| Flection | ž |
|------------------------------------|---|
| h Enw Enforcement Commission | * |
| * 1115 | * |

SUPPLEMENTAL CONTRIBUTOR INFORMATION

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185

(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)

| | FOR | M C- | 1 |
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| FOR | STATE | USE | ONLY |

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| We page # 1 | www.elec.nj.gov | | | | | |
|---|-----------------------|--------------------------|--|-------------------|--|--|
| CONTRIBUTIONS REPORT TYPE (CHECK ONE) | | | | | | |
| 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 ele | ection, or any currency | (cash) contributions. | Amendment? | | |
| Committee receiving a contribution in | ☐ Yes ☐ No | | | | | |
| day before the election up to, and inc | | | | | | |
| SECTION I. CANDIDATE, JOINT CA | ANDIDATES, OR | POLITICAL COMI | Floation Dat | <u> </u> | | |
| Candidate(s) Name | | | Election Dat | 6/2018 | | |
| Joseph Petrosky | | | Election District/Municipality | | | |
| Roselle Park Democentic Committee | | Hee | Roselle | | | |
| Candidate or Committee Address (Nur | nber and Street. C | tv. State, Zip Code | | | | |
| 317 Sheridan Ave | Roselle Par | x NJ O | 7204 | | | |
| Office Sought County | | | *(Area) Day Telephone | | | |
| JUS WARD (UUNCI) UNION | | | 908 313-8558 | | | |
| Political Party | | *(Area) Evening Teleph | one | | | |
| Democeat | | | | n Kinds C = Loop) | | |
| SECTION II. CONTRIBUTION INFO | | | | | | |
| Date Received | Contributor Name | a Dar De | mocratic Co | mm. Hee | | |
| Address (Number and Street, City, Sta | | | I Aggregate Amount | Amount | | |
| 317 Sheridan Ave Ro | selle Park | NJ OBOU | \$ | \$ 1917.00 | | |
| Occupation (If Individual) | Receipt Ty | | Description if In-Kind | I Contribution | | |
| | L B | Currency | | S AND FIYERS | | |
| Employer Name (If Individual) Employer Mailing Address (If Individual) | | | | | | |
| Date Received | Contributor Name | > 11 A | 10 1/ 1/ 01 10 | il. Con Idaa | | |
| 10/19/2018 |) | Loselle 17 | · | Atric Committee | | |
| Address (Number and Street, City, State, Zip Code) 317 Shee, 2910 Ave Rose/le Park NJ 07201 \$ 4mount \$ 996.48 | | | | | | |
| Occupation (If Individual) | Receipt Ty | /pe Check if Currency | I Deservation it in King | | | |
| Employer Name (If Individual) | | | Address (If Individual) | | | |
| | | 120 | | <u> </u> | | |
| Date Received 10/23/2018 | Contributor Name | oselle Park | Democeatic | Comm. Hee | | |
| Address (Number and Street, City, Sta | ate Zin Code) | | 1 Aggregate Amount | Amount | | |
| 317 Shoragan Aul | Roselle Pa | ok NJ UDDO | | \$ 1330,11 | | |
| Occupation (If Individual) | Receipt Ty | _ | Description, if In-Kind | . • | | |
| | | Currency | Address (If Individual) | | | |
| Employer Name (If Individual) Employer Mailing Address (If Individual) | | | | | | |
| Date Received | Contributor Name | e | | | | |
| Date Received | | _ | <u></u> | | | |
| Address (Number and Street, City, Sta | ate, Zip Code) | | Aggregate Amount \$ | Amount \$ | | |
| Occupation (If Individual) | Receipt T | ype Check if Currency | Description, if In-Kind | i Contribution | | |
| Employer Name (If Individual) Employer Mailing Address (If Individual) | | | | | | |
| | | | | | | |
| (COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$ 443.59 | | | | | | |
| (COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$ 4243.59 | | | | | | |
| Candidate or Treasurer Signature | | | | | | |
| 1 44.1/V/ 1 4/V/A | | | 1 10 | 129118 | | |