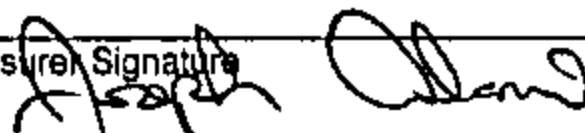
 <b>SUPPLEMENTAL CONTRIBUTOR INFORMATION</b>		<b>FORM C-3</b> <b>FOR STATE USE ONLY</b>	
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site: <a href="http://www.elec.state.nj.us/">http://www.elec.state.nj.us/</a>		<b>ELEC RECEIVED</b> <b>JUL 23 2015</b>	
<b>CONTRIBUTIONS REPORT TYPE (CHECK ONE)</b> <input checked="" type="checkbox"/> Committee filing "Sworn Statement," Form A-3, and receiving a contribution in excess of \$300 in the aggregate from one source, or currency (cash) contributions in any amount. <input type="checkbox"/> Committee receiving a contribution in excess of \$1,400 in the aggregate from one source between the closing date of the last quarterly report through the date of an election in which the committee is contributing or otherwise participating (48-Hour Notice).		Amendment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>REPORT QUARTER</b> <input type="checkbox"/> APRIL 15 <input checked="" type="checkbox"/> JULY 15 <input type="checkbox"/> OCTOBER 15 <input type="checkbox"/> JANUARY 15		<b>ELEC Identification Number</b> H2015000111 02015	
<b>SECTION I. PLEASE TYPE OR PRINT</b> <input type="checkbox"/> "X" If address is different from address previously reported			
Full Committee Name, Address (Number and Street, City, State, Zip Code) Roselle Park Democratic Committee 317 Sheridan Avenue Roselle Park, N.J. 07204			
<b>SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check; B = In-Kind; C = Loan)</b>			
Full Name, Address (Number and Street, City, State, Zip Code) Samuel Klein and Company Certified Public Accountant 550 Broad Street, 11th Floor Newark, NJ 07102-4517		Date(s) Received 5/26/15	Amount(s) Received This Period 350.00
Receipt Type A	Description, if In-Kind Contribution	Aggregate Year to Date 350.00	
Occupation (If Individual)		Employer Name, Address (If Individual)	
Full Name, Address (Number and Street, City, State, Zip Code)		Date(s) Received	Amount(s) Received This Period
Receipt Type	Description, if In-Kind Contribution	Aggregate Year to Date	
Occupation (If Individual)		Employer Name, Address (If Individual)	
Full Name, Address (Number and Street, City, State, Zip Code)		Date(s) Received	Amount(s) Received This Period
Receipt Type	Description, if In-Kind Contribution	Aggregate Year to Date	
Occupation (If Individual)		Employer Name, Address (If Individual)	
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 350.00
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ _____
Treasurer Signature 		Date July 10, 2015	