

FORM R-1	Report of Contributions and Expenditures	REPORT (CHECK ONE): <input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input checked="" type="checkbox"/> Apr. 15, 2017 <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct. 15, _____ <input type="checkbox"/> Jan. 15, _____
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site: http://www.elec.state.nj.us/		Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> FOR STATE USE ONLY APR 17 2017
CANDIDATE OR COMMITTEE NAME Team Fulop 2017		
STREET ADDRESS P.O. Box 3399		
CITY Jersey City	STATE NJ	ZIP CODE 07303
COUNTY Hudson	ELECTION DISTRICT OR MUNICIPALITY Jersey City	
POLITICAL PARTY, IF ANY	OFFICE SOUGHT Council Person	

ELECTION DATE 11/07/2017	ELECTION TYPE (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> RUN-OFF <input type="checkbox"/> FIRE DISTRICT
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SUMMARY TABLES DO NOT ATTEMPT TO COMPLETE TABLES I OR II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED

TABLE I. RECEIPTS	THIS REPORT	CUMULATIVE TO DATE
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS	\$3,050.00	\$3,050.00
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$30,720.25	\$30,720.25
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$0.00	\$0.00
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$0.00	\$0.00
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$0.00	\$0.00
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$33,770.25	\$33,770.25
7. REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)	\$0.00	\$0.00
8. TOTAL CONTRIBUTIONS	\$33,770.25	\$33,770.25
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$0.00	\$0.00
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$33,770.25	\$33,770.25

TABLE II: EXPENDITURES	THIS REPORT	CUMULATIVE TO DATE
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$551.15	\$551.15
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$0.00	\$0.00
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$0.00	\$0.00
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$0.00	\$0.00
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$0.00	\$0.00
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$0.00	\$0.00
7. SUB TOTAL (ADD LINES 1 THRU 6)	\$551.15	\$551.15
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$0.00	\$0.00
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$551.15	\$551.15

SCHEDULE A

Monetary Contributions in Excess of \$300 and All Currency Contributions Page 2 of 15

CONTRIBUTOR NAME Anita Aguilar		EMPLOYER NAME Peoples Home Equity	
CONTRIBUTOR ADDRESS 649 Pleasant Valley Way West Orange, NJ 07052-2810		EMPLOYER ADDRESS 649 Pleasant Valley Way West Orange, NJ 07052-2810	
<input checked="" type="checkbox"/>	CHECK IF CURRENCY	AGGREGATE AMOUNT \$20.00	DATE(S) RECEIVED 03/28/2017
OCCUPATION Mortgage Loan Officer		AMOUNT(S) RECEIVED THIS PERIOD \$20.00	
CONTRIBUTOR NAME Amjad Ali		EMPLOYER NAME Brooklyn Hospital Centr	
CONTRIBUTOR ADDRESS 11805 Atlantic Ave Apt 3F Richmond Hill, NY 11418-3229		EMPLOYER ADDRESS 121 Dekalb Ave Brooklyn, NY 11201-5425	
<input type="checkbox"/>	CHECK IF CURRENCY	AGGREGATE AMOUNT \$500.00	DATE(S) RECEIVED 03/31/2017
OCCUPATION Director PI-Ambulatory Care		AMOUNT(S) RECEIVED THIS PERIOD \$500.00	
CONTRIBUTOR NAME Narsimha Americhetty		EMPLOYER NAME Not Applicable	
CONTRIBUTOR ADDRESS 55 Cottage St Fl 1 Jersey City, NJ 07306-2801		EMPLOYER ADDRESS	
<input type="checkbox"/>	CHECK IF CURRENCY	AGGREGATE AMOUNT \$1,250.00	DATE(S) RECEIVED 01/20/2017
OCCUPATION Retired		AMOUNT(S) RECEIVED THIS PERIOD \$1,250.00	
CONTRIBUTOR NAME Ahmar A Butt		EMPLOYER NAME Self Employed	
CONTRIBUTOR ADDRESS 28 Cheever Pl Apt 2 Brooklyn, NY 11231-5261		EMPLOYER ADDRESS 55 Greene Ave Ste 1A Brooklyn, NY 11238-6432	
<input type="checkbox"/>	CHECK IF CURRENCY	AGGREGATE AMOUNT \$500.00	DATE(S) RECEIVED 03/31/2017
OCCUPATION Physician		AMOUNT(S) RECEIVED THIS PERIOD \$500.00	
CONTRIBUTOR NAME Arshad A. Chacha		EMPLOYER NAME Self Employed	
CONTRIBUTOR ADDRESS 342 Mercer St Jersey City, NJ 07302-3118		EMPLOYER ADDRESS 342 Mercer St Jersey City, NJ 07302-3118	
<input type="checkbox"/>	CHECK IF CURRENCY	AGGREGATE AMOUNT \$1,000.00	DATE(S) RECEIVED 03/31/2017
OCCUPATION Physician		AMOUNT(S) RECEIVED THIS PERIOD \$1,000.00	
CONTRIBUTOR NAME Muhammad Chaudhry		EMPLOYER NAME Self Employed	
CONTRIBUTOR ADDRESS 344 Mercer St Jersey City, NJ 07302-3118		EMPLOYER ADDRESS 344 Mercer St Jersey City, NJ 07302-3118	
<input type="checkbox"/>	CHECK IF CURRENCY	AGGREGATE AMOUNT \$2,000.00	DATE(S) RECEIVED 03/31/2017
OCCUPATION Physician		AMOUNT(S) RECEIVED THIS PERIOD \$2,000.00	

(COMPLETE THIS LINE FOR EVERY PAGE USED)	TOTAL, THIS PAGE	\$5,270.00
(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	\$30,720.25

SCHEDULE A

Monetary Contributions in Excess of \$300 and All Currency Contributions Page 3 of 15

CONTRIBUTOR NAME Srini Gadiraju		EMPLOYER NAME Self Employed	
CONTRIBUTOR ADDRESS 1 Overlook Dr		EMPLOYER ADDRESS 1 Overlook Drive	
Riverdale, NJ 07457-1033		Riverdale NJ 07457	
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$1,000.00	DATE(S) RECEIVED 01/20/2017	AMOUNT(S) RECEIVED THIS PERIOD \$1,000.00
OCCUPATION Pharmacist			
CONTRIBUTOR NAME Jonah S. Green		EMPLOYER NAME Kingsbrook Jewish Medical Center	
CONTRIBUTOR ADDRESS 78 Beaver St Ste 116		EMPLOYER ADDRESS 686 Schenectady Avenue	
Brooklyn, NY 11206-4504		Brooklyn, NY 11203-1821	
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$500.00	DATE(S) RECEIVED 03/31/2017	AMOUNT(S) RECEIVED THIS PERIOD \$500.00
OCCUPATION Physician			
CONTRIBUTOR NAME Imran Hameed		EMPLOYER NAME	
CONTRIBUTOR ADDRESS 189 Nathan Dr		EMPLOYER ADDRESS 189 Nathan Dr	
North Brunswick, NJ 08902-1234		North Brunswick, NJ 08902-1234	
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$2,000.00	DATE(S) RECEIVED 03/31/2017	AMOUNT(S) RECEIVED THIS PERIOD \$2,000.00
OCCUPATION			
CONTRIBUTOR NAME Imran A. Jamil		EMPLOYER NAME Self Employed	
CONTRIBUTOR ADDRESS 47 Long Lots Rd		EMPLOYER ADDRESS 47 Long Lots Rd	
Westport, CT 06880-3828		Westport, CT 06880-3828	
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$500.00	DATE(S) RECEIVED 03/31/2017	AMOUNT(S) RECEIVED THIS PERIOD \$500.00
OCCUPATION Physician			
CONTRIBUTOR NAME Uzma Jamil		EMPLOYER NAME Self Employed	
CONTRIBUTOR ADDRESS 1 Richard Rd		EMPLOYER ADDRESS 1 Richard Rd	
Edison, NJ 08820-3029		Edison, NJ 08820-3029	
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$500.00	DATE(S) RECEIVED 01/25/2017	AMOUNT(S) RECEIVED THIS PERIOD \$500.00
OCCUPATION Physician			
CONTRIBUTOR NAME M & M Construction Company, Inc.		EMPLOYER NAME	
CONTRIBUTOR ADDRESS 540 North Ave		EMPLOYER ADDRESS	
Union, NJ 07083-7148			
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$2,000.00	DATE(S) RECEIVED 03/06/2017	AMOUNT(S) RECEIVED THIS PERIOD \$2,000.00
OCCUPATION			

(COMPLETE THIS LINE FOR EVERY PAGE USED)	TOTAL THIS PAGE	\$6,500.00
(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	\$30,720.25

SCHEDULE A

Monetary Contributions in Excess of \$300 and All Currency Contributions Page 4 of 15

CONTRIBUTOR NAME Arfan Mahmood		EMPLOYER NAME Self-Employed	
CONTRIBUTOR ADDRESS 98 W 45th St		EMPLOYER ADDRESS	
Bayonne, NJ 07002-2028			
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$500.00	DATE(S) RECEIVED 03/31/2017	AMOUNT(S) RECEIVED THIS PERIOD \$500.00
OCCUPATION Engineer			
CONTRIBUTOR NAME Gilbert Makabali		EMPLOYER NAME South Shore Health Systems, Inc.	
CONTRIBUTOR ADDRESS 600 Broadway Unit B		EMPLOYER ADDRESS 600 Broadway Unit B	
Lynbrook, NY 11563-3980		Lynbrook, NY 11563-3980	
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$500.00	DATE(S) RECEIVED 03/31/2017	AMOUNT(S) RECEIVED THIS PERIOD \$500.00
OCCUPATION Principal			
CONTRIBUTOR NAME Francesco Mazzaferro		EMPLOYER NAME Coldwell Banker	
CONTRIBUTOR ADDRESS 1 2nd St Ste 1		EMPLOYER ADDRESS 1 2nd St Ste 1	
Jersey City, NJ 07302-4911		Jersey City, NJ 07302-4911	
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$400.00	DATE(S) RECEIVED 01/20/2017	AMOUNT(S) RECEIVED THIS PERIOD \$400.00
OCCUPATION Realtor			
CONTRIBUTOR NAME Pamten		EMPLOYER NAME	
CONTRIBUTOR ADDRESS 5 Independence Way		EMPLOYER ADDRESS	
Princeton, NJ 08540-6627			
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$1,050.00	DATE(S) RECEIVED 02/15/2017	AMOUNT(S) RECEIVED THIS PERIOD \$1,050.00
OCCUPATION			
CONTRIBUTOR NAME Jignasa Patel		EMPLOYER NAME India American Bank	
CONTRIBUTOR ADDRESS 128 Columbia Ave		EMPLOYER ADDRESS 128 Columbia Ave	
Jersey City, NJ 07307-4134		Jersey City, NJ 07307-4134	
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$400.00	DATE(S) RECEIVED 01/20/2017	AMOUNT(S) RECEIVED THIS PERIOD \$400.00
OCCUPATION			
CONTRIBUTOR NAME Provident Bank		EMPLOYER NAME	
CONTRIBUTOR ADDRESS 239 Washington St		EMPLOYER ADDRESS	
Jersey City, NJ 07302-3828			
<input checked="" type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$0.25	DATE(S) RECEIVED 03/01/2017	AMOUNT(S) RECEIVED THIS PERIOD \$0.25
OCCUPATION			

(COMPLETE THIS LINE FOR EVERY PAGE USED)

TOTAL THIS PAGE

\$2,850.25

(COMPLETE THIS LINE FOR LAST PAGE USED)

GRAND TOTAL

\$30,720.25

SCHEDULE A

Monetary Contributions In Excess of \$300 and All Currency Contributions Page 5 of 15

CONTRIBUTOR NAME Shetal Purohit		EMPLOYER NAME Self Employed	
CONTRIBUTOR ADDRESS 56 Rolling Hills Rd Clifton, NJ 07013-4118		EMPLOYER ADDRESS 2816 Palisade Ave 2816 Palisades Avenue Weehawken, NJ 07086-4629	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$600.00	DATE(S) RECEIVED 01/20/2017
OCCUPATION Owner		AMOUNT(S) RECEIVED THIS PERIOD \$600.00	
CONTRIBUTOR NAME Avtar Singh		EMPLOYER NAME Smart Link Satellite, LLC	
CONTRIBUTOR ADDRESS 825 Newark Ave Jersey City, NJ 07306-3808		EMPLOYER ADDRESS 825 Newark Ave Jersey City, NJ 07306-3808	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$500.00	DATE(S) RECEIVED 01/20/2017
OCCUPATION Principal		AMOUNT(S) RECEIVED THIS PERIOD \$500.00	
CONTRIBUTOR NAME Single Source Transportation		EMPLOYER NAME	
CONTRIBUTOR ADDRESS 46 Hermann Ave Carteret, NJ 07008-2246		EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$500.00	DATE(S) RECEIVED 01/20/2017
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD \$500.00	
CONTRIBUTOR NAME Jonathan M. Tisch		EMPLOYER NAME US Travel Assn.	
CONTRIBUTOR ADDRESS 655 Madison Ave Fl 11 New York, NY 10065-8043		EMPLOYER ADDRESS 1100 New York Ave NW Ste 450 Washington, DC 20005-3934	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$13,000.00	DATE(S) RECEIVED 03/10/2017
OCCUPATION Chairman		AMOUNT(S) RECEIVED THIS PERIOD \$13,000.00	
CONTRIBUTOR NAME Niraj Trivedi		EMPLOYER NAME Desi Timeout, Inc.	
CONTRIBUTOR ADDRESS 55 Carlton Ave Jersey City, NJ 07306-3401		EMPLOYER ADDRESS 7921 147TH STREET FLUSHING NY 11367	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$500.00	DATE(S) RECEIVED 01/20/2017
OCCUPATION Public Relations and Events		AMOUNT(S) RECEIVED THIS PERIOD \$500.00	
CONTRIBUTOR NAME Sreedhar Vajinedalli		EMPLOYER NAME Aleky Corp.	
CONTRIBUTOR ADDRESS 53 Leah Way Parsippany, NJ 07054-3448		EMPLOYER ADDRESS 15 Broadway Passaic, NJ 07055-5007	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$1,000.00	DATE(S) RECEIVED 01/20/2017
OCCUPATION Pharmacist		AMOUNT(S) RECEIVED THIS PERIOD \$1,000.00	

(COMPLETE THIS LINE FOR EVERY PAGE USED)	TOTAL THIS PAGE	\$16,100.00
(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	\$30,720.25

SCHEDULE B
In-Kind Contributions in Excess of \$300

CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			

(COMPLETE THIS LINE FOR EVERY PAGE USED)	TOTAL, THIS PAGE	\$0.00
(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	\$0.00

SCHEDULE C

Loans Received in Excess of \$300 and All Currency Loans

Page 7 of 15

LENDER NAME		EMPLOYER NAME	
LENDER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
		AMOUNT(S) RECEIVED THIS PERIOD	
DATE(S) RECEIVED	AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>	

TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD	\$0.00
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ADJUSTMENT SCHEDULE
Refund of Excessive Contributions

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT

(COMPLETE THIS LINE FOR EVERY PAGE USED)	TOTAL, THIS PAGE _____ \$0.00
(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL _____ \$0.00

SCHEDULE 1(D) - DISBURSEMENTS
Campaign Expenses

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
02/21/2017		NGP Van Inc. 1101 15th St NW Ste 500 Washington, DC 20005-5006	Account: Team Fulop 2017 - Data Management	\$100.00	\$100.00	\$0.00
03/02/2017		NGP Van Inc. 1101 15th St NW Ste 500 Washington, DC 20005-5006	Account: Team Fulop 2017 - Data Management	\$100.00	\$100.00	\$0.00
01/23/2017		Provident Bank 239 Washington St Jersey City, NJ 07302-3828	Account: Team Fulop 2017 - Chargeback Fee	\$15.00	\$15.00	\$0.00
03/24/2017	1001	Vital Signs 485 Avenue C Bayonne, NJ 07002-5110	Account: Team Fulop 2017 - Sign for ward club	\$336.15	\$336.15	\$0.00

(COMPLETE THIS LINE FOR EVERY PAGE USED)	TOTAL, THIS PAGE	\$551.15	\$551.15	\$0.00
(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	\$551.15	\$551.15	\$0.00

SCHEDULE 2(D) - DISBURSEMENTS

Other

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
12/30/2005						

(COMPLETE THIS LINE FOR EVERY PAGE USED)	TOTAL, THIS PAGE	\$0.00	\$0.00	\$0.00
(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	\$0.00	\$0.00	\$0.00

SCHEDULE 3(D) - DISBURSEMENTS

Contributions made to other Candidates/Committees

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT

(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE
1		\$0.00
2	(+)	\$0.00
3		\$0.00

COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:

SCHEDULE 3(D) GRAND TOTAL

ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) and 2(D)

GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES

SCHEDULE E
Outstanding Obligations

Date(s)	Creditor's Name	Address	Description	Amount

TOTAL OUTSTANDING OBLIGATIONS	\$0.00
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SCHEDULE F
Refunded Disbursements

Date(s)	Check #	Full Name	Address	Description	Amount

SCHEDULE F TOTAL	\$0.00
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SCHEDULE G
Recipients of In-Kind Contributions



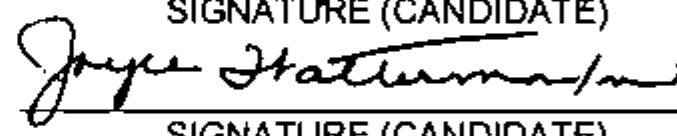
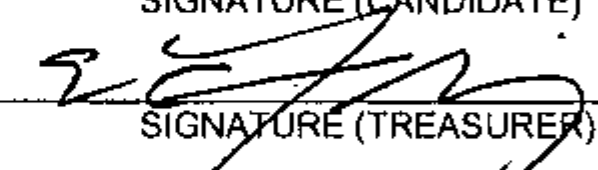
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT

STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

Opening Balance, this report <small>(Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero.)</small>	\$41,003.21
Funds Transferred from Prior Campaign	\$0.00
Deposits (Include Interest)	\$34,752.00
Disbursements (Include Bank Charges)	\$336.15
Closing Balance, this Report	\$74,202.31
Provident Bank	Team Fulop 2017
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
239 Washington St Jersey City, NJ 07302-3828	
ADDRESS OF BANK OR DEPOSITORY	
Mr. Eric Fleming	(917) 587-9203
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
245 5th Street Jersey City NJ, NJ 07302	
ADDRESS OF TREASURER	

CERTIFICATION

I certify that the statements on this document are true, and that the contributions amounts received conform with the limitations designated by law. I am aware that if any of the statements are willfully false, I may be subject to punishment.

4/11/17	ROLANDO LAVARRO	
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
4/11/17	DANNY RIVERA	
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
4/11/17	JOYCE WATTERMAN	
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
4/11/17	ERIC FLEMING	
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)

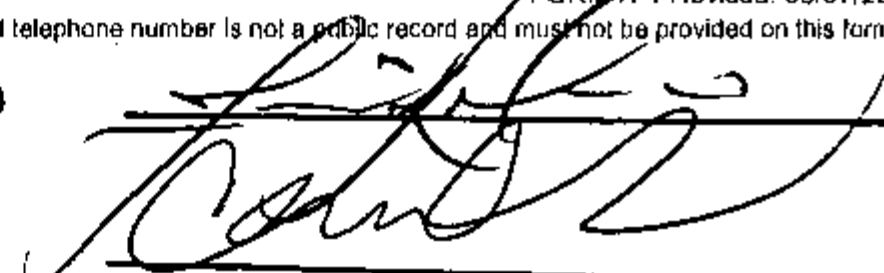
Treasurers for Gubernatorial and Legislative candidates are required to receive training with the New Jersey Election Law Enforcement Commission. Check here if you have completed the training and enter your Treasurer Training ID# _____

DECLARATION OF FINAL REPORT

If this is the final report, sign applicable Declaration below as well as Certification above. Chapter 65 of the Laws of 1993 requires that all filing entities continue to file reports with the Commission until all campaign business is wound up and the fund is dissolved.

I certify that all contributions or other monies received by this election fund have been disbursed, that there are no outstanding loans or other obligations, and that the election fund has wound up its business and has been dissolved.

DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)

4/11/17	JERMAINE ROBINSON	
4/11/17	CANDICE OSBORNE	