | _ | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | | 2/11/2018 | 600.0 |
| | | aggregate year-to-date 600.00 | | 1 |
| ONTRIBUTOR NAME | STATE USE ONLY | | | |
| NEW HILLTOP CORP | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | 3100 KENNEDY BLVD (CITY, STATE AND ZIP CO. | DP) | · |
| MPI.OYER NAME | | UNION CITY, NJ 07089 | • | |
| NO 1 DK NAME | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | , THIS PERIOD |
| TTY, STATE AND ZIP CODE) | | | | |
| | | | | |
| CEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/19/2018 | 500.00 |
| | | 500.00 | | |
| INTRIBUTOR NAME | STATE USE ONLY | | | |
| NIEA POLITICAL ACTION COMMITTEE | 21VIB OSE OMPA | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| CUPATION | STATE USE ONLY | PO BOX 1211, 180 W ST. (CITY, STATE AND ZIP COL | ATE ST | <u> </u> |
| PLOYER NAME | | TRENTON, NJ 08607 | ,,,, | |
| | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| PLOYER ADDRESS (NUMBER AND STREET) | · · · · · · · · · · · · · · · · · · · | | THIS PERIOD | THIS PERIOD |
| TY, STATE AND Z(P CODE) | | | _ | |
| , | | | |] |
| CEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/5/2018 | 2,500.00 |
| | <u></u> | 2,500.00 | | |
| 1.SUBTOTAL (Add all receipts fisted | on this page) | | | 4,850.00 |
| 2.TOTAL RECEIPTS, THIS PERIOD each receipt type. Carry forward to a | (Complete this line on the las | of page used for | | |
| Jersey Election Law Enforcement Commission | Provide the off rage 2, Colu | | | |
| | | PAGE 4 | | FORM |

FORM R-3

| ITEMIZED RECEIPTS (OTHER | | SCHEDULE A | Page No. | 40 of 54 |
|--|--|---|---------------------------------|--|
| PLEASE TYPE OR | PRINT, PHOTOCOPIES MA | AY BE USED IF ADDITIONAL F | ORMS ARE NEEDED. | |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND E | ACH SEPARATE ACCOUNT.) | | | |
| X MONETARY IN-KIND CON CONTRIBUTIONS EXPENDITURE | Fributions- Es made by others | REIMBURSEMENTS/ REFUNDS OF DISBURSEMEN | Ts | DIVIDENDS/ |
| COMMITTEE NAME: UNION CITY FIRST, INC | g | · | | |
| ACCOUNT NAME AND NUMBER: UNION CITY F | Inch Pic | | | |
| CONTRIBUTOR NAME | IRST, INC. AC# 41543 STATE USE ONLY | | | ······································ |
| NORTH JERSEY EXTERMINATING INC | 2 MILE COLL ONE | CONTRIBUTOR ADDRESS 729 - 32ND STREET | (NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP CO | DE) | |
| EMPLOYER NAME | <u> </u> | UNION CITY, NJ 07087 | | |
| | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET) | ···· | ····- | THIS PERIOD | THIS PERIOD |
| (CITY, STATE AND ZIP CODE) | | | | |
| | | | | |
| RECEIPT DESCRIPTION (IF IN-KIND) | AGGREGATE YEAR-TO-DATE | 2/2/2018 | 2,500,0 | |
| | | 2,500.00 | | |
| CONTRIBUTOR NAME | | | | |
| OMAR CHAQOUR | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | 708 27TH ST APT 4 (CITY, STATE AND ZIP COL | ND) | |
| CLERK MPLOYER NAME | | UNION CITY, NJ 07089 |)E) | |
| UCBOE | · · · · · · · · · · · · · · · · · · · | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| 3916 BERGEN TURNPIKE | | | | |
| CITY, STATE AND ZIP CODE) | | · · · · · · · · · · · · · · · · · · · | - | |
| UNION CITY, NJ 07091 CEPT DESCRIPTION (IF IN-KIND) | | | 3/5/2018 | 500.00 |
| | | AGGREGATE YEAR-TO-DATE | | 790.00 |
| | | 500.00 | <u>l</u> | |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (1 | UMBER AND STREET | |
| OMAR CHAQOUR CCUPATION | CT - TO LIGHT - | 708 27TH ST APT 4 | · | |
| CLERK | STATE USE ONLY | (CITY, STATE AND ZIP COD | E) | |
| MPLOYER NAME | | UNION CITY, NJ 07089 | | |
| UCBOE MPLOYER ADDRESS (NUMBER AND STREET) | ······ | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| 3916 BERGEN TURNPIKE | | | | |
| CITY, STATE AND ZIP CODE) | | | _ | |
| UNION CITY, NJ 07091 | _ | | 3/7/2018 | 999.00 |
| CEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | 900.00 |
| | | 900.00 | <u> </u> | |
| NTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (N | In Davin Alexander | |
| OPTIMIZED ENGINEERING ASSOCIATION CORP | | 400 38TH ST SUITE 307 | UMBER AND STREET) | |
| COPATION | STATE USE ONLY | (CITY, STATE AND ZIP CODE |) | |
| IPLOYER NAME | | UNION CITY, NJ 07086 | | |
| | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED |
| PLOYER ADDRESS (NUMBER AND STREET) | | | - I ALS PERIOD | THIS PERIOD |
| TY, STATE AND ZIP CODE) | | | | |
| · | | - | | |
| CEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/15/2018 | 600.00 |
| 1 Ottomore to the | | 600.00 | | 1 |
| 1.SUBTOTAL (Add all receipts listed on | this page) | | <u> </u> | 4,500.00 |
| 2.TOTAL RECEIPTS, THIS PERIOD (Co each receipt type. Carry forward to appli | inplete this line on the last | page used for | | 750770.00 |
| Jersey Election Law Enforcement Commission | nue ou rage 2, Colu | ша А.) | | |

| ITEMIZED RECEIPT | S (OTHER | THAN LOANS) | SCHEDULE A | Page No. | 41 of 54 |
|--|-----------------------|----------------------------|---|---------------------------------|-----------------------------------|
| | LEASE TYPE OR P | RINT, PHOTOCOPIES MA | AY BE USED IF ADDITIONAL F | ORMS ARE NEEDED. | |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" F | OR EACH TYPE AND EAC | CH SEPARATE ACCOUNT.) | | | |
| X MONETARY | IN-KIND CONTR | IBUTIONS- | | | _ |
| CONTRIBUTIONS | | MADE BY OTHERS | REIMBURSEMENTS/ REFUNDS OF DISBURSEMEN | 7 7.0 | DIVIDENDS/ |
| COMMITTEE NAME: UNION C | _ | ' | ACPOINDS OF DISBORSEMEN | 118 | DYTEREST |
| COMMITTEE NAME: UNION C | ITY FIRST, INC. | | | | |
| ACCOUNT NAME AND NUMBER: | UNION CITY FII | RST, INC. AC# 4154 | 3191 | | |
| CONTRIBUTOR NAME | | STATE USE ONLY | CONTRIBUTOR ADDRESS | NUMBER AND STORET | |
| ORLANDO ABREU OCCUPATION | | | 4514 HUDSON AVENU | | • |
| SUPERVISOR | j | STATE USE ONLY | (CITY, STATE AND ZIP CO | • | |
| EMPLOYER NAME | | | UNION CITY, NI 07087 | | |
| UNION CITY BOARD OF EDUCAT | ION | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STR | EET) | | | | into realop |
| 3912 BERGEN TURNPIKE (CITY, STATE AND ZIP CODE) | - | | | | |
| UNION CITY, NJ 07087 | | | | | |
| (ECEIPT DESCRIPTION (IF IN-KIND) | | | AGGREGATE YEAR-TO-DATE | <u></u> 2/15/2018 | 500.00 |
| | | <u> </u> | 500.00 | | |
| CONTRIBUTOR NAME | | | | | |
| OTOOLE SCRIVO | | STATE USE ONLY | CONTRIBUTOR ADDRESS (| (NUMBER AND STREET) | |
| OCCUPATION | | STATE USE ONLY | 14 VILLAGE PARK | | <u>-</u> |
| ATTORNEY | | | (CITY, STATE AND ZIP COL CEDAR GROVE, NJ 070 | • | |
| EMPLOYER NAME O'TOOLE SCRIVO | | | OKO TE, NI O/O | DATE(S) RECEIVED | A COUNTY DECOURS |
| EMPLOYER ADDRESS (NUMBER AND STRE | ET\ | | | THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| O'TOOLE SCRIVO | | | | | |
| (CITY, STATE AND ZIP CODE) | ··· | | | - | |
| 14 VILLAGE PARK | | | | 2/23/2018 | F (110 110 |
| RECEIPT DESCRIPTION (IF IN-KIND) | | | AGGREGATE YEAR-TO-DATE | | 5,000.00 |
| | | | 5,000.00 | | |
| CONTRIBUTOR NAME | | STATE USE ONLY | CONTRIBUTOR ADDRESS (I | WILLDER AND OTTOWN | |
| PALISADE CHILDREN CENTER INC OCCUPATION | ; <u>_</u> | | 321 37TH ST | NOWBER AND STREET) | |
| CCOPATION | | STATE USE ONLY | (CITY, STATE AND ZIP COD | E) | ··· |
| MPLOYER NAME | | | UNION CITY, NJ 07097 | | |
| | | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREE | ?T) | | | TIMETERIOD | THIS PERIOD |
| CITY, STATE AND ZIP CODE) | | | | | |
| · | | | | | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | | AGGREGATE YEAR-TO-DATE | 3/10/2018 | 1,250.00 |
| | <u> </u> | | 1,250.00 | | |
| ONTRIBUTOR NAME | | | | | |
| PARTY RENTAL INC | | STATE USE ONLY | CONTRIBUTOR ADDRESS (N | UMBER AND STREET) | |
| CCUPATION | | STATE USE ONLY | 25 ANDREWS DR (CITY, STATE AND ZIP CODE | <u> </u> | |
| MPLOYER NAME | | | WOODLAND PARK, NJ 0 | - | |
| M BOTER MAME | | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| PLOYER ADDRESS (NUMBER AND STREE | Γ) | | | THIS PERIOD | THIS PERIOD |
| | <u>.</u> | | | | |
| ITY, STATE AND ZIP CODE) | | <u> </u> | <u> </u> | 1 | |
| CEIPT DESCRIPTION (IF IN-KIND) | | | | 2/12/2018 | 350.00 |
| | | - | AGGREGATE YEAR-TO-DATE | 1 | 330,00 |
| 1.SUBTOTAL (Add all r | eccints listed on the | lie nage \ | 350.00 | | |
| 2.TOTAL RECEIPTS, TH | IS PERIOD (Com | ulete this line on the las | t rage read for | | 7,100,00 |
| each receipt type, Carry i | orward to applica | ble line on Page 2, Colu | . рида изси под ти А.) | | |
| Jersey Election Law Enforcement Commission | ni - | <u> </u> | D. Co. | | <u></u> |

| ITEMIZED RECEIPTS (OTHER | THAN LOANS) | SCHEDULE A | Page No. | 42 of 54 |
|---|--|--|--|--------------------------------|
| PLEASE TYPE OR | PRINT. PHOTOCOPIES MA | AY BE USED IF ADDITIONAL I | FORMS ARE NEEDED | |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND E | ACH SEPARATE ACCOUNT.) | | OAMS ARE RECOED. | |
| X MONETARY IN-KIND CONT | OTOL PRIVALIA | | | |
| [] (0) | S MADE BY OTHERS | REIMBURSEMENTS/ REFUNDS OF DISBURSEME | s ema | DIVIDENDS/ |
| | ' | ALL ONDS OF DISBURSEME. | NIS | INTEREST |
| COMMITTEE NAME: UNION CITY FIRST, INC | <u>. </u> | | | |
| ACCOUNT NAME AND NUMBER: UNION CITY F | IRST, INC. AC# 4154 | 3181 | | |
| CONTRIBUTOR NAME PAULA NUNEZ MARTINEZ | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | <u> </u> |
| OCCUPATION | STATE USE ONLY | 317 15TH ST | · | |
| SCHOOL BUS DRIVER | STATE CAR CINEY | (CITY, STATE AND ZIP CO | - | |
| EMPLOYER NAME | | UNION CITY, NJ 07086 | DATE(S) RECEIVED | |
| UCBOE EMPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| 3912 BERGEN TURNPIKE | | | | |
| (CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | 3/15/2018 | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/13/2018 | 500.0 |
| | | 500,00 | <u></u> | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRA IOU MOD | | |
| PETER DI SALVO | STATE USE ONE1 | CONTRIBUTOR ADDRESS 5 CURTIS DRIVE | (NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP CO | DE) | |
| SALES CONSULTANT BMPLOYER NAME | | LINCOLN PARK, NJ 070 | • | |
| IMPERIAL DADE | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| 255 ROUTE 149 | | | | |
| (CITY, STATE AND ZIP CODE) JERSEY CITY, NJ 07307 | | | | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | | 3/13/2018 | 1,250.00 |
| · · · · · · · · · · · · · · · · · · · | | AGGREGATE YEAR-TO-DATE 1,250,00 | | |
| | | 1,230.00 | | |
| ONTRIBUTOR NAME PREMIO FOODS INC | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| CCUPATION | CTATE HER OLD II | 21-00 ROUTE 208 SOUT | H, SUITE 200 | |
| | STATE USE ONLY | (CITY, STATE AND ZIP COL | DE) | |
| MPLOYER NAME | | FAIR LAWN, NJ 07410 | Dittion pro- | |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| WILL ADDRESS (NOWIBBR AND STREET) | | | | |
| CITY, STATE AND ZIP CODE) | | | | |
| CODYNE DURAN | | | 2/23/2018 | W 000 = - |
| ECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 2/23/2018 | 5,000.00 |
| | | 5,000.00 | | |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTION | | |
| PRIME UNIFORM INC | STATE COL ONE! | CONTRIBUTOR ADDRESS (*) 420 51ST STREET | *UMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COD | E) | ····· |
| IPLOYER NAME | | WEST NEW YORK, NJ 07 | | |
| | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| PLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERKOD |
| ITY, STATE AND ZIP CODE) | | | | |
| ····, ««Alle ARO AIK CODE) | | | 7 | j |
| CEIPT DESCRIPTION (IF IN-KIND) | | L.COLVE. | 3/9/2018 | 750.00 |
| | | AGGREGATE YEAR-TO-DATE 750.00 | 1 | |
| 1.SUBTOTAL (Add all receipts listed on | this page) | | <u>. </u> | _ |
| Z.TOTAL RECEIPTS, THIS PERIOD (Co. | mplete this line on the luc | t page used for | | 7,500.00 |
| each receipt type. Carry forward to applie | cable line on Page 2, Colu | ma A.) | | |

| PATION STATE L OYER NAME OYER ADDRESS (NUMBER AND STREET) STATE AND ZIP CODE) | COUNT.) | RE¦MBURSEMENTS/ REFUNDS OF DISBURSEMEN | NTS (NUMBER AND STREET) ZENUE DDB) | DIVIDENDS/ INTEREST |
|--|------------------------|--|---------------------------------------|--|
| MONETARY CONTRIBUTIONS IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHER: IMITTEE NAME: UNION CITY FIRST, INC. OUNT NAME AND NUMBER: UNION CITY FIRST, INC. RIBUTOR NAME STATE UNION STATE UNION OYER NAME OYER ADDRESS (NUMBER AND STREET) STATE AND ZIP CODE) | AC# 41543) USE ONLY | REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS/ REFUNDS OF DISBURS OF D | NTS (NUMBER AND STREET) ZENUE DDB) | INTEREST |
| CONTRIBUTIONS EXPENDITURES MADE BY OTHER: IMITTEE NAME: UNION CITY FIRST, INC. COUNT NAME AND NUMBER: UNION CITY FIRST, INC. RIBUTOR NAME STATE U OYER NAME OYER ADDRESS (NUMBER AND STREET) STATE AND ZIP CODE) | AC# 41543) USE ONLY | REFUNDS OF DISBURSEMENT 181 CONTRIBUTOR ADDRESS 4416 BERGENLINE AV (CITY, STATE AND ZIP CO | (NUMBER AND STREET) ENUE DDB) | INTEREST |
| CONTRIBUTIONS EXPENDITURES MADE BY OTHER: IMITTEE NAME: OUNT NAME AND NUMBER: UNION CITY FIRST, INC. RIBUTOR NAME STATE U STATE U OYER NAME OYER ADDRESS (NUMBER AND STREET) STATE AND ZIP CODE) | AC# 41543) USE ONLY | REFUNDS OF DISBURSEMENT 181 CONTRIBUTOR ADDRESS 4416 BERGENLINE AV (CITY, STATE AND ZIP CO | (NUMBER AND STREET) ENUE DDB) | INTEREST |
| OUNT NAME AND NUMBER: UNION CITY FIRST, INC. RIBUTOR NAME STATE Q E J SUPERMARKET CORP PATION STATE Q OYER NAME OYER ADDRESS (NUMBER AND STREET) STATE AND ZIP CODE) | AC# 41543) USE ONLY | CONTRIBUTOR ADDRESS 4416 BERGENLINE AV (CITY, STATE AND ZIP CO | (NUMBER AND STREET) ENUE DDB) | |
| OUNT NAME AND NUMBER: UNION CITY FIRST, INC. RIBUTOR NAME STATE OF | USE ONLY | CONTRIBUTOR ADDRESS 4416 BERGENLINE AV (CITY, STATE AND ZIP CO | /ENUE | |
| RIBUTOR NAME È J SUPERMARKET CORP PATION STATE U OYER NAME OYER ADDRESS (NUMBER AND STREET) STATE AND ZIP CODE) | USE ONLY | CONTRIBUTOR ADDRESS 4416 BERGENLINE AV (CITY, STATE AND ZIP CO | /ENUE | ······································ |
| RIBUTOR NAME È J SUPERMARKET CORP PATION STATE U OYER NAME OYER ADDRESS (NUMBER AND STREET) STATE AND ZIP CODE) | USE ONLY | CONTRIBUTOR ADDRESS 4416 BERGENLINE AV (CITY, STATE AND ZIP CO | /ENUE | ······ |
| OYER NAME OYER ADDRESS (NUMBER AND STREET) STATE AND ZIP CODE) | USE ONLY | 4416 BERGENLINE AV (CITY, STATE AND ZIP CO | /ENUE | |
| OYER NAME OYER ADDRESS (NUMBER AND STREET) STATE AND ZIP CODE) | USE ONLY | (CITY, STATE AND ZIP CO | DDB) | |
| OYER ADDRESS (NUMBER AND STREET) STATE AND ZIP CODE) | · | UNION CITY, NJ 07087 | 7 | |
| STATE AND ZIP CODE) | | | | |
| STATE AND ZIP CODE) | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| | | · - | | THIS PERIOD |
| PT DESCRIPTION (IF IN-KIND) | | M | | |
| PT DESCRIPTION (IF IN-KIND) | | | 24.00010 | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 2/19/2018 | 1,250,0 |
| | | 1,250.00 | _ 1 | |
| UBUTOR NAME STATE II | JSE ONLY | CONTRACTOR | | |
| AEL ALFONSO | SE ONL I | CONTRIBUTOR ADDRESS 3912 BERGEN TURNPH | | |
| ATION STATE U | ISE ONLY | (CITY, STATE AND ZIP CO | | |
| YER NAME | | UNION CITY, NI 07087 | | |
| BOE | | _ | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| YER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| BERGEN TURNPIKE STATE AND ZIP CODE) | | | | |
| ON CITY, NJ 07087 | | | ··· | |
| T DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 2/28/2018 | 600.00 |
| | | 600.00 | | |
| BUTOR NAME | | | | |
| L HANAK STATE US | SE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | <u> </u> |
| ATION STATE US | SE ONLY | 121 DODD ST (CITY, STATE AND ZIP COD |)E\ | |
| URITY SUPERVISOR YER NAME | | WEEHAWKEN, NJ 07086 | • | |
| OE . | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| CER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| BERGEN TURNPIKE | | | | |
| TATE AND ZIP CODE) ON CITY, NJ 07087 | ····· | | | |
| DESCRIPTION (IF IN-KIND) | | | 3/5/2018 | 2,500.00 |
| | | AGGREGATE YEAR-TO-DATE 2,500.00 | | |
| BUTOR NAME | | 12,300.00 | | |
| MOND CETINICH STATE USE | E ONLY | CONTRIBUTOR ADDRESS (N | (UMBER AND STREET) | |
| TION STATE USE | E ONLY | 4100 NY AVENUE | · | |
| CE OFFICER | | (CITY, STATE AND ZIP CODE UNION CITY, NJ 07087 | Ξ) | · |
| ER NAME | | 1011011011111107087 | DATE(S) RECEIVED | ANGULATION RECEIPTS |
| | | | THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| OF UNION CITY | | | | |
| OF UNION CITY ER ADDRESS (NUMBER AND STREET) PALISADE AVE | | | - | 1 |
| OF UNION CITY ER ADDRESS (NUMBER AND STREET) PALISADE AVE TATE AND ZIP CODE) | | | 3/17/2018 | 600.00 |
| OF UNION CITY ER ADDRESS (NUMBER AND STREET) PALISADE AVE TATE AND ZIP CODE) N CITY, NJ 07087 | | - | V X / A U D | 600,00 |
| OF UNION CITY ER ADDRESS (NUMBER AND STREET) PALISADE AVE TATE AND ZIP CODE) | , | AGGREGATE YEAR-TO-DATE | 31772018 | _ I |
| OF UNION CITY ER ADDRESS (NUMBER AND STREET) PALISADE AVE FATE AND ZIP CODE) N CITY, NJ 07087 DESCRIPTION (IF IN-KIND) 1.SUBTOTAL (Add all receipts listed on this page) | | 600.00 | 31772018 | |
| OF UNION CITY ER ADDRESS (NUMBER AND STREET) PALISADE AVE TATE AND ZIP CODE) N CITY, NJ 07087 | e on the last | 600.00 | 51772015 | 4,950.00 |
| | | | THIS PERIOD | |

| ITEMIZED RECE | IPTS (OTHER TH | IAN LOANS) | SCHEDULE A | Dogo Ni | |
|---|---|------------------------------------|---|---------------------------------|--------------------|
| | | | | - ···g+ / 10, | 44 of 54 |
| RECEIPT TYPE (USE A SEPARATE "SCHEDU | LE A' FOR EACH TYPE AND EACH SI | PARATE ACCOUNT | Y BE USED IF ADDITIONAL F | ORMS ARE NEEDED. | |
| | | _ | | | |
| X MONETARY CONTRIBUTIONS | IN-KIND CONTRIBUT | | REIMBURSEMENTS/ | | DIVIDENDS/ |
| CONTROLLIONS | EXPENDITURES MAD | DE BY OTHERS | REFUNDS OF DISBURSEMEN | ₹TS | INTEREST |
| COMMITTEE NAME: UNI | ON CITY FIRST, INC. | | | | |
| ACCOUNT NAME AND NUMB | CD. UNITONI CITERA TURA | | | | |
| CONTRIBUTOR NAME | ER: UNION CITY FIRST | f, INC. AC# 4154 STATE USE ONLY | | | |
| RAYMOND COCCIOLI | | STATE OF ONL | CONTRIBUTOR ADDRESS 1625 PATERSON PLAN | | |
| OCCUPATION A SOUT A DIT DO DUCTO A T | | STATE USE ONLY | (CITY, STATE AND ZIP CO | | |
| ASSISTANT PRINCIPAL EMPLOYER NAME | | | SECAUCUS, NJ 07094 | | |
| UCBOE | | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND | STREET) | | | This ready | THIS PERIOD |
| 3912 BERGEN TURNPIKE (CITY, STATE AND ZIP CODE) | | | | | |
| UNION CITY, NJ 07087 | | | | | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | <u> </u> | AGGREGATE YEAR-TO-DATE | 3/22/2018 | 1,250.00 |
| | | | 1,250.00 | | |
| CONTRIBUTOR NAME | <u> </u> | PTATE LIAN AND | | | |
| RAYMOND ESHAGHOFF | | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| OCCUPATION | | STATE USE ONLY | 6305 KENNEDY BLVD (CITY, STATE AND ZIP CO) | DE) | |
| RBAL ESTATE EMPLOYER NAME | | | NORTH BERGEN, NJ 07 | , | |
| ELITE REALTY | | | , | DATE(8) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND | STREET) | | | THIS PERIOD | THIS PERIOD |
| 6305 KENNEDY BLVD (CITY, STATE AND ZIP CODE) | | | | | |
| NORTH BERGEN, NJ 07047 | | | | | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | | AGGREGATE YEAR-TO-DATE | — ^{3/20/2018} | 1,250.00 |
| | | · | 1,250.00 | | İ |
| CONTRIBUTOR NAME | | STATE USE ONLY | | | |
| READY ROOTER INC | | STATE OSE ONLY | CONTRIBUTOR ADDRESS (307 3RD ST | NUMBER AND STREET) | |
| OCCUPATION | | STATE USE ONLY | (CITY, STATE AND ZIP COD | Œ) | |
| MPLOYER NAME | | | UNION CITY, NJ 07104 | <u> </u> | |
| | | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND | STREET) | | | - THIS PERIOD | THIS PERIOD |
| (CITY, STATE AND ZIP CODE) | ······································ | | | | |
| <u></u> | | | | | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | | AGGREGATE YEAR-TO-DATE | 3/14/2018 | 500.00 |
| | | | 500.00 | | |
| ONTRIBUTOR NAME . | <u> </u> | STATE USE ONLY | | | |
| READY ROOTER INC | | diale ose onli | CONTRIBUTOR ADDRESS (N 307 3RD ST | IUMBER AND STREET) | |
| CCUPATION | | STATE USE ONLY | (CITY, STATE AND ZIP CODI | | |
| MPLOYER NAME | | | UNION CITY, NJ 07087 | <u> </u> | |
| | | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND S | TREET) | | | - IAIS FARIOD | THIS PERIOD |
| CITY, STATE AND ZIP CODE) | | | | | |
| | | | | 1 | |
| CEIPT DESCRIPTION (IF IN-KIND) | | | AGGREGATE YEAR-TO-DATE | 3/16/2018 | 400.00 |
| 1 STIPMAN 4 - C + - | | | 400.00 | 1 | 1 |
| 2.TOTAL RECEIPTS | d all receipts listed on this S, THIS PERIOD (Comple | page) | | | 3,400,00 |
| ench receipt type. C | arry forward to applicable | e line on Page 2. Calo | r page used for imp A.) | | |
| W Jersey Election Law Enforcement Co. | | | | | 1 |

| ITEMIZED RECEIPT | S (OTHER THAN LOANS) | SCHEDULE A | Page No. | 45 of 54 |
|---|---|---|---------------------------------|--------------------------------|
| P | LEASE TYPE OR PRINT. PHOTOCOPIES MA | AV BE USED IF ADDITIONAL F | ORMS ARE NEEDED | |
| RECEPT TYPE (USE A SEPARATE "SCHEDULE A" F | OR EACH TYPE AND EACH SEPARATE ACCOUNT.) | 2 7702710(1740) | OKINS ARE NEEDED. | <u> </u> |
| X MONETARY | IN-KIND CONTRIBUTIONS- | <u> </u> | | |
| CONTRIBUTIONS | EXPENDITURES MADE BY OTHERS | REIMBURSEMENTS/ REFUNDS OF DISBURSEMEN | тs | DIVIDENDS/ INTEREST |
| COMMITTEE NAME: UNION C | ITY FIRST, INC. | | | |
| ACCOUNT NAME AND NUMBER: | UNION CITY FIRST, INC. AC# 4154 | 2101 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | OI IMPER AND ETTER | |
| REINO MAGIC INC OCCUPATION | | 701 BERGENLINE | (HOWING AND STREET |) |
| | STATE USE ONLY | (CITY, STATE AND ZIP CO | - | |
| EMPLOYER NAME | | UNION CITY, NJ 07087 | | |
| EMPLOYER ADDRESS (NUMBER AND STR | Trans | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| TO STAND STANDS INC. | 561) | | | , |
| (CITY, STATE AND ZIP CODE) | <u> </u> | ··· | _ | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | · | 2/15/2018 | 500.00 |
| | | AGGREGATE YEAR-TO-DATE | | 300.00 |
| | | 500.00 | <u> </u> | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STERRE | |
| RICARDO MEDINA OCCUPATION | | 619 18TH ST | HORDER AND STREET) | |
| SECURITY | STATE USE ONLY | (CITY, STATE AND ZIP COL | DE) | · |
| EMPLOYER NAME | | UNION CITY, NJ 07087 | | · |
| UCBOE | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STRE 3912 BERGEN TURNPIKE | ET) | · · · · · · · · · · · · · · · · · · · | | THIS PERIOD |
| (CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/22/2018 | 400.00 |
| · · · · · · · · · · · · · · · · · · · | | 400.00 | | |
| ONTRIBUTOR NAME | STATE USE ONLY | | | ·· |
| RICHARD CASSENS | STATE USE ONLY | CONTRIBUTOR ADDRESS () 823 SIP ST | NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COD | E) | |
| SECURITY GUARD MPLOYER NAME | | UNION CITY, NJ 07086 | -/ | |
| UCBOE | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREE | ET) | | THIS PERIOD | THIS PERIOD |
| 3912 BERGEN TURNPIKE CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/8/2018 | 600.00 |
| _ | | 600.00 | | |
| ONTRIBUTOR NAME | 777 LW | | | |
| RICHARD DONOHUE | STATE USE ONLY | CONTRIBUTOR ADDRESS (N | UMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | 744 3RD AVE (CITY, STATE AND ZIP CODE | ····· | |
| BOWLING LANE OWNER APLOYER NAME | | LYNDHURST, NJ 07071 | , | |
| BOWL RITE LANES | | | DATE(S) RECEIVED | AMOUNT(\$) RECEIVED |
| PLOYER ADDRESS (NUMBER AND STREET | Γ) | | THIS PERIOD | THIS PERIOD |
| 714 SUMMIT AVE | | | | |
| ITY, STATE AND ZIP CODE) UNION CITY, NJ 07087 | | | 1 | |
| CELPT DESCRIPTION (IF IN-KIND) | | T | 3/15/2018 | 500.00 |
| | | AGGREGATE YEAR-TO-DATE 500,00 | | 200.00 |
| 1.SUBTOTAL (Add all r | eceipts listed on this page) | | | |
| 2.TUTAL RECEIPTS, TH | IS PERIOD (Complete this line on the loss | f page used for | | 2,000.00 |
| v Jersey Election Law Enforcement Commission | orward to applicable line on Page 2, Colu | | | |
| - Commussio | AL | PAGEA | | |

| | (OTHER THAN LOANS) | SCHEDULE A | Page No. | 46 of 54 |
|---|--|--|---|---|
| PL: | EASE TYPE OR PRINT. PHOTOCOPIES MA | AY BE USED IF ADDITIONAL F | ORMS ARE NEEDED. | |
| receipt type (USE a separate "schedule a" for | EACH TYPE AND EACH SEPARATE ACCOUNT.) | | | ····· |
| X MONETARY | IN-KIND CONTRIBUTIONS- | | | |
| CONTRIBUTIONS | EXPENDITURES MADE BY OTHERS | REIMBURSEMENTS/ | _ | DIVIDENDS/ |
| 0010 | <u> </u> | REFUNDS OF DISBURSEMEN | πs | INTEREST |
| COMMITTEE NAME: UNION CIT | Y FIRST, INC. | | | |
| ACCOUNT NAME AND NUMBER: UI | NION OFFICE PROGRAMS | | | <u> </u> |
| CONTRIBUTOR NAME | NION CITY FIRST, INC. AC# 41543 STATE USE ONLY | | | |
| RICHARD HANNA | BIATE OSE ONEY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET | |
| OCCUPATION | STATE USE ONLY | 97 HONEYSUCKLE DR (CITY, STATE AND ZIP CO | DE) | |
| DEAN OF STUDENTS EMPLOYER NAME | | TOWNSHIP OF WASHI | | |
| UCBOE | | | DATE(5) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREE | T) | · | THIS PERIOD | THIS PERIOD |
| 3912 BERGEN TURNPIKE | , | | | |
| (CITY, STATE AND ZIP CODE) | | | - | |
| UNION CITY, NJ 07087 RECEIPT DESCRIPTION (IF IN-KIND) | | | 3/6/2018 | 2.004 |
| | | AGGREGATE YEAR-TO-DATE | | 2,000.0 |
| | | 2,000.00 | | _ |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTION | | |
| RITA TORRES | 27112 512 61E1 | CONTRIBUTOR ADDRESS (167 WEIGANDS LN | (NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COL |)E) | |
| TEACHER MPLOYER NAME | | SEACAUCUS, NJ 07094 | -1-7 | |
| UCBOE | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET | <u> </u> | | THIS PERIOD | THIS PERIOD |
| 3912 BERGEN TURNPIKE | • | | | |
| CITY, STATE AND ZIP CODE) | | | _ | |
| UNION CITY, NJ 07087 ECEIPT DESCRIPTION (IF IN-KIND) | | | 3/8/2018 | 000.0 |
| ······································ | | AGGREGATE YEAR-TO-DATE | 7 | 900.0 |
| | | 900.00 | | |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTION ADDRESS OF | T. C. C. Lawrence | |
| ROBERT R PINZON | | CONTRIBUTOR ADDRESS (N 29 LEIGHTON AVE | NUMBER AND STREET) | |
| CCUPATION TEACHER | STATE USE ONLY | (CITY, STATE AND ZIP COD | E) | |
| MPLOYER NAME | | YONKERS, NY 10805 | • | |
| | | | | |
| UCBOE | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| UCBOE PLOYER ADDRESS (NUMBER AND STREET) | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| UCBOE PLOYER ADDRESS (NUMBER AND STREET) 3912 BERGEN TURNPIKE | | | | |
| UCBOE PLOYER ADDRESS (NUMBER AND STREET) 3912 BERGEN TURNPIKE TTY, STATE AND ZIP CODE) | | | | |
| UCBOE PLOYER ADDRESS (NUMBER AND STREET) 3912 BERGEN TURNPIKE TTY, STATE AND ZIP CODE) UNION CITY, NJ 07087 | | | | THIS PERIOD |
| UCBOE PLOYER ADDRESS (NUMBER AND STREET) 3912 BERGEN TURNPIKE TTY, STATE AND ZIP CODE) UNION CITY, NJ 07087 | | AGGREGATE YEAR-TO-DATE | THIS PERIOD | |
| UCBOE PLOYER ADDRESS (NUMBER AND STREET) 3912 BERGEN TURNPIKE TTY, STATE AND ZIP CODE) UNION CITY, NJ 07087 CEIPT DESCRIPTION (IF IN-KIND) | | | THIS PERIOD | THIS PERIOD |
| UCBOE PLOYER ADDRESS (NUMBER AND STREET) 3912 BERGEN TURNPIKE ITY, STATE AND ZIP CODE) UNION CITY, NJ 07087 CEIPT DESCRIPTION (IF IN-KIND) | STATE USE ONLY | AGGREGATE YEAR-TO-DATE | THIS PERIOD 3/20/2018 | THIS PERIOD |
| UCBOE PLOYER ADDRESS (NUMBER AND STREET) 3912 BERGEN TURNPIKE TY, STATE AND ZIP CODE) UNION CITY, NJ 07087 CEIPT DESCRIPTION (IF IN-KIND) NTRIBUTOR NAME ROBERTO MUNIZ | STATE USE ONLY | AGGREGATE YEAR-TO-DATE 1,250.00 CONTRIBUTOR ADDRESS (N | THIS PERIOD 3/20/2018 | THIS PERIOD |
| UCBOE PLOYER ADDRESS (NUMBER AND STREET) 3912 BERGEN TURNPIKE ITY, STATE AND ZIP CODE) UNION CITY, NJ 07087 CEIPT DESCRIPTION (IF IN-KIND) NTRIBUTOR NAME ROBERTO MUNIZ CUPATION | | AGGREGATE YEAR-TO-DATE 1,250.00 CONTRIBUTOR ADDRESS (N 536 JACKSON AVE (CITY, STATE AND ZIP CODE | THIS PERIOD 3/20/2018 UMBER AND STREET) | THIS PERIOD |
| UCBOE PLOYER ADDRESS (NUMBER AND STREET) 3912 BERGEN TURNPIKE ITY, STATE AND ZIP CODE) UNION CITY, NJ 07087 CEIPT DESCRIPTION (IF IN-KIND) NTRIBUTOR NAME ROBERTO MUNIZ | STATE USE ONLY | AGGREGATE YEAR-TO-DATE 1,250.00 CONTRIBUTOR ADDRESS (N 536 JACKSON AVE | THIS PERIOD 3/20/2018 UMBER AND STREET) | THIS PERIOD |
| UCBOE PLOYER ADDRESS (NUMBER AND STREET) 3912 BERGEN TURNPIKE STY, STATE AND ZIP CODE) UNION CITY, NJ 07087 CEIPT DESCRIPTION (IF IN-KIND) NTRIBUTOR NAME ROBERTO MUNIZ CUPATION HOME CARE PLOYER NAME | STATE USE ONLY STATE USE ONLY | AGGREGATE YEAR-TO-DATE 1,250.00 CONTRIBUTOR ADDRESS (N 536 JACKSON AVE (CITY, STATE AND ZIP CODE | THIS PERIOD 3/20/2018 UMBER AND STREET) NJ 07676 DATE(S) RECEIVED | THIS PERIOD |
| UCBOE PLOYER ADDRESS (NUMBER AND STREET) 3912 BERGEN TURNPIKE ITY, STATE AND ZIP CODE) UNION CITY, NJ 07087 CEIPT DESCRIPTION (IF IN-KIND) NTRIBUTOR NAME ROBERTO MUNIZ CUPATION HOME CARE PLOYER NAME PARKER PLOYER ADDRESS (NUMBER AND STREET) | STATE USE ONLY STATE USE ONLY | AGGREGATE YEAR-TO-DATE 1,250.00 CONTRIBUTOR ADDRESS (N 536 JACKSON AVE (CITY, STATE AND ZIP CODE | THIS PERIOD 3/20/2018 UMBER AND STREET) NJ 07676 | 1,250.00 |
| UCBOE PLOYER ADDRESS (NUMBER AND STREET) 3912 BERGEN TURNPIKE ITY, STATE AND ZIP CODE) UNION CITY, NJ 07087 CEIPT DESCRIPTION (IF IN-KIND) NTRIBUTOR NAME ROBERTO MUNIZ CUPATION HOME CARE PLOYER NAME PLOYER ADDRESS (NUMBER AND STREET) 421 RIVER RD | STATE USE ONLY STATE USE ONLY | AGGREGATE YEAR-TO-DATE 1,250.00 CONTRIBUTOR ADDRESS (N 536 JACKSON AVE (CITY, STATE AND ZIP CODE | THIS PERIOD 3/20/2018 UMBER AND STREET) NJ 07676 DATE(S) RECEIVED | THIS PERIOD 1,250.00 AMOUNT(S) RECEIVED |
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| UCBOE PLOYER ADDRESS (NUMBER AND STREET) 3912 BERGEN TURNPIKE ITY, STATE AND ZIP CODE) UNION CITY, NJ 07087 CEIPT DESCRIPTION (IF IN-KIND) NTRIBUTOR NAME ROBERTO MUNIZ CUPATION HOME CARE PLOYER NAME PLOYER ADDRESS (NUMBER AND STREET) 421 RIVER RD | STATE USE ONLY STATE USE ONLY | AGGREGATE YEAR-TO-DATE 1,250.00 CONTRIBUTOR ADDRESS (N 536 JACKSON AVE (CITY, STATE AND ZIP CODE TOWN OF WASHINTON, | THIS PERIOD 3/20/2018 UMBER AND STREET) NJ 07676 DATE(S) RECEIVED | AMOUNT(S) RECEIVED THIS PERIOD |
| UCBOE PLOYER ADDRESS (NUMBER AND STREET) 3912 BERGEN TURNPIKE ITY, STATE AND ZIP CODE) UNION CITY, NJ 07087 CEIPT DESCRIPTION (IF IN-KIND) NTRIBUTOR NAME ROBERTO MUNIZ CUPATION HOME CARE PLOYER NAMB PARKER PLOYER ADDRESS (NUMBER AND STREET) 421 RIVER RD TY, STATE AND ZIP CODE) ISCATAWAY, NJ 08854 | STATE USE ONLY STATE USE ONLY | AGGREGATE YEAR-TO-DATE 1,250.00 CONTRIBUTOR ADDRESS (N. 536 JACKSON AVE (CITY, STATE AND ZIP CODE TOWN OF WASHINTON, | THIS PERIOD 3/20/2018 UMBER AND STREET) NJ 07676 DATE(S) RECEIVED THIS PERIOD | THIS PERIOD 1,250.00 AMOUNT(S) RECEIVED |
| PLOYER ADDRESS (NUMBER AND STREET) 3912 BERGEN TURNPIKE STY, STATE AND ZIP CODE) UNION CITY, NJ 07087 CEIPT DESCRIPTION (IF IN-KIND) NTRIBUTOR NAME ROBERTO MUNIZ CUPATION HOME CARE PLOYER NAME PLOYER NAME PLOYER ADDRESS (NUMBER AND STREET) 421 RIVER RD TY, STATE AND ZIP CODE) SCATAWAY, NJ 08854 EIPT DESCRIPTION (IF IN-KIND) 1,SUBTOTAL (Add all rec | STATE USE ONLY STATE USE ONLY | AGGREGATE YEAR-TO-DATE 1,250.00 CONTRIBUTOR ADDRESS (N. 536 JACKSON AVE (CITY, STATE AND ZIP CODE TOWN OF WASHINTON, AGGREGATE YEAR-TO-DATE 500.00 | THIS PERIOD 3/20/2018 UMBER AND STREET) NJ 07676 DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |

| ITEMIZED RECEIPTS (OTH) | ER THAN LOANS) | SCHEDULE A | Page No. | 47 of 54 |
|--|----------------------------|---|--|--------------------------------|
| PLEASE TYPE | OR PRINT, PHOTOCOPIES MA | AY BE USED IF ADDITIONAL I | FORMS ARE NEEDED | |
| receipt type (use a separate "schedule a" for each type at | ID EACH SEPARATE ACCOUNT.) | | TO THE NOBBED. | |
| X MONETARY PN-KIND O | ONTRIBUTIONS. | | | |
| TO THE PARTY OF TH | URES MADE BY OTHERS | REIMBURSEMENTS/ REPUNDS OF DISBURSEME: | NTS | DIVIDENDS/ |
| COMMITTEE NAME: UNION CITY FIRST, | INC | | | INTEREST |
| | | | <u> </u> | |
| ACCOUNT NAME AND NUMBER: UNION CITY CONTRIBUTOR NAME | | 3181 | | |
| ROLANDO CABANA | STATE USE ONLY | | (NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | 510 MANNING CT (CITY, STATE AND ZIP CO | | |
| PRINCIPAL MPLOYER NAME | | RIVEREDGE, NJ 07061 | | |
| UCBOE | | | DATE(S) RECEIVED | AMOUNT(5) RECSIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| 3912 BERGEN TURNPIKE | | | - | |
| CITY, STATE AND ZIP CODE) | | | { | |
| UNION CITY, NJ 07087 ECEIPT DESCRIPTION (IF IN-KIND) | | | 3/18/2018 | 500, |
| tron (a minut) | | AGGREGATE YEAR-TO-DATE | _] | 1 |
| | <u> </u> | 500.00 | | |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | ···· |
| RYAN LEWIS CCUPATION | | 10 SOHINDLER ST | (TOTAL CONTROL OF THE CONTROL OF TH | |
| PRINCIPAL | STATE USE ONLY | (CITY, STATE AND ZIP CO | • | |
| MPLOYER NAME | | EAST RUTHERFORD, 1 | · | |
| UCBOE | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | | THIS PERIOD |
| 3912 BERGEN TURNPIKE CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/22/2018 | 1,250,0 |
| | · | 1,250.00 | _ | |
| ONTRIBUTOR NAME | STATE USE ONLY | COMMENTATION ASSESSMENT | | |
| SACHS MALAS | 31112 000 01101 | CONTRIBUTOR ADDRESS (439 COMMERCIAL AVI | (NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COI | | |
| DEVELOPER (PLOYER NAME | | PALISADES PARK, NJ 0 | | |
| ROMAN UNION CITY LLC | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| PLOYER ADDRESS (NUMBER AND STREET) | | | THUS PERIOD | THIS PERIOD |
| 439 COMMERCIAL AVE | | | | |
| TY, STATE AND ZIP CODE) PALISADES PARK, NJ 07650 | | | _ | |
| CEIPT DESCRIPTION (IF IN-KIND) | ······ | | 3/22/2018 | 2,500.00 |
| | | AGGREGATE YEAR-TO-DATE | | , |
| | <u> </u> | 2,500.00 | <u></u> | |
| NTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (I | NUMBER AND STREET | |
| SERGIO DATO CUPATION | | 1700 SUMMIT AVE | - | |
| SECURITY KARATE OWNER | STATE USE ONLY | (CITY, STATE AND ZIP COD | E) | |
| PLOYER NAME | <u>,l</u> | UNION CITY, NJ 07087 | | |
| ECURITY KARATE | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| PLOYER ADDRESS (NUMBER AND STREET) | | | - | 14110 FEATOU |
| | | <u> </u> | | |
| 700 SUMMIT AVE TY, STATE AND ZIP CODE) | | | | |
| TY, STATE AND ZIP CODE) NION CITY, NJ 07087 | | | | |
| TY, STATE AND ZIP CODE) | | AGGREGATE VEAR TO DATE | 2/28/2017 | 1,250.00 |
| IY, STATE AND ZIP CODE) NION CITY, NJ 07087 EIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 2/28/2017 | 1,250.00 |
| IY, STATE AND ZIP CODE) NION CITY, NJ 07087 | on this page) | 1,250,00 | 2/28/2017 | 1,250.00 5,500,00 |

| | (OTHER THAN LOANS) | | | 48 of 54 |
|--|---|---|------------------------------|---------------------------------------|
| RECEIPT TYPE (LISE A SERABATE SOCIALISM IN A TOTAL | EASE TYPE OR PRINT. PHOTOCOPIES M | IAY BE USED IF ADDITIONAL | FORMS ARE NEEDED. | |
| RECEIPT TYPE (USE A SEPARATE *SCHEDULE A* FOR | EACH TYPE AND EACH SEPARATE ACCOUNT.) | | | |
| X MONETARY | JN-KIND CONTRIBUTIONS- | REIMBURSEMENTS/ | | F |
| CONTRIBUTIONS | EXPENDITURES MADE BY OTHERS | REFUNDS OF DISBURSEME | !NTS | DIVIDENDS/ INTEREST |
| COMMITTEE NAME: UNION CIT | Y FIRST, INC. | | <u></u> | |
| | | | | |
| ACCOUNT NAME AND NUMBER: UI CONTRIBUTOR NAME | | | | · · · · · · · · · · · · · · · · · · · |
| SERGIO DE ROJAS | STATE USE ONLY | | S (NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | 88 BEECH AVENUE (CITY, STATE AND ZIP C | ODE) | |
| POLICE OFFICER EMPLOYER NAME | | BERKELEY HEIGHTS | • | |
| CITY OF UNION CITY | | · · · · · · · · · · · · · · · · · · · | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREE | т) | | THIS PERIOD | THIS PERIOD |
| 3715 PALISADE AVE | | | | |
| (CITY, STATE AND ZIP CODE) UNION CITY, NJ 07087 | ··· | | _ | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | | 3/21/2018 | 1,000.0 |
| | | AGGREGATE YEAR-TO-DATE 1,000.00 | j | |
| OO THE PARTY OF TH | | 1,000.00 | . <u> </u> | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | <u> </u> |
| SHADI ABDELJABBAR CCUPATION | | 3517 NEW YORK AVE | • | |
| TEACHER | STATE USE ONLY | (CITY, STATE AND ZIP CO | - | |
| MPLOYER NAME | | UNION CITY, NJ 07087 | | |
| UCBOE VETERANS | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| MPLOYER ADDRESS (NUMBER AND STREET 1401 CENTRAL AVE |) | | | This readou |
| CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 2/20/2018 | 1,250,0 |
| | | 1,250.00 | | |
| ONTRIBUTOR NAME | STATE USE ONLY | | | |
| SHARON SHULMAN | STATE OSE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | ···· |
| CCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP COI | DE) | |
| CONSULTANT MPLOYER NAME | | BAYONNE, NJ 07002 | 36) | |
| UCBOE | - | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| 3912 BERGEN TURNPIKE | | | | |
| CITY, STATE AND ZIP CODE) | | | \dashv | |
| UNION CITY, NJ 07087 CEIPT DESCRIPTION (IF IN-KIND) | | | 3/22/2018 | 1.050.00 |
| TOTAL TOTAL TOTAL | | AGGREGATE YEAR-TO-DATE | | 1,250.00 |
| | | 1,250.00 | | |
| NTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (1 | MB Abrin Alice and | |
| SOL RIVERA | | 3118 MEADOWVIEW AT | | |
| COURT INTERPRETER | STATE USE ONLY | (CITY, STATE AND ZIP COD | E) | |
| PLOYER NAME | | NORTH BERGEN, NJ 070 | | |
| SOL INTERPRETING SERVICES | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| PLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| 118 MEADOWVIEW AVE | | | | |
| TY, STATE AND ZIP CODE) | | | 7 | ļ |
| IORTH REDGEN AN OPORG | | | 2/9/2018 | 1,250.00 |
| ORTH BERGEN, NJ 07047 EIPT DESCRIPTION (IF IN-KIND) | | *************************************** | | 1 2 11 1 2 1 |
| NORTH BERGEN, NJ 07047 CEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | 1,230.00 |
| EIPT DESCRIPTION (IF IN-KIND) 1.SUBTOTAL (Add all rec | eipts listed on this page) | 1,250.00 | | |
| 1.SUBTOTAL (Add all rec 2.TOTAL RECEIPTS, THIS | eipts listed on this page) PERIOD (Complete this line on the law ward to applicable line on Page 2, Colo | 1,250.00 | | 4,750.00 |

| ITEMIZED RECEIPTS (OT) | HER THAN LOANS) | SCHEĐULE A | Page No. | 49 of 54 |
|--|-----------------------------------|--|--|---------------------------------------|
| PLEASE TY | PE OR PRINT. PHOTOCOPIES MA | Y BE USED IF ADDITIONAL I | FORMS ARE NEEDED | |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYP | E AND EACH SEPARATE ACCOUNT.) | | - CHARLES THE TENEDERY | |
| X MONSTARY | LD CONTRIBUTIONS. | | | |
| 1 1 200 200 11 1 | NDITURES MADE BY OTHERS | REIMBURSEMENTS/ REFUNDS OF DISBURSEME | NTS | DIVIDENDS/ INTEREST |
| COMMITTEE NAME: UNION CITY FIRS | Γ, INC. | | | - |
| | | <u> </u> | <u>. </u> | |
| ACCOUNT NAME AND NUMBER: UNION CONTRIBUTOR NAME | | | | |
| STANS SPORTS CENTER INC | STATE USE ONLY | CONTRIBUTOR ADDRESS | | <u> </u> |
| OCCUPATION | STATE USE ONLY | 528 WASHINGTON ST (CITY, STATE AND ZIP CO | | |
| CMINI OVER NAME | | UNION CITY, NJ 07110 | | |
| EMPLOYER NAME | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| | | | | |
| (CITY, STATE AND ZIP CODE) | | | | |
| ECEIPT DESCRIPTION (IF IN-KIND) | · | | 3/13/2018 | 1,250,0 |
| South From the In-KIND) | | AGGREGATE YEAR-TO-DATE | | 1,250,0 |
| | | 1,250,00 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | · · · · · · · · · · · · · · · · · · · |
| STEVEN DEMATTHEIS | | 110 FAIRVIEW AVE | (HOMBER AND STREET) | |
| OCCUPATION REAL ESTATE | STATE USE ONLY | (CITY, STATE AND ZIP CO | DE) | |
| MPLOYER NAME | | VERONA, NJ 07044 | | |
| DEMATEIS REAL ESTATE | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| 110 FAIRVIEW AVE | | | | |
| CITY, STATE AND ZIP CODE) VERONA, NJ 07044 | | | _ | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | | 2/5/2018 | 2,500,00 |
| | | aggregate year-to-date 2,500.00 | | |
| ONTRIBUTOR NAME | STATE USE ONLY | CONTRIDUTOR ADDDESS | A P. D. CONTR. | |
| STEVEN HIGUEROA | | CONTRIBUTOR ADDRESS (14 BRAEMAR DRIVE | (NUMBER AND STREET) | |
| CCUPATION TEACHER | STATE USE ONLY | (CITY, STATE AND ZIP COI | DE) | |
| MPLOYER NAME | | WAYNE, NJ 07470 | | |
| UCBOE | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | ····· | | THIS PERIOD | THIS PERIOD |
| 3912 BERGEN TURNPIKE | | | | |
| UNION CITY, NJ 07087 | | | - | |
| CCEIPT DESCRIPTION (IF IN-KIND) | <u></u> | | 2/28/2018 | 1,250.00 |
| | | AGGREGATE YEAR-TO-DATE | | |
| | | 1,250,00 | | |
| NTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (1 | NUMBER AND STREET) | |
| SUSAN POWERS CUPATION | | 148 37TH STREET | TOWN DECYMENT OF THE PERSON OF | |
| ASSISTANT SUPERVISOR | STATE USE ONLY | (CITY, STATE AND ZIP COD | | |
| PLOYER NAME | | UNION CITY PUBLIC SO | | · |
| UNION CITY PUBLIC SCHOOLS | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| PLOYER ADDRESS (NUMBER AND STREET) | | | | win Learion |
| 3912 BERGEN TURNPIKE ITY, STATE AND ZIP CODE) | | | _ | |
| JNION CITY, NJ 07087 | | | | |
| CEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 2/18/2018 | 600.00 |
| | | 600.00 | | |
| 1.SUBTOTAL (Add all receipts list | ed on this page) | <u> </u> | | 5,600.00 |
| 2.TOTAL RECEIPTS, THIS PERIO each receipt type. Carry forward to | D (Complete this line on the last | t page used for | | 3,000,00 |
| Jersey Election Low Enforcement Commission | -аррисани пос од Ряде 2, Colu | mn A.) | | ! |

| ITEMIZED RECEIPTS (OT) | HER THAN LOANS) | SCHEDULE A | Page No. | 50 of 54 |
|---|--|--|--|---|
| | | | | 30 01 34 |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYP | PE OR PRINT, PHOTOCOPIES MA E AND EACH SEPARATE ACCOUNT.) | AY BE USED IF ADDITIONAL I | ORMS ARE NEEDED. | |
| _ | | _ | | |
| 1 } | ND CONTRIBUTIONS- NDITURES MADE BY OTHERS | REIMBURSEMENTS/ REFUNDS OF DISBURSEME | NTS | DIVIDENDS/ INTEREST |
| COMMITTEE NAME: UNION CITY FIRST | T. INC. | | | —————————————————————————————————————— |
| | | | _ | ······································ |
| ACCOUNT NAME AND NUMBER: UNION CONTRIBUTOR NAME | | | | |
| SW LOCK AND DOORCHECK CO | STATE USE ONLY | CONTRIBUTOR ADDRESS | | |
| OCCUPATION CO | STATE USE ONLY | 3701 KENNEDY BLVD | | |
| | STATE CAR ONE! | (CITY, STATE AND ZIP CO | - | |
| EMPLOYER NAME | | UNION CITY, NJ 07105 | | |
| | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND STREET) | · · · · · · · · · · · · · · · · · · · | | | 1 VIO LEKIOO |
| (CITY, STATE AND ZIP CODE) | | | | |
| (G12 1, GTATE AND ZIP CODE) | | | | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | | 3/15/2018 | 500,00 |
| , | | AGGREGATE YEAR-TO-DATE | | |
| | | 500.00 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTION ADDRESS | ON B (DDD ALLES ASSE | |
| TANJA JACKSON | 33,000 | CONTRIBUTOR ADDRESS 440 7TH ST | (NUMBER AND STREET) | |
| OCCUPATION | STATE USE ONLY | (CITY, STATE AND ZIP CO | DR) | |
| TEACHER | | FAIRVIEW, NJ 07022 | <i>DE)</i> | |
| EMPLOYER NAME | | | DATE(S) RECEIVED | AMOID FROM NEGITIVO |
| UCBOE EMPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| 3912 BERGEN TURNPIKE | | · | | 1 |
| (CITY, STATE AND ZIP CODE) | | <u></u> | | |
| UNION CITY, NJ 07087 | | | | <u> </u> |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 2/3/2018 | 1,800.00 |
| | | 1,800,00 | | |
| | | 1,000,00 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREETS | |
| TATA'S KIDS LEARNING CENTER OCCUPATION | | 301-43RD ST | The state of the s | |
| CCOFATION | STATE USE ONLY | (CITY, STATE AND ZIP COI | DE) | |
| MPLOYER NAME | | <u>UNION CITY, NJ 07087</u> | _ | |
| | | | DATE(\$) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| <u></u> | | | | · |
| CITY, STATE AND ZIP CODE) | | | - ∤ | |
| ECETET DESCRIPTION OF DE | | | 3/19/2018 | 1.350.00 |
| ECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | | 1,250.00 |
| | | 1,250.00 | _ | |
| ONTRIBUTOR NAME | 201 1000 1000 | | | <u> </u> |
| THOMAS BEAITNI | STATE USE ONLY | CONTRIBUTOR ADDRESS (1 | NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | 22 WIERIMUS RD | | |
| RETIRED | DESTE OSE SINCE | (CITY, STATE AND ZIP COD | E) | |
| MPLOYER NAME | | HILLSDALE, NJ 07642 | <u> </u> | |
| | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| MPLOYER ADDRESS (NUMBER AND STREET) | <u> </u> | | - | (IIIS PERIOD |
| CITY, STATE AND ZIP CODE) | | | [| 1 |
| and the or copy | | | | 1 |
| CEIPT DESCRIPTION (IF IN-KIND) | | | 3/3/2018 | 1,500.00 |
| | | AGGREGATE YEAR-TO-DATE | | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 1.SUBTOTAL (Add all receipts lis | ted on this name \ | 1,500.00 | | |
| 2.TOTAL RECEIPTS, THIS PERIO | D (Complete this line on the las | of nage used for | | 5,050.00 |
| each receipt type. Carry forward to | applicable line on Page 2. Coh | or page used for tinn A.) | | |
| V Jerroy Fleeting I am E-F | | | | |

| ITEMIZED RECEIPTS | (OTHER THAN LOANS | SCHEDULE A | Page No. | E1 of 54 |
|--|---|--|---------------------------------|---------------------------------------|
| | ASE TYPE OR PRINT. PHOTOCOPIES | <u> </u> | | 51 of 54 |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR | EACH TYPE AND BACH SEPARATE ACCOUNT.) | WAY BE USED IF ADDITIONAL I | FORMS ARE NEEDED. | |
| | 3 | | | |
| X MONETARY CONTRIBUTIONS | IN-KIND CONTRIBUTIONS- | REIMBURSEMENTS/ | | DIVIDENDS/ |
| | EXPENDITURES MADE BY OTHERS | REFUNDS OF DISBURSEME | NTS | INTEREST |
| COMMITTEE NAME: UNION CIT | Y FIRST, INC. | <u> </u> | | |
| ACCOUNT NAME AND NUMBER: UN | TION OF THE OTHER | | | · · · · · · · · · · · · · · · · · · · |
| CONTRIBUTOR NAME | NION CITY FIRST, INC. AC# 41 STATE USE ONLY | | | |
| THOMAS CHARTIER | STATE OF CALL | CONTRIBUTOR ADDRESS 8 CONGRESS ST | S (NUMBER AND STREET |) |
| OCCUPATION TO THE PART OF THE | STATE USE ONLY | (CITY, STATE AND ZIP CO | ODE) | |
| HOME BUILDER EMPLOYER NAME | | JERSEY CITY, NJ 0730 | | |
| SELF EMPLOYED | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(\$) RECEIVED |
| EMPLOYER ADDRESS (NUMBER AND STREET | r) | <u> </u> | THIS PERIOD | THIS PERIOD |
| 8 CONGRESS ST (CITY, STATE AND ZIP CODE) | | | | |
| JERSEY CITY, NJ 07307 | | | | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/8/2018 | 1,250.00 |
| <u></u> | | 1,250.00 | | |
| ONTRIBUTOR NAME | | | | |
| TIME AUTO PARTS INC | STATE USE ONLY | The state of the s | (NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | 817 30TH ST (CITY, STATE AND ZIP CO | IDEN - | |
| AND ASTRALLA | | UNION CITY, NJ 07087 | - | |
| MPLOYER NAME | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET | | · | THIS PERIOD | THIS PERIOD |
| | <u></u> | | | |
| CITY, STATE AND ZIP CODE) | | · | \dashv | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | | 3/22/2018 | 1,250.00 |
| | | AGGREGATE YEAR-TO-DATE 1,250.00 | | |
| AND THE PROPERTY OF THE PROPER | | 13,430.00 | | |
| ONTRIBUTOR NAME TOTAL BEAUTY IMAGE INC | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | 3900 BERGENLINE AVI | | |
| | | (CITY, STATE AND ZIP COL UNION CITY, NJ 07087 | DE) | |
| MPLOYER NAME | | 0/10/1 CIT 1, NJ 0/08/ | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| | | | | |
| CITY, STATE AND ZIP CODE) | | | | |
| CEIPT DESCRIPTION (IF IN-KIND) | | <u></u> | 3/1/2018 | 500.00 |
| and a series of the series of | | AUGREGATE YEAR-TO-DATE | | , |
| | | 500.00 | | |
| INTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| TRENDY MANAGEMENT | | PO BOX 1089 | | |
| | STATE USE ONLY | (CITY, STATE AND ZIP COD | E) | |
| PLOYER NAME | | CLIFTON, NJ 07014 | D. L. S. Charles | |
| PLOYER ADDRESS (NUMBER AND STREET) | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| | | | 7 | |
| TY, STATE AND ZIP CODB) | | | _ | |
| CEIDT DECOMPANY | | | 3/2/2018 | |
| CEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 372/2016 | 2,400.00 |
| 1.SUBTOTAL (Add all rec | Ainte listed as 411- | 2,400.00 | | |
| 2.TOTAL RECEIPTS, THIS | PERIOD (Complete this line on the | last nage used for | | 5,400.00 |
| each receipt type. Carry for | ward to applicable line on Page 2, C | olumn A.) | | |
| Jorsey Election Law Entire | | | | |

| • | (OTHER THAN LOANS) | | Page No. | 52 of 54 |
|--|--|--|--|--|
| PU | EASE TYPE OR PRINT. PHOTOCOPIES M | AY BE USED IF ADDITIONAL F | ORMS ARE NEEDED. | <u> </u> |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR | BACH TYPE AND EACH SEPARATE ACCOUNT.) | | <u></u> | |
| X MONETARY | IN-KIND CONTRIBUTIONS- | <u> </u> | | - |
| CONTRIBUTIONS | EXPENDITURES MADE BY OTHERS | REIMBURSEMENTS/ REFUNDS OF DISBURSEMEN | 7'm | DIVIDENDS/ |
| COMMITTEE NAME: UNION CIT | | THE STADE OF DISBORSEMEN | 15 | INTEREST |
| UNION CIT | Y FIRST, INC. | | | ······································ |
| ACCOUNT NAME AND NUMBER: UI | VION CITY FIRST, INC. AC# 4154 | 3181 | · | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | NUMBER AND STREET | <u> </u> |
| LUIS BELTRAN SR DCCUPATION | | 4545 PALISADE AVE A | PT 9A | , |
| SECURITY | STATE USE ONLY | (CITY, STATE AND ZIP CO | DE) | |
| MPLOYER NAME | | UNION CITY, NJ 07087 | | |
| UCBOE | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREE | T) | | - Into Sektion | THIS PERIOD |
| 3912 BERGEN TURNPIKE CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | | - | |
| ECRIPT DESCRIPTION (IF IN-KIND) | | | 3/14/2018 | 1,000.0 |
| | | AGGREGATE YEAR-TO-DATE 1,000.00 | | |
| | | 11,000.00 | <u> </u> | <u> </u> |
| ONTRIBUTOR NAME FRED FISH | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET | |
| CCUPATION | | 10 E. PALISADE AVE | ······································ | |
| ATTORNEY | STATE USE ONLY | (CITY, STATE AND ZIP COD | | |
| MPLOYER NAME | | ENGLEWOOD, NJ 07631 | | |
| UNION KENNEDY ASSOCIATES | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET |) | | THIS PERIOD | THIS PERIOD |
| 10 E PALISADE AVE CITY, STATE AND ZIP CODE) | | _ | | |
| ENGLEWOOD, NJ 07631 | | | 7 | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | | 2/10/2018 | 1,250.00 |
| · · · · · · · · · · · · · · · · · · · | | AGGREGATE YEAR-TO-DATE 1,250,00 | | |
| ONTRIBUTOR NAME | | 1,200,00 | | |
| VADALONA PEREZ | STATE USE ONLY | CONTRIBUTOR ADDRESS (N | UMBER AND STREET | |
| CUPATION | CTATE LIGHT CO. C. | 613 4TH ST | · | |
| EDUCATOR | STATE USE ONLY | (CITY, STATE AND ZIP CODE | E) | |
| APLOYER NAME | ······································ | UNION CITY, NJ 07086 | | |
| UCBOE | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED |
| PLOYER ADDRESS (NUMBER AND STREET) 3912 BERGEN TURNPIKE | | | | THIS PERIOD |
| ITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | · | 7 | |
| CEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/15/2018 | 500.00 |
| | <u> </u> | 500.00 | | |
| NTRIBUTOR NAME | | | <u> </u> | |
| VIBIL INC | STATE USE ONLY | CONTRIBUTOR ADDRESS (NO | MBER AND STREET) | <u> </u> |
| CUPATION | STATE USE ONLY | PO BOX 756 | <u> </u> | i |
| | SHITH OSE ONE! | (CITY, STATE AND ZIP CODE) ALPINE, NJ 07620 | · — | |
| PLOYER NAME | | JACK 1710, 110 07020 | DATES a south me | |
| PLOYER ADDRESS (NUMBER AND STREET) | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| (| | · · · · · · · · · · · · · · · · · · · | | |
| TY, STATE AND ZIP CODE) | | | | ļ ! |
| TWO TO A CO. | | | 2818010 | } |
| EIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/21/2018 | I, 2 50.00 |
| 1 SIPPORT | | 1,250.00 | | |
| 1.SUBTOTAL (Add all reco | eipts listed on this page) | | | 4,000.00 |
| each receipt type. Carry for | PERIOD (Complete this line on the las ward to applicable line on Page 2, Colu | t page used for | | 9,000,00 |
| Jersey Election Law Enforcement Commission | o appueable nite on Page Z, Colu | mu A.) | | !!! |

| | (OTHER THAN LOANS) | SCHEDULE A | | 53 of 54 |
|--|---|--|---------------------|---------------------------------------|
| PLE | ASE TYPE OR PRINT. PHOTOCOPIES M. | AY BE USED IF ADDITIONAL I | FORMS ARE NEEDED. | |
| RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR | EACH TYPE AND EACH SEPARATE ACCOUNT.) | | <u> </u> | |
| X MONETARY CONTRIBUTIONS | IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS | reimbursements/ | | DIVIDENDS/ |
| COMMUNICATION | - - | REFUNDS OF DISBURSEME | NTS | INTEREST |
| COMMITTEE NAME: UNION CIT | Y FIRST, INC. | | | |
| ACCOUNT NAME AND NUMBER: UN | HON CITY FIRST, INC. AC# 4154 | 3181 | | |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTRIBUTOR ADDRESS | NUMBER AND STREET | · · · · · · · · · · · · · · · · · · · |
| VICTORIA DICKINSON OCCUPATION | | 100 PAUL I N | | , |
| EDUCATOR | STATE USE ONLY | (CITY, STATE AND ZIP CO | ODE) | |
| EMPLOYER NAME UCBOE | | LEONIA, NJ | DATE(S) RECEIVED | · · · · · · · · · · · · · · · · · · · |
| EMPLOYER ADDRESS (NUMBER AND STREET | | | THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| 3912 BERGEN TURNPIKE | | , | | |
| (CITY, STATE AND ZIP CODE) | | | | - |
| UNION CITY, NJ 07087 RECEIPT DESCRIPTION (IF IN-KIND) | | | 3/22/2018 | 1,750.0 |
| | | AGGREGATE YEAR-TO-DATE | | 1,250.0 |
| CONTRIBUTOR NAME | STATE USE ONLY | CONTENTS | | |
| VINCENTE RUIZ | | CONTRIBUTOR ADDRESS 20 78TH ST | (NUMBER AND STREET) | |
| PHYSICIAN FOR UCBOE | STATE USE ONLY | (CITY, STATE AND ZIP CO | DE) | |
| MPLOYER NAME | | NORTH BERGEN, NJ 07 | | |
| UCBOE | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| MPLOYER ADDRESS (NUMBER AND STREET, | | | THIS PERIOD | This period |
| 3912 BERGEN TURNPIKE CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07087 | | · · · · · · · · · · · · · · · · · · · | _ | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 2/16/2018 | 1,250.00 |
| | | 1,250,00 | | |
| ONTRIBUTOR NAME | PTATE MAD CAN | | | |
| VISION MEDIA MARKETING | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | 854 8TH STREET (CITY, STATE AND ZIP COD |)E) | · |
| VICE PRESIDENT MPLOYER NAME | | SECAUCUS, NJ 07094 | , | |
| VISION MEDIA | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| APLOYER ADDRESS (NUMBER AND STREET) | | <u> </u> | THIS PERIOD | THIS PERIOD |
| 854 8TH STREET TTY, STATE AND ZIP CODE) | | | 1 | |
| SECAUCUS, NJ 07094 | | | 7 | |
| CEPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 2/23/2018 | 1,250.00 |
| ····· | | 1,250.00 | | |
| NTRIBUTOR NAME | | | · | |
| WILLIAM GUARINI INC | STATE USE ONLY | CONTRIBUTOR ADDRESS (N | UMBER AND STREET) | |
| CUPATION | STATE USE ONLY | 132 MALLORY AVE (CITY, STATE AND ZIP CODE | 7) | |
| PLOYER NAME | | JERSEY CITY, NJ 07307 | ±) | |
| | | | DATE(S) RECEIVED | AMOUNT(S) RECEIVED |
| PLOYER ADDRESS (NUMBER AND STREET) | | | THIS PERIOD | THIS PERIOD |
| TY, STATE AND ZIP CODE) | | | _ | [|
| EIPT DESCRIPTION (IF IN-KIND) | | · · · · · · · · · · · · · · · · · · · | 3/1/2018 | 1,250.00 |
| · · · · · · · · · · · · · · · · · · · | | AGGREGATE YEAR-TO-DATE 1,250,00 | | 1,450,001 |
| 1.SUBTOTAL (Add all rece | ipts listed on this page) | | <u> </u> | |
| Z. TOTAL RECEIPTS, THIS I | ERIOD (Complete this line on the last | page used for | | 5,000.00 |
| Jersoy Election Law Enforcement Commission | vard to applicable line on Page 2, Colu | ma A .) | | 1 |

| ITEMIZED RECE | IPTS (OTHER THAN LOANS) | | | |
|--|---|--|---------------------------------|---------------------------------------|
| | | <u> </u> | | 54 of 54 |
| RECEIPT TYPE (USE A SEPARATE SCHEDU | PLEASE TYPE OR PRINT, PHOTOCOPIES M LE A' FOR EACH TYPE AND EACH SEPARATE ACCOUNT.) | AY BE USED IF ADDITIONAL | FORMS ARE NEEDED. | |
| | TOK BACH (THE AND EACH SEPARATE ACCOUNT.) | | | |
| X MONETARY | IN-KIND CONTRIBUTIONS. | REIMBURSEMENTS/ | | |
| CONTRIBUTIONS | EXPENDITURES MADE BY OTHERS | REFUNDS OF DISBURSEME | ENTS | DIVIDENDS/ |
| COMMITTEE NAME: UNIO | ON CITY FIRST, INC. | | | INTEREST |
| | · · · · · · · · · · · · · · · · · · · | <u> </u> | · | |
| ACCOUNT NAME AND NUMBE CONTRIBUTOR NAME | R: UNION CITY FIRST, INC. AC# 4154 | 3181 | | · · · · · · · · · · · · · · · · · · · |
| WILLIAM PEER | STATE USE ONLY | CONTRIBUTOR ADDRESS | S (NUMBER AND STREET | <u> </u> |
| OCCUPATION | STATE HAS COME | 340 LINCOLN AVE | | , |
| RETIRED | STATE USE ONLY | (CITY, STATE AND ZIP CO | • | <u> </u> |
| EMPLOYER NAME | | LYNDHUST, NJ 07071 | · | · · · · · · · · · · · · · · · · · · · |
| EMBI OVER A PERFORMANCE | | | PATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND | STREET) | | | I NI-S FERJOD |
| (CITY, STATE AND ZIP CODE) | | | | |
| | | | | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/10/2018 | 1,250.00 |
| | | 1,250.00 | ļ | |
| CONTRIBUTOR NAME | | 11,000.00 | | |
| PETER C. SANTOS | STATE USE ONLY | CONTRIBUTOR ADDRESS | (NUMBER AND STREET) | <u> </u> |
| OCCUPATION | CITATIVE CONTINUES | 46 REMBRANDT WAY | • | |
| MECHANIC | STATE USE ONLY | (CITY, STATE AND ZIP CO | | |
| EMPLOYER NAME | | EAST WINDSOR, NJ 08 | | |
| WINDSOR MECHANIC LLC | | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| EMPLOYER ADDRESS (NUMBER AND S 46 REMBRANDRT WAY | STREET) | | | IOIS PERROD |
| (CITY, STATE AND ZIP CODE) | | <u></u> | | |
| EAST WINDSOR, NJ 08520 | | | | |
| RECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 2/28/2018 | 500.00 |
| | | 500.00 | | |
| ONTRIBUTOR NAME | | | <u></u> | |
| YESENIA CABRERA | STATE USE ONLY | CONTRIBUTOR ADDRESS (| NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | 509 21ST APT #1 | | |
| PLUMBER | | (CITY, STATE AND ZIP COL UNION CITY, NJ 07088 | DE) | |
| MPLOYER NAME | | 10141014 CTI 1, 140 07088 | D to The Discount | ···· |
| JL PLUMBING AND HEATING MPLOYER ADDRESS (NUMBER AND S | TOTOM | | DATE(S) RECEIVED THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| 509 21ST APT #1 | ikee!) | | | |
| CITY, STATE AND ZIP CODE) | | | | |
| UNION CITY, NJ 07088 | | | 2 7 7 7 7 7 7 | |
| ECEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 3/21/2018 | 400.00 |
| | | 400,00 | | |
| DATRIBUTOR NAME | Dry / hand like | | | <u> </u> |
| YOLANDA MARQUEZ | STATE USE ONLY | CONTRIBUTOR ADDRESS (N | NUMBER AND STREET) | |
| CCUPATION | STATE USE ONLY | 71 MONROE ST (CITY, STATE AND ZIP CODE | | |
| HOTEL OWNER PLOYER NAME | | LITTLE FERRY, NJ 07643 | | |
| SHEFAH CORP | | 1 | DATE(S) RECEIVED | 131015 |
| IPLOYER ADDRESS (NUMBER AND ST | RRET) | | THIS PERIOD | AMOUNT(S) RECEIVED THIS PERIOD |
| 71 MONROE ST | | | 7 | |
| ITY, STATE AND ZIP CODE) | | <u> </u> | 4 | i |
| LITTLE FERRY, NJ 07643 | | | 2/8/2010 | |
| CEIPT DESCRIPTION (IF IN-KIND) | | AGGREGATE YEAR-TO-DATE | 2/8/2018 | . 600.00 |
| 1 SURTOTAL (AA- | | 600,00 | 1 | |
| 2.TOTAL RECEIPTS | all receipts listed on this page) THIS PERIOD (Complete this line on the las | | | 2,750.00 |
| each receipt type. Car | rry forward to applicable line on Page 2, Colu | t page used for | | 257,360.00 |
| Jersey Election Law Enforcement Comm | distion | min A.) | | |

| LOANS RECEI | VED | SCHEDULE | B Page No. 1 | of 1 |
|---|----------------------------------|--|---|------------------------|
| PLEASE TYPE OR PI | ZINT PHOTOCORIES MAY | <u>-</u> | | · |
| USE A SEPARATE "SCHEDULE B" FOR EACH SEPARATE ACCO | RINT, PHOTOCOPIES MAY | BE USED IF ADDITIO | NAL FORMS ARE NEED | ED, |
| COMMITTEE NAME: UNION CITY FIR | | | | |
| | | _ | | <u> </u> |
| ACCOUNT NAME and NUMBER: UNIO | ON CITY FIRST, INC. | AC# 032-900123-4 | 1 | |
| NAME AND ADDRESS OF LENDER | ORIGINAL LOAN | NEW LOANS | TOTAL AMOUNT OF | OUTSTANDING BALANC |
| | AMOUNT | THIS PERIOD | LOAN PLUS INTEREST | THIS PERIOD |
| | | | | |
| | PAYMENTS THIS PERIOD: | AMOUNT | CHECK NO(S). | |
| | | | CHECK NO(S). | DATE(S) |
| OCCUPATION | | <u> </u> | | _ |
| | TERMS: | DATE INCURRED | DATEDUE | ANNUAL INTEREST RATI |
| | | | | |
| EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, ST | ATE AND ZIP CODB) | | | AGGREGATE YEAR-TO-DATE |
| | | | | |
|) NAME AND ADDRESS OF GUARANTOR | | | | |
| | | | | AMOUNT OUTSTANDING |
| OCCUPATION | | | | _ |
| | EMPLOYER NAME AND ADDR | ESS (NUMBER, STREET, CI | ry, State and zip code) | AGGREGATE YEAR-TO-DATE |
| | | | | |
|) NAME AND ADDRESS OF GUARANTOR | | | | AMOUNT OUTSTANDING |
| | | | | |
| OCCUPATION | EMPLOYER NAME AND ADDR | ESS (NUMBER, STREET, CIT | Y. STATE AND ZIP CODE | ACCRECATE VELD TO DATE |
| | | | THE RESERVE TO SERVE | AGGREGATE YEAR-TO-DATE |
| | . <u></u> | | <u></u> | |
| AME AND ADDRESS OF LENDER | ORIGINAL LOAN | | | |
| | AMOUNT | NEW LOANS THIS PERIOD | TOTAL AMOUNT OF LOAN PLUS INTEREST | OUTSTANDING BALANCE |
| | | | DOMITEUS (NTERES) | THIS PERIOD |
| | PAYMENTS THIS PERIOD: | | | - |
| | TATABATA TAIS PERSOD; | AMOUNT | CHECK NO(S), | DATE(S) |
| CCUPATION | | | | |
| LEPATION | 770340 | DATE INCURRED | DA'TE DUE | ANNUAL INTEREST RATE |
| | TERMS; | | | |
| IPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STAT | TE AND ZIP CODE) | | | AGGREGATE YEAR-TO-DATE |
| | | | | PROPERTY INVESTIGATION |
| NAME AND ADDRESS OF GUARANTOR | | | | <u> </u> |
| | | | | AMOUNT OUTSTANDING |
| CUPATION | PUBLICIED MANE AND ADDRESS | | | <u></u> |
| | EMPLOYER NAME AND ADDRE | 33 (Number, Street, City | STATE AND ZIP CODE) | AGGREGATE YEAR-TO-DATE |
| | | | | |
| NAME AND ADDRESS OF GUARANTOR | | | | AMOUNT OUTSTANDING |
| | | | | |
| CUPATION | EMPLOYER NAME AND ADDRES | S (NUMBER, STREET, CITY, | STATE AND ZIP CODE | AGGREGATE YEAR-TO-DATE |
| | | | , | HOOKEGWIE IEWK-10-DAIR |
| | <u> ·</u> | | | |
| TOTAL NEW LOANS, THIS PERIOD (Comple | te this line on the leet near " | sed | | |
| Carry forward to page 2, Line 9, Column A.) | | avu. | |] |
| TOTAL AMOUNT OF LOANS PLUS INTERES | ST, THIS PERIOD | | | |
| TOTAL LOAN PAYMENTS, THIS PERIOD (C Carry forward to page 2, Line 17, Column A.) | complete this line on the last p | page used. | | |
| TOTAL OF ALL OUTSTANDING LOANS PLU | JS INTEREST (Complete the | is line on the | · · · · · · · · · · · · · · · · · · · | |
| last page used. Carry back to Page 10, "Schedule | F," Line 1.) | OH UID | | |
| Jersey Ejection Law References Committee | | | | j . |

ADJUSTMENT SCHEDULE REFUND OF EXCESSIVE CONTRIBUTIONS Page No. 1 of 1 PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. USE A SEPARATE "ADJUSTMENT SCHEDULE" FOR EACH SEPARATE ACCOUNT COMMITTEE NAME: UNION CITY FIRST, INC ACCOUNT NAME and NUMBER: UNION CITY FIRST, INC. AC#: 032-500143-9 IF A MONETARY CONTRIBUTION IN EXCESS OF THE CONTRIBUTION LIMIT IS DEPOSITED, PLEASE REPORT THE REFUND OF THE EXCESS AMOUNT ON THIS ADJUSTMENT SCHEDULE. PAYMENT CHECK REFUNDED DATE NO. PAYEE NAME AND ADDRESS AMOUNT N/A N/A N/A N/A 1. TOTAL REFUND OF EXCESSIVE CONTRIBUTIONS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 4, Column A.)

| ITEMIZED OPERATING DISBUI | | SCHEDULE C | Page No. | 1 of 7 | - |
|---|-----------------------|---------------------------|----------------------------|-----------------------------|-----------------|
| PLEASE TYPE OR PRINT. PHOTOCOPIES MAUSE A SEPARATE "SCHEDULE C" FOR EACH | Y BE USED IF ADDIT | FIONAL FORMS ARE NEEDED. | | | |
| COMMITTEE NAME: UNION CITY FIRST, II | | NT | | | <u>-</u> |
| | ···· | | | <u> </u> | |
| ACCOUNT NAME and NUMBER: PAYEE OR CREDITOR NAME | UNION CITY F. | IRST, INC. | AC#; 41543181 AMOUNT(S) | | ·• |
| ADDRESS (Number and Street, City, State, Zip Code) | | PURPOSE* | | TRANS- ACTION DATE(S) | CHECK NO(8). |
| * Legislative Leadership Committees | - See Instruction | 18 concerning nermissible | a trees of funde | | |
| BRIAN STACK CIVIC ASSOCIATION | DONATION | 9 644 444 644 | 1,000.00 | 01/04/2018 | |
| 811 WEST STREET | | | 1,000.00 | 01/04/2018 | 16 |
| UNION CITY, NJ 07087 | ļ | | | | |
| US POSTAL SERVICES | POSTAGE FOR F | T FO DYDODA | | | · |
| 301 30TH STREET | POSTAGE FOR E | SLEC KEPORT | 23.75 | 01/16/2018 | AT |
| UNION CITY, NJ 07087 | | | | | |
| PUBLIC SERVICE | | <u> </u> | | | |
| PO BOX 14444 | UTILITIES: GAS | AND ELECTRIC | 300.00 | 01/26/2018 | EF |
| NEW BRUNSWICK, NJ 08901 | | | • | İ | |
| | | | | | |
| VALLEY NATIONAL BANK | MONTHLY SERV | /ICE CHARGE | 75.00 | | |
| 8901 KENNEDY BLVD | DERVICE CHARGE | | 25.00 | 01/31/2018 | EF |
| NORTH BERGEN, NJ 07047 | ļ | | | | |
| VERIZON | THE PRICE TO B | MICONIN | | | |
| PO BOX 408 | UTILITIES: TELEPHONE | | 377.34 | 02/08/2018 | EF |
| NEWARK, NJ 07101 | | | | į | |
| VERIZON | HEADQUARTERS | - Thirtenhire | <u> </u> | | |
| PO BOX 408 | INDADQUARTERS | MIEKNEI | 269.98 | 02/08/2018 | EF. |
| NEWARK, NJ 07101 | | | | | |
| MEGAPATH | HEADOMARTER | DUONE CERTAGE | | | · |
| 6600 KNOLL CENTER | 1EADQUARTERS | S PHONE SERVICE | 938.12 | 02/08/2018 | EFI |
| PLEASANTON, CA 94566 | | | | | |
| NEW JERSEY DEMOCRATIC MAJ COMMITTEE | CAUCUS LUNCHI | Co. | | | |
| O BOX 099 | CAUCUS LUNCHI | 28 | 252,00 | 02/08/2018 | EFT |
| RENTON, NJ 08625 | | | | | |
| JS POSTAL SERVICES | POSTA CE OF EVA | | | | |
| OI 30TH STREET | TOSTAGE OF FUN | DRAISER INVITATIONS | 2,450.00 | 02/08/2018 | EFT |
| INION CITY, NJ 07087 | | | | | |
| UNKIN DONUTS | OOFFER BOY'S | | | | |
| 109 KENNEDY BLVD | FOR VOLUNTEER | ND SANDWICHES | 596.00 | 02/13/2018 | 1609 |
| ORTH BERGEN, NJ 07047 | TOR VOLUNTEER | 3 | | | |
| TAPLES | CHARLES DO DO DO | | | | |
| 06 ROUTE 23 NORTH | SUPPLIES FOR HE. | ALQUARTERS | 1,028.79 | 02/13/2018 | EFT |
| VERDALE, NJ 07457 | | | | | I |
| 1. SUBTOTAL (Add all disbursements listed on | this page) | <u> </u> | | | elesiteitoreas |
| 2. TOTAL DISBURSEMENTS, THIS PER | IOD (Complete this li | ne on the last name need | 7,260.98 | | |
| Carry forward to Page 2, Line 14, Jersey Election Law Enforcement Commission | Column A.) | vii ine iasi page used. | | | |

| ITEMIZED OPERATING DISBI | | SCHEDULE C | Page No. | 2 of 7 | , , |
|--|----------------------------------|---------------------------------------|---------------------|------------------|--------------|
| PLEASE TYPE OR PRINT. PHOTOCOPIES MUSE A SEPARATE "SCHEDULE C" FOR EAC | IAY BE USED IF ADDI | TIONAL FORMS ARE NEEDED. | | <u> </u> | |
| COMMITTEE NAME: UNION CITY FIRST | | NT | | | <u>-</u> |
| | | <u></u> | | <u> </u> | |
| ACCOUNT NAME and NUMBER: PAYEE OR CREDITOR NAME | UNION CITY FI | IRST, INC. | AC#: 41543181 | | |
| ADDRESS (Number and Street, | | PURPOSE* | AMOUNT(S) DISBURSED | TRANS- ACTION | CHECH |
| City, State, Zip Code) | | | THIS PERIOD | DATE(S) | NO(8). |
| * Legislative Leadership Committee | s - See Instruction | os concerning nermissible | liege of funds | | ······ |
| STAFLES | SUPPLIES FOR H | EADQUARTERS | 527.22 | 02/15/2018 | |
| 106 ROUTE 23 NORTH | | | 327.22 | 02/13/2016 | A'I |
| RIVERDALE, NJ 07457 | | | | | |
| CLEMENTE BAKERY | CATEDDIC POR | | | | |
| 120 LEUNING ST | CATERING FOR | CATERING FOR THREE POLITICAL EVENTS | | 02/16/2018 | 16 |
| SOUTH HACKENSACK, NJ 07606 | | | | | |
| BON VENTURE | AD JOURNAL | | | | |
| 34 IRONA RD | AD JOURNAL | AD JOURNAL | | 02/16/2018 | EI |
| FLANDERS, NJ 07836 | | | | | |
| PUBLIC SERVICE | IFFE FFER CAR | AND ELECTRIC | - | | |
| PO BOX 14444 | UTILITIES: GAS AND ELECTRIC | | 648.95 | 02/16/2018 | EF |
| NEW BRUNSWICK, NJ 08901 | | | | | |
| DUNKIN DONUTS | COFFEE AND DONUTS FOR VOLUNTEERS | | | | |
| 2109 KENNEDY BLVD | 1 | HOLD FOR VOTONIEEKS | 59.54 | 02/20/2018 | ΑŤ |
| RIVERDA | į | | | | |
| DE PALMA PIZZERIA | FOOD FOR VOLU | FOOD FOR VOLUNTEERS | | 02/2/2/2/2 | |
| 1814 NEW YORK AVE | | | 67.45 | 02/22/2018 | ATN |
| UNION CITY, NJ 07087 | | | | | |
| DE PALMA PIZZERIA | FOOD FOR VOLUM | NTEERS | 10.50 | 02 02 0012 | |
| 1814 NEW YORK AVE | | | 19,50 | 02/22/2018 | ATM |
| JNION CITY, NJ 07087 | | | | | |
| ERMINI PIZZA | FOOD FOR HEAD | NILATI TERRO | | | |
| 100 BERGENLINE AVE | FOOD FOR HEAD(| QUARTERS | 336,50 | 02/22/2018 | EFT |
| INION CITY, NJ 07087 | | | | | |
| DE PALMA PIZZERIA | FOOD FOR VOLUM | TEERS | 1 | | |
| 814 NEW YORK AVE | | | 48.79 | 02/22/2018 | ATM |
| NION CITY, NJ 07087 | | | | | |
| ERIZON | UTILITIES: TELEPI | HONE | 375.07 | 02/22/2010 | |
| D BOX 408 | | | 3/3.0/ | 02/22/2018 | EFT |
| EWARK, NJ 07101 | | | | 1 | |
| S POSTAL SERVICES | POSTAGE FOR FUN | DRAISING INVITATIONS | 1 500 00 | 00.0000000 | - |
| 0 POMPTON PLAINS CROSSROAD | | · · · · · · · · · · · · · · · · · · · | 1,500,00 | 02/27/2018 | EFT |
| AYNE, NJ 07470 | | | | | |
| 1. SUBTOTAL (Add all disbursements listed of | | | | | |
| 2. TOTAL DISBURSEMENTS, THIS PE | RIOD (Complete this lit | ne on the last page used. | 29,685.42 | | |
| Carry forward to Page 2, Line 14 Jersey Election Law Enforcement Commission | , Column A.) | GE 7 | | | |

| PLEASE TYPE OF PRINT, PHOTOGOPHER AND | DRSEMENTS | SCHEDULE C | Page No. | 3 of 7 | · |
|--|--|---------------------------|----------------------------|--|----------------|
| PLEASE TYPE OR PRINT. PHOTOCOPIES M USE A SEPARATE "SCHEDULE C" FOR EACH | AY BE USED IF ADDIT H SEPARATE ACCOUN | IONAL FORMS ARE NEEDED. | | | |
| COMMITTEE NAME: UNION CITY FIRST. | | | | | <u> </u> |
| ACCOUNT NAME and NUMBER: | UNION CITY FI | PST INC | | ······································ | |
| PAYEE OR CREDITOR NAME | - SAGARETT III | 131, 1110. | AC#: 41543181 AMOUNT(S) | TRANS- | |
| ADDRESS (Number and Street, City, State, Zip Code) | | PURPOSE* | | ACTION DATE(S) | CHEC: NO(S) |
| * Legislative Leadership Committee | s - See Instruction | s concerning permissible | uses of funds | | |
| MATTERST, INC | TRUC CAMPAIG | N TRUCK RENTAL | 2,210.00 | 02/28/2018 | |
| 418 45TH STREET UNION CITY, NJ 07087 | | | | 02/26/2018 | 14 |
| VALLEY NATIONAL BANK | MONTHLY SERV | ICE CHARGE | | | |
| 20 - 24 FAIRLAWN AVENUE | SERVICE CHARGE | | 25.00 | 02/28/2018 | A ^r |
| FAIRLAWN, NJ 07410 | | | | | |
| | | | | | E |
| BRIAN STACK CIVIC ASSOCIATION | DONATION | | | | |
| 1202 SUMMIT AVE UNION CITY, NJ 07087 | DONATION | | 55,000.00 | 03/02/2018 | 16 |
| AMAZON PO BOX 81226 | OFFICE SUPPLIES | | 46.26 | 03/03/2018 | |
| SEATTLE, WASHINGTON 98108 | | | | | |
| AMAZON PO BOX 81226 | OFFICE SUPPLIES | | 748.75 | 03/05/2018 | ATI |
| EATTLE, WASHINGTON 98108 | | | | ļ | |
| SEE SCHEDULE E | | | | | |
| | | | | | EF |
| TERIZON | HEADQUARTERS I | NTERNET | 134,99 | 02/05/00 (0) | |
| O BOX 408 EWARK, NJ 07101 | | | 134,99 | 03/06/2018 | EF |
| RIAN STACK CIVIC ASSOCIATION 202 SUMMIT AVE | DONATION | | 5,000,00 | 03/06/2018 | 1614 |
| NION CITY, NJ 07087 | | | | | |
| E PALMA PIZZERIA | FOOD FOR VOLUM | TEERS | 42.20 | 03/08/2018 | A 778.4 |
| NION CITY, NJ 07087 | | | 12.20 | 03/00/20[0] | ATM |
| E SCHEDULE E | | | | | |
| | | | | | 1612 |
| 1. SUBTOTAL (Add all disbursements listed of | | | | | |
| 2. TOTAL DISBURSEMENTS, THIS PE | RIOD (Complete this lin | ie on the last page used. | 63,207.20 | | |
| Carry forward to Page 2, Line 14 Jersey Election Law Enforcement Commission | Column A.) | GE 7 | | | |

| ITEMIZED OPERATING DISBU | | SCHEDULE C | Page No. | 4 of 7 | | | |
|--|---|---------------------------|--|---------------|---------------------------------------|-----------------------------|----------------|
| PLEASE TYPE OR PRINT. PHOTOCOPIES M USE A SEPARATE "SCHEDULE C" FOR EAC | IAY BE USED IF ADDI H SEPARATE ACCOU | TIONAL FORMS ARE NEEDED. | | | | | |
| COMMITTEE NAME: UNION CITY FIRST | _ | <u> </u> | _ | _ | ····- · | | |
| ACCOUNT NAME and NUMBER: | | | | | | | |
| PAYEE OR CREDITOR NAME | UNION CITY F | IRST, INC. | AC#: 41543181 | | | | |
| ADDRESS (Number and Street, City, State, Zlp Code) | PURPOSE* | | ESS (Number and Street, PURPOSE* DISBU | | AMOUNT(S) DISBURSED THIS PERIOD | TRANS- ACTION DATE(S) | CHECI NO(S) |
| * Legislative Leadership Committee | es - See Instructio | ns concerning permissible | uses of funds, | <u> </u> | | | |
| SEE SCHEDULE E | | | | <u> </u> | 10 | | |
| | | | - | | | | |
| BRIAN STACK CIVIC ASSOCIATION | DONATION | | | | · · · · · · · · · · · · · · · · · · · | | |
| 811 WEST STREET | , IDONATION | | 50,000,00 | 03/13/2018 | 16 | | |
| UNION CITY, NI 07087 | | · | | | | | |
| STAPLES | STIPPLIES FOR L | TEADQUARTERS | | | | | |
| 106 ROUTE 23 NORTH | SOTTEMES FOR F | IEADQUAKTEKS | 19.17 | 7 03/13/2018 | ΑÏ | | |
| RIVERDALE, NJ 07457 | | | | | | | |
| US POSTAL SERVICES | POSTAGE FOR R | LINDRAISING INVITATIONS | | | | | |
| 150 POMPTON PLAINS CROSSROAD | POSTAGE FOR FUNDRAISING INVITATIONS | | 500.00 | 03/14/2018 | 16 | | |
| WAYNE, NJ 07470 | | | | | | | |
| IHOP | VOLUNTEER THANK YOU PARTY | | 3,000,00 | 03/14/2018 | | | |
| 3196 KENNEDY BLVD | | | 2,000,00 | 03/14/2018 | 16 | | |
| UNION CITY, NJ 07087 | | | | | | | |
| UHAUL CENTER OF NORTH BERGEN | TRUCK FOR SIGN | N DELIVERY | 114.60 | 03/14/2018 | АТ | | |
| 6701 TONNELE AVE NORTH BERGEN, NJ 07047 | | | 1 | | 7() | | |
| | | | | | | | |
| FACEBOOK | SOCIAL MEDIA P | AGE | 25.00 | 03/20/2018 | | | |
| ONE HACKER WAY | | | 25.00 | 03/20/2016 | EF | | |
| MENLO PARK, CA 94025 | | | | | | | |
| ALLEY NATIONAL BANK | BANK CHARGE | | 20,00 | 03/14/2018 | EF | | |
| 0 - 24 FAIRLAWN AVENUE | | | 33,23 | 03/14/2018 | Er | | |
| AIRLAWN, NI 07410 | | | | ļ | | | |
| JHAUL CENTER OF NORTH BERGEN | TRUCK RENTAL | GAS | 11,23 | 03/14/2018 | 4773 | | |
| 701 TONNELE AVE | | | 11,23 | 03/14/2018 | ATN | | |
| ORTH BERGEN, NJ 07047 | | | | | | | |
| ASTERN BUSES | FUNDRAISER TRA | ANSPORTATION | 3,000.00 | 03/15/2018 | 1620 | | |
| 06 32ND ST NION CITY, NJ 07087 | | | | | 7020 | | |
| | | | | | | | |
| OYAL PRINTING SERVICES 35 SIST ST | MAILING FOR FUNDRAISER | | 8,000.00 | 03/15/2018 | 1622 | | |
| 'EST NEW YORK, NJ 07093 | | | | | . 0.2.2 | | |
| · | | | | | | | |
| 1. SUBTOTAL (Add all disbursements listed of 2. TOTAL DISBURSEMENTS, THIS PE | | | 64,690.00 | | | | |
| Carry forward to Page 2, Line 14 | A Column 4.) | me on the last page used. | | | | | |

| PLEASE TYPE OF PRINT, PHOTOCOPHER IN | | SCHEDULE C | Page No. | 5 of 7 | |
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| PLEASE TYPE OR PRINT. PHOTOCOPIES M. USE A SEPARATE "SCHEDULE C" FOR EACH | AY BE USED IF ADDI H SEPARATE ACCOU | TIONAL FORMS ARE NEEDED. | | • | |
| COMMITTEE NAME: UNION CITY FIRST, | | N1 | <u> </u> | | |
| ACCOUNT NAME and NUMBER: | LINION CTTV E | TOST INC | | | · · · · · · · · · · · · · · · · · · · |
| PAYEE OR CREDITOR NAME | UNION CITY F | IRST, INC. | AC#: 41543181 AMOUNT(S) TRANS- | | |
| ADDRESS (Number and Street, City, State, Zip Code) | | PURPOSE* | | TRANS- ACTION DATE(S) | CHECK NO(S). |
| * Legislative Leadership Committee | s - See Instructio | ns concerning permissible | uses of funds. | | |
| US POSTAL SERVICES | POSTAGE FOR | FUNDRAISING INVITATIONS | 1,500,00 | 03/15/2018 | 162 |
| 150 POMPTON PLAINS CROSSROAD | | | 1,220,22 | 03,13,2010 | 102 |
| WAYNE, NJ 07470 | | | | | |
| DE PALMA PIZZERIA | FOOD FOR VOL | FOOD FOR VOLUNTEERS | | 02/1/2010 | |
| 8728 KENNEDY BLVD | | | 80.92 | 03/16/2018 | ATN |
| NORTH BERGEN, NJ 07047 | | | | | |
| STAPLES | SUPPLIES FOR I | HEADOUARTERS | | A04-57-51- | |
| 106 ROUTE 23 NORTH | SUPPLIES FOR HEADQUARTERS | | 30.38 | 03/16/2018 | ATM |
| RIVERDALE, NJ 07457 | | | | | |
| STAPLES | SUPPLIES FOR I | READQUARTERS | 344.60 | 02/1/2010 | A 7573 |
| 107 ROUTE 23 NORTH | The state of the s | | 344,00 | 03/16/2018 | ATM |
| RIVERDALE, NJ 07458 | | | | | |
| DE PALMA PIZZERIA | FOOD FOR VOLUNTEERS | | 86.24 | 03/19/2018 | |
| 8728 KENNEDY BLVD | ļ | - | 80.24 | 03/19/2018 | ATM |
| NORTH BERGEN, NJ 07047 | İ | | | | |
| DE PALMA PIZZERIA | FOOD FOR VOL | UNTEERS | 281.49 | 03/19/2018 | ATM |
| 8728 KENNEDY BLVD | | | 1 | 03/17/20/18 | ATIVI |
| NORTH BERGEN, NJ 07047 | | | | | |
| SEE SCHEDULE E | | | | <u> </u> | 1625 |
| | | | | ļ | 1023 |
| SEE SCHEDULE E | | | · | | |
| | | | | | 1624 |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| PARK PAC | TRUCK RENTAL | FOR POLITICAL | 1,000.00 | 03/20/2018 | 1617 |
| 2ND STREET & BERGENLINE AVENUE | SIGN DELIVERY | | | | 10.7 |
| JNION CITY, NJ 07087 | | | | | |
| MAZON 10 POV 81224 | OFFICE SUPPLIES | S | 330.51 | 03/20/2018 | EFT |
| O BOX 81226 | • | | | | |
| EATTLE, WASHINGTON 98108 | | | | | |
| TAPLES | SUPPLIES FOR HE | SUPPLIES FOR HEADQUARTERS | | 03/20/2018 | EFT |
| 07 ROUTE 23 NORTH | 1 | | | | |
| IVERDALE, NJ 07458 | | | | | |
| 1. SUBTOTAL (Add all disbursements listed | | | 3,918.89 | | |
| 2. TOTAL DISBURSEMENTS, THIS PE Carry forward to Page 2, Line 14 | RIOD (Complete this | line on the last page used. | 23/10/07 | | |
| Jersey Election Law Enforcement Commission | | AGE 7 | | | |

| PLEASE TYPE OF PRINT PHOTOCOPIES MA | | Page No. | 6 of 7 | |
|---|---|----------------------------|---------------|---------------|
| USE A SEPARATE "SCHEDULE C" FOR EACH | Y BE USED IF ADDITIONAL FORMS ARE NEEDED. SEPARATE ACCOUNT | | | |
| COMMITTEE NAME: UNION CITY FIRST, I | | | · | · |
| ACCOUNT NAME and NUMBER: | UNION CITY FIRST, INC. | 1 CU, 41542101 | | |
| PAYEE OR CREDITOR NAME | | AC#: 41543181 AMOUNT(S) | TRANS- | <u> </u> |
| ADDRESS (Number and Street, City, State, Zip Code) | ·PURPOSE* | DISBURSED THIS PERIOD | ACTION | CHECK |
| * Legislative Leadership Committees | Son Y-set | | DATE(S) | NO(S). |
| GRAY CLIFF | - See Instructions concerning permissible | | <u></u> | |
| MOONACHIE RD | FOOD AND BEVERAGE FOR FUNDRAISER | 83,167,00 | 03/22/2018 | 16 |
| MOONACHIE, NJ 07074 | | | | |
| | | j | | |
| EVMC CORP | FUNDRAISER AT CLIFF - SOUND SYSTEM | 12,750.00 | 03/22/2018 | 163 |
| 22ND STREET | | 12,750.00 | 03/22/2018 | 10. |
| UNION CITY, NJ 07087 | į. | | 1 | |
| DREAM FLOWER SHOP | FLOWERS FOR FUNDRAISER | | | |
| 701 32ND ST | TO TIME TOR PORDINAISER | 3,500.00 | 03/22/2018 | 163 |
| UNION CITY, NJ 07087 | | | | |
| EASTERN BUSES | DI INDRA JOSE DO CASO DE CASO | | | |
| 406 32ND ST | FUNDRAISER TRANSPORTATION | 1,950,00 | 03/22/2018 | 163 |
| UNION CITY, NJ 07087 | | | | |
| HAVANA ON THE HUDSON | | | | |
| 1907 WILLOW AVE | CIGARS FOR FUNDRAISER | 1,348.00 | 03/22/2018 | 163 |
| WEEHAWKEN, NJ 07086 | | | | |
| | | | | |
| IHOP | VOLUNTEER THANK YOU PARTY | 3597.00 | 03/23/2018 | 1.50 |
| 3196 KENNEDY BLVD | | 00.1606 | 03/23/2018 | 162 |
| UNION CITY, NJ 07087 | | | | |
| MEGAPATH | HEADQUARTERS PHONE SERVICE | 052.25 | 03/03/03/0 | |
| 6600 KNOLL CENTER | 2 | 952,25 | 03/23/2018 | EF |
| PLEASANTON, CA 94566 | | | | |
| STAPLES | SUPPLIES FOR HEADQUARTERS | | · | |
| 106 ROUTE 23 NORTH | TOTAL TOR HEADQUARTERS | 116.08 | 03/23/2018 | EFT |
| RIVERDALE, NJ 07457 | | | | |
| JADE LIMITED LLC | RENT ROR MADOU 2017 FED 2016 | | | |
| PO BOX 1144 | RENT FOR MARCH 2017 - FEB 2018 | 6,000.00 | 03/26/2018 | EFI |
| UNION CITY, NJ 07087 | | | | |
| MAXIMO ARANA | ELINDO A ICCO TO A NODOSTA TOTAL | | <u> </u> | |
| 726 29TH ST | FUNDRAISER TRANSPORTATION | 2,000.00 | 03/26/2018 | 1627 |
| JNION CITY, NJ 07087 | | | | |
| /ERIZON | UTILITIES: TELEPHONE | | | |
| O BOX 408 | O IMATES, I BERTHUNG | 336,24 | 03/21/2018 | eft |
| EWARK, NJ 07101 | | | | |
| 1. SUBTOTAL (Add all disbursements listed of | on this page) | 20% | | eran de o |
| 2. TOTAL DISBURSEMENTS, THIS PE | RIOD (Complete this line on the last page used | 115,716.57 | | |
| Carry forward to Page 2, Line 14 v Jersey Election Law Enforcement Commission | , Column A.) PAGE 7 | | | |

| PLEASE TYPE OF PRINT PROTOCOPES AND | | Page No. | 7 of 7 | | |
|---|--|-------------------------|--------------------|-------------|--|
| USE A SEPARATE "SCHEDULE C" FOR EACH | Y BE USED IF ADDITIONAL FORMS ARE NEEDED. | | | | |
| OMMITTEE NAME: UNION CITY FIRST, | | <u> </u> | <u> </u> | · | |
| ACCOUNT NAME and NUMBER: | | | · | | |
| PAYEE OR CREDITOR NAME | UNION CITY FIRST, INC. | AC#: 41543181 | | | |
| ADDRESS (Number and Street, | PURPOSE* | AMOUNT(S) DISBURSED | TRANS- ACTION | СНЕС | |
| City, State, Zip Code) | | THIS PERIOD | DATE(S) | NO(S | |
| Legislative Leadership Committee: | s - See Instructions concerning permissible | USES of funds | | | |
| VALLEY NATIONAL BANK | RETURN CHECK CHARGE | 20.00 | 03/26/2018 | | |
| 20 - 24 FAÏRLAWN AVENUE | | 20.00 | 03/20/2018 | | |
| FAIRLAWN, NJ 07410 | | · | | | |
| | | | | | |
| VALLEY NATIONAL BANK | RETURN CHECK CHARGE | 20,00 | 03/26/2018 | | |
| 20 - 24 FAIRLAWN AVENUE | | 20,00 | 03/20/20/3 | | |
| FAIRLAWN, NJ 07410 | | | | | |
| ROYAL PRINTING SERVICES | CAMPAIGN LITERATURE | (5.000 +- | 00.000 | | |
| 435 51ST ST | CHAPTER EITERATORE | 68,000,00 | 03/26/2018 | | |
| WEST NEW YORK, NJ 07093 | | | | | |
| OFFICE DEPOT | OFFICE SUPPLIES | | | | |
| 59 WASHINGTON ST | OTT TELES | 56.54 | 03/27/2018 | 1 | |
| HOBOKEN, NJ 07030 | į. | | | | |
| DUNKIN DONUTS | COFFEE AND DONUTS FOR VOLUNTEERS | | | | |
| 2109 KENNEDY BLVD | DOTABLE DOTATE FOR VOLONIBERS | 52.23 | 03/27/2018 | A | |
| RIVERDA | | | | | |
| STAPLES | SUPPLIES FOR HEADQUARTERS | 10.01 | (12 12 12 12 12 12 | | |
| 06 ROUTE 23 NORTH | | 30,91 | 03/27/2018 | A | |
| RIVERDALE, NJ 07457 | | | | | |
| ACEBOOK | INTERNET | 50.00 | 63.656.504.0 | | |
| HACKER WAY | | 50,00 | 03/27/2018 | I | |
| IENLO PARK, CA 94025 | | 1 | | | |
| E PALMA PIZZERIZ | FOOD FOR VOLUNTEERS | 33,00 | 03/22/2018 | | |
| 728 KENNEDY BLVD | | 33.00 | 03/22/2018 | Ĕ | |
| ORTH BERGEN, NJ 07047 | | | | | |
| ALLEY NATIONAL BANK | MONTHLY SERVICE CHARGE | 343,50 | 03/20/2010 | | |
|) - 24 FAIRLAWN AVENUE | | 343.3V | 03/30/2018 | E | |
| AIRLAWN, NJ 07410 | | | | | |
| TAPLES | SUPPLIES FOR HEADQUARTERS REFUND | -38,69 | 03/20/2018 | 177 | |
| 7 ROUTE 23 NORTH | | 35,07 | 42/20/2010 | E | |
| IVERDALE, NJ 07458 | | | | | |
| 1. SUBTOTAL (Add all disbursements listed of | on this page) | | | | |
| 2. TOTAL DISBURSEMENTS, THIS PE | RIOD (Complete this line on the last page used | 68,567.49 353,046,55 | | | |
| Carry forward to Page 2, Line 14 Jersey Election Law Enforcement Commission | l. Column A.) | | | | |

ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES SCHEDULE D Page No. 1 of 1 PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. USE A SEPARATE "SCHEDULE D" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE NEW JERSEY GUBERNATORIAL NEW JERSEY LEGISLATIVE ALL OTHER CANDIDATES /COMMITTEES X CANDIDATES (COMM)TTEES CANDIDATES /COMMITTEES UNION CITY FIRST, INC COMMITTEE NAME: ACCOUNT NAME and NUMBER: UNION CITY FIRST, INC A/C# 41543181 **ELECTION DATE** CHECK AMT RECIPIENT NAME, ADDRESS DISTRICT OR COUNTY OF EACH (Number and Street, City, State, Zip Code) OR MUNICIPALITY NO(S). DATE(S) | CONTRIBUTION 1. SUBTOTAL (Add all contributions made to each recipient type listed on this page.) 2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page 0.00 used for each recipient type. Carry forward to Page 2, either Line 15a, Line 15b or Line 15c, Column A. New Jersey Election Law Enforcement Commission 0.00

PAGE 8

FORM R-8

ITEMIZED EXPENDITURES MADE AND INCURRED ON BEHALF OF CANDIDATES AND COMMITTEES SCHEDULE E Page No. 1 of 2 PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

| USE A SEPARATE "SCHEDULE E" FOR EACH SEPARATE | ACCOUNT AND EACH SEPARATE RECIPIENT TO | /PE | | | |
|---|---|--|--------------|---|------------------|
| NEW JERSEY GUBERNATORIAL | NEW JERSEY LEGISLATIVE | | ALL OTHER | | |
| CANDIDATES /COMMITTEES | CANDIDATES (COMMITTEES | x | CANDIDATES A | COMMITTEES | |
| COMMITTEE NAME: UNION CITY | FIRST, INC | | | | |
| ACCOUNT AVAILE AND ASSESSMENT | VION CITY FIRST, INC | | | ·-· | <u></u> |
| PAYEE NAME, ADDRESS | PURPOSE | A340) INT(0) TH | ia benia - | T | |
| (Number, Street, City, State and Zip Code) | 1 01/1 032 | AMOUNT(S) TH INCURRED/NOT PAID | | TRANSACTION | 1 |
| MAP DISTRIBUTORS INC | CAMPAIGN PHOTOGRPAHY | INCORREDING I PAIL | 1,400,00 | | NO(\$). |
| 4312 LIBERTY AVE | | | 1,400,00 | 3/6/2018 | EF EF |
| NORTH BERGEN, NJ 07047 | | | | | |
| · | | | | ĺ | |
| ALLOCATION | IS OF EXPENDITURES BENEFITING | CANDIDATE(S)/COM | MITTEE(S) | , | |
| CANDIDATE/COMN | III JEE NAME | ELECTION | DISTRICT | OR COUNTY | PRO-RATED |
| BRIAN P STACK | | DATE | ſ | NICIPALITY | AMOUNT |
| LUCIO P FERNANDEZ | | 5/8/2018 | UNIC | ON CITY | 280.00 |
| MARYURY A MARTINETTI | | 5/8/2018 | UNK | ON CITY | 280.00 |
| CELIN VALDIVIA | | 5/8/2018 | UNIC | ON CITY | 280,00 |
| WENDY GRULLON | | 5/8/2018 | UNIC | ON CITY | 280.00 |
| | | 5/8/2018 | UNIC | ON CITY | 280.00 |
| PAYEE NAME, ADDRESS | DUDDOOR | | | | |
| (Number, Street, City, State and Zlp Code) | PURPOSE | AMOUNT(S) THE | | TRANSACTION | CHECK |
| ROYAL PRINTING | CAMPAIGN LITERATURE | INCURRED/NOT PAID | DISBURSED | DATE(S) | NO(S). |
| 435-51ST ST | CAMPAIGN LITERATURE | | 00.000,8 | 3/9/2018 | 1612 |
| WEST NEW YORK, NJ 07093 | 1 | | | | |
| , | | | [| | |
| | | | | | ! |
| ALLOCATION | S OF EXPENDITURES REMEDITING | CANDIDATE | <u> </u> | | <u> </u> |
| CANDIDATE/COMM | S OF EXPENDITURES BENEFITING | | | | |
| | 111100000000000000000000000000000000000 | ELECTION | 1 | OR COUNTY | PRO-RATED |
| BRIAN P STACK | | DATE | | (ICIPALITY | AMOUNT |
| LUCIO P FERNANDEZ | | 5/8/2018 | | N CITY | 1,600.00 |
| MARYURY A MARTINETTI | - | 5/8/2018 5/8/2018 | | NCITY | 1,600.00 |
| CELIN VALDIVIA | | 5/8/2018 | | N CITY | 1,600.00 |
| WENDY GRULLON | ······································ | 5/8/2018 | | N CITY | 1,600.00 |
| | | 0,0,2010 | <u> </u> | N CITY | 1,600,00 |
| PAYEE NAME, ADDRESS | PURPOSE | AMOUNT(S) THIS | PERIOD | TRANDACTION | O Interv |
| (Number, Street, City, State and Zip Code) | | INCURRED/NOT PAID | DISBURSED | TRANSACTION | CHECK |
| ROYAL PRINTING | CAMPAIGN LITERATURE | THE STATE OF THE S | 15,000,00 | DATE(8) 3/10/2018 | NO(S). |
| 135-51ST ST | | | 13,000,001 | 3/10/2016 | 1615 |
| WEST NEW YORK, NJ 07093 | | | | : | |
| | | | | | |
| | | | · | i | |
| ALLOCATIONS | OF EXPENDITURES BENEFITING C | CANDIDATE(S)/COMM | ETTEF(S) | | [|
| CANDIDATE/COMMI | TTEE NAME | ELECTION | | OR COUNTY | DDO DATES |
| | <u> </u> | DATE | | CIPALITY | PRO-RATED AMOUNT |
| BRIAN P STACK | | 5/8/2018 | | VICITY | 3,000,00 |
| UCIO P FERNANDEZ | | 5/8/2018 | | N CITY | 3,000,00 |
| MARYURY A MARTINETTI | | 5/8/2018 | | VICITY | 3,000.00 |
| CELIN VALDIVIA | | 5/8/2018 | | CITY | 3,000.00 |
| VENDY GRULLON | | 5/8/2018 | | V CITY | 3,000.00 |
| 2 | | | | | 5,000.00 |
| , SUBTOTAL (Add all disbursements made to e | ach recipient type | | | | |
| listed on this page) | | | | 24,400.00 | |
| . TOTAL DISBURSEMENTS, THIS PERIOD (CO | omplete this line on the last | | | <u>24,400.00</u> | |
| page used for each recipient type. Carry forw | ard to Page 2, either | 1 | | 8 | |
| Line 16a, Line 16b, or Line 16c, Column A | | [| | | |
| SUBTOTAL (Add all outstanding obligations in | curred/not | | | | |
| paid, listed on this page.) | | | | | |
| TOTAL OUTSTANDING OBLIGATIONS INCUI | | | | | |
| PAID (Complete this line on the last page used | d. | | | | |
| Carry back to page 10, "Schedule F," Line 2.) | | | | | |
| Nu Jersey Election I my Enforcement Communication | ······································ | <u> </u> | 1938 | 2200-2200 (1000-200-200-200-200-200-200-200-200-200 | 8080600000 |

ITEMIZED EXPENDITURES MADE AND INCURRED ON BEHALF OF CANDIDATES AND COMMITTEES SCHEDULE E Page No. 2 of 2 PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. USE A SEPARATE "SCHEOULE E" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE NEW JERSEY GUBERNATORIAL **NEW JERSEY LEGISLATIVE** ALL OTHER CANDIDATES /COMMITTEES CANDIDATES (COMMITTEES X CANDIDATES (COMMITTEES COMMITTEE NAME: UNION CITY FIRST, INC. ACCOUNT NAME and NUMBER: UNION CITY FIRST, INC. PAYEE NAME, ADDRESS **PURPOSE** AMOUNT(S) THIS PERIOD TRANSACTION CHECK (Number, Street, City, State and Zip Code) INCURRED/NOT PAID | DISBURSED DATE(S) NO(\$). ROYAL PRINTING BIRTHDAY CARDS FOR 6,000,003/20/2018 1625 435-51ST ST REGISTERED VOTERS WEST NEW YORK, NJ 07093 ALLOCATIONS OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEE(S) CANDIDATE/COMMITTEE NAME ELECTION DISTRICT OR COUNTY PRO-RATED DATE OR MUNICIPALITY AMOUNT BRIAN P STACK 5/8/2018 UNION CITY 1,200,00 LUCIO P FERNANDEZ 5/8/2018 UNION CITY 1,200,00 MARYURY A MARTINETTI 5/8/2018 UNION CITY 1,200,00 CELIN VALDIVIA 5/8/2018 UNION CITY 1,200.00 WENDY GRULLON 5/8/2018 UNION CITY 1,200.00 PAYEE NAME, ADDRESS PURPOSE AMOUNT(S) THIS PERIOD TRANSACTION CHECK (Number, Street, City, State and Zip Code) INCURRED/NOT PAID | DISBURSED DATE(S) NO(S), ROYAL PRINTING CAMPAIGN LITERATURE 4,000,00 3/20/2018 1624 435-51ST ST WEST NEW YORK, NJ 07093 ALLOCATIONS OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEE(S) CANDIDATE/COMMITTEE NAME **ELECTION** DISTRICT OR COUNTY PRO-RATED DATE OR MUNICIPALITY **AMOUNT** BRIAN P STACK 5/8/2018 UNION CITY 800,00 LUCIO P FERNANDEZ 5/8/2018 UNION CITY MARYURY A MARTINETTI 800.00 5/8/2018 UNION CITY 800.00 CELIN VALDIVIA 5/8/2018 UNION CITY 800,00 WENDY GRULLON 5/8/2018 UNION CITY 800.00 PAYEE NAME, ADDRESS PURPOSE AMOUNT(S) THIS PERIOD **TRANSACTION** CHECK (Number, Street, City, State and Zip Code) INCURRED/NOT PAID DISBURSED DATE(S) NO(S). ALLOCATIONS OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEE(S) CANDIDATE/COMMITTEE NAME ELECTION DISTRICT OR COUNTY PRO-RATED DATE OR MUNICIPALITY **AMOUNT** 1. SUBTOTAL (Add all disbursements made to each recipient type listed on this page) 2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last 10,000.00 page used for each recipient type. Carry forward to Page 2, either Line 16a, Line 16b, or Line 16c, Column A 3. SUBTOTAL (Add all outstanding obligations incurred/not 34,400.00 paid, listed on this page.) 4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID (Complete this line on the last page used. Carry back to page 10, "Schedule F," Line 2.)

PAGE 9

New Jersey Election Law Enforcement Commission

| DEBTS AND OBLIGATIONS O | WED BY COM | MITTEE | SCHEDIU E E | DIGEN 2 a 2 |
|--|---|-----------------------------------|------------------------------|---------------------------------|
| PLEASE TYPE OR PRINT. PHOTOCOPIES USE A SEPARATE "SCHEDULE F" FOR EACH SEPARATE ACCOUNT | MAV RE HEED IF | ADDITIONAL FOR | SCHEDULE F MS ARE NEEDED. | PAGE No. 2 of 2 |
| COMMITTEE NAME: | · | | · | |
| ACCOUNT NAME and NUMBER: | | | | |
| CREDITOR NAME AND ADDRESS (Number, Street, City, State and Zip Code) | OUTSTANDING BEGINNING BAL- ANCE THIS PERIOD | AMOUNT INCURRED THIS PERIOD | PAYMENTS THIS PERIOD | OUTSTANDING BALANCE THIS PERIOD |
| DUNKIN DONUTS 704 KENNEDY BLVD UNION CITY, NJ 07087 DEBT PURPOSE FOOD VARIOUS EVENTS | 75,000.00 | 0.00 | 0.00 | 75,000.00 |
| DEBT PURPOSE | | | | |
| DEBT PURPOSE | | | | |
| DEBT PURPOSE | | | | |
| SUMMARY OF DEBTS AND OBLIGATIONS: | | | | |
| | | | | |
| 1. TOTAL OUTSTANDING LOANS PLUS II 2. TOTAL OUTSTANDING OBLIGATIONS CANDIDATES/COMMITTEES FROM SC | INCURRED/NOT PA | ID ON BEHALF OF | 5, LINE 4 | |
| 3. TOTAL OUTSTANDING OBLIGATIONS, | SCHEDULE F | , LINE 4 | | |
| (Complete this line on the last page use | ed.) | | | 158,695.00 |
| 4. TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines I, 2 and 3. Carry forward to front page, Line 10.) | | | | 158,695.00 |

| PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. USE A SEPARATE "SCHEDULE F" FOR EACH SEPARATE ACCOUNT. | | | | | | | |
|---|---|-----------------------------------|-------------------------|---------------------------------|--|--|--|
| The Acceptain | MAY BE USED IF | ADDITIONAL FOR | MS ARE NEEDED | • | | | |
| COMMITTEE NAME: | | | <u> </u> | | | | |
| ACCOUNT NAME and NUMBER: | | | | | | | |
| CREDITOR NAME AND ADDRESS (Number, Street, City, State and Zip Code) | OUTSTANDING BEGINNING BAL- ANCE THIS PERIOD | AMOUNT INCURRED THIS PERIOD | PAYMENTS THIS PERIOD | OUTSTANDING BALANCE THIS PERIOD | | | |
| JOE LAUREL | | | | | | | |
| JERSEY CITY, NJ | 15,500.00 | 0.00 | 0.00 | 15,500.00 | | | |
| ROBO CALLS | | | | 10,000,00 | | | |
| CENTRAL DAIGERY | | | | | | | |
| CENTRAL BAKERY 105 S STATE ST HACKENSACK, NJ 07601 | | | | | | | |
| FOOD FOR EVENTS | 25,000.00 | 0.00 | 0.00 | 25,000.00 | | | |
| | | | | | | | |
| DONOHUE, GIRONDA AND DORIA 310 BROADWAY BAYONNE, NJ 07002 | | | | | | | |
| ACCOUNTING SERVICES | 36,475.00 | 0.00 | 0.00 | 36,475.00 | | | |
| | | | | | | | |
| ROYAL PRINTING SERVICES P.O. BOX 1000 WEST NEW YORK, NJ 07093 | | | | | | | |
| PRINTING SERVICES | 115,720.00 | 109,000.00 | 0.00 | 6,720.00 | | | |
| SUMMARY OF DEBTS AND OBLIGATIONS: | | | | | | | |
| | TENEGR PROMO | | | | | | |
| 1. TOTAL OUTSTANDING LOANS PLUS IN 2. TOTAL OUTSTANDING OBLIGATIONS IN | NCURRED/NOT PA | AID ON BEHALF OF | 5, LINE 4 | | | | |
| CANDIDATES/COMMITTEES FROM SCH | EDULE E, PAGE | 9, LINE 4 | | | | | |
| TOTAL OUTSTANDING OBLIGATIONS, S (Complete this line on the last page use | SCHEDULE F | | | | | | |
| 4. TOTAL OUTSTANDING DEBTS/OBLIGATION | TIONS OWED BY | COMMITTEE (Add | lines | | | | |
| 1, 2 and 3. Carry forward to front page, Line 10.) | | | | | | | |

| DEBT | S AND OBLIGATIONS OWER | TO COMMITTE | E | <u> </u> | <u> </u> |
|---|--|--|-------------------|--------------------------|----------------------------|
| | (Accounts Receival | ble) | | SCHEDULE G | Page No. 1 of 1 |
| USE A SEPARATE "SCHEDUTE OF A | PLEASE TYPE OR PRINT, PHOTOCOPIE | S MAY BE USED IF AC | DDITIONAL FORMS A | RE NEEDED, | 1 ago 140. 1 51 1 |
| COMMITTEE NAME: | OR EACH SEPARATE ACCOUNT AND EACH SEPAR | ATE RECIPIENT TYPE | | | |
| | BER: UNION CITY FIRST, INC | | | | |
| DEBTOR NAME AND ADDR | ESS | ACC# 032-900123-4 BALANCE DUE AT BEGINNING | NEW AMOUNT | TOTAL AMOUNT RECEIVED | BALANCE DUE AT CLOSE OF |
| (Number, Street, City, State | and Zip Code) | OF THIS PERIOD | THIS PERIOD | THIS PERIOD | THIS PERIOD |
| | N/A | N/A | N/A | N/A | N/A |
| DATE DEBT INCURRED | DEBT DESCRIPTION | | | | 1. 1. 1. 1. |
| DATE DEBT INCURRED | DEBT DESCRIPTION | | | | |
| DATE DEBT INCURRED | DEBT DESCRIPTION | | | | |
| ATE DEBT INCURRED | DEST DESCRIPTION | | | | |
| ATE DEBT INCURRED | | | | | |
| DEDI MCOKKED | DEBT DESCRIPTION | | 1 | | ļ |
| SUBTOTAL (Add all receipts | listed on this page) | <u>——— </u> | | | |
| TOTAL RECEIPTS, THIS PER | IOD (Complete this line on the last page | used. | | | |
| Carry forward to FR w Jersey Election Law Enforcement | ONT PAGE, LINE 8.) | | | İ | 1 |
| " oping) Fleoring FAM Elyotoswelf | Commission | PAGE 11 | | | 505440.6 |

FORM R-3