

	<b>SUPPLEMENTAL CONTRIBUTOR INFORMATION</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) <a href="http://www.elec.state.nj.us">www.elec.state.nj.us</a>	<b>FORM C-1</b> <b>FOR STATE USE ONLY</b>  <b>ELEC RECEIVED</b>  <b>OCT 11 2016</b>
<b>CONTRIBUTIONS REPORT TYPE (CHECK ONE)</b> <input checked="" type="checkbox"/> Committee spending under the R-1 reporting threshold (A-1 or A-2 filers etc.) who received a contribution in excess of \$300 in the aggregate from one source in the election, or any currency (cash) contributions. <input type="checkbox"/> Committee receiving a contribution in excess of \$1,400 in the aggregate from one source starting with the 13 <sup>th</sup> day before the election up to, and including the day of the election (48-Hour Notice).		Amendment? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION</b>		
Candidate(s) Name <b>Kimberly Powers</b>		Election Date <b>November 8, 2016</b>
Committee Name <b>Roselle Park Democratic Committee</b>		Election District/Municipality <b>Roselle Park</b>
Candidate or Committee Address (Number and Street, City, State, Zip Code) <b>Roselle Park NJ 07204</b>		
Office Sought <b>Board of Education</b>	County <b>UNION</b>	*(Area) Day Telephone
Political Party <b>Democrat</b>		*(Area) Evening Telephone
<b>SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check; B = In-Kind; C = Loan)</b>		
Date Received <b>9-21-16</b>	Contributor Name <b>Roselle Park Democratic Committee</b>	
Address (Number and Street, City, State, Zip Code) <b>317 Sheridan Ave Roselle Park NJ 07204</b>		Aggregate Amount \$ Amount \$ <b>500.00</b>
Occupation (If Individual)	Receipt Type	Check if Currency <input type="checkbox"/> Description, if In-Kind Contribution <b>Signs</b>
Employer Name (If Individual)		Employer Mailing Address (If Individual)
Date Received	Contributor Name	
Address (Number and Street, City, State, Zip Code)		Aggregate Amount \$ Amount \$
Occupation (If Individual)	Receipt Type	Check if Currency <input type="checkbox"/> Description, if In-Kind Contribution
Employer Name (If Individual)		Employer Mailing Address (If Individual)
Date Received	Contributor Name	
Address (Number and Street, City, State, Zip Code)		Aggregate Amount \$ Amount \$
Occupation (If Individual)	Receipt Type	Check if Currency <input type="checkbox"/> Description, if In-Kind Contribution
Employer Name (If Individual)		Employer Mailing Address (If Individual)
Date Received	Contributor Name	
Address (Number and Street, City, State, Zip Code)		Aggregate Amount \$ Amount \$
Occupation (If Individual)	Receipt Type	Check if Currency <input type="checkbox"/> Description, if In-Kind Contribution
Employer Name (If Individual)		Employer Mailing Address (If Individual)
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		TOTAL, THIS PAGE    \$ <b>500.00</b>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		GRAND TOTAL    \$ <b>500.00</b>
Candidate or Treasurer Signature <b>Kimberly Powers</b>		Date <b>10-7-16</b>