



County of Bergen
"Sunshine Form" for Disclosure of Political Contributions
Please fill out and attach to each resolution

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

- (A) VENDOR NAME or SPECIAL COUNSEL NAME A & T Healthcare of N.J. Inc.
 VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 15 Engle Street Suite 101
Englewood N.J. 07631
 VENDOR TELEPHONE NUMBER (201) 541-7100 FAX # (201) 541-7117
 VENDOR REPRESENTATIVE NAME (Please Print) Margaret Onody
 VENDOR EMAIL ADDRESS margaret.onody@at-healthcare.com
 VENDOR REPRESENTATIVE SIGNATURE [Signature] DATE 1/24/19
- (B) THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.

- (C) CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:
- (D) ☒ **No contributions (sign below and return, nothing else required except signature/date on this page only)**

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature: [Signature]

Date: 1/24/19

Print your name: Margaret Onody

OFFICIAL POSITION/ NAME (* Denotes Incumbent)

COUNTY EXECUTIVE

James J. Tedesco (D)*

Norman Schmelz (R)

SHERIFF

Anthony Curcione (D)*

John M. DeLorenzo III (R)

Michael Saudino (D)

¹ This form shall be updated periodically to reflect new elected officials and candidates for office. However, it shall maintain the format and required disclosures contained herein.
 12/6/2018



County of Bergen
"Sunshine Form" for Disclosure of Political Contributions
Please fill out and attach to each resolution

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

- (A) **VENDOR NAME or SPECIAL COUNSEL NAME** Accredited Health Services, INC
VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 235 Moore street Heckensack, NJ 07601
VENDOR TELEPHONE NUMBER (201) - 342 - 8444 **FAX #** (201) - 342 - 8477
VENDOR REPRESENTATIVE NAME (Please Print) Jennifer Rueda
VENDOR EMAIL ADDRESS rueda.j@accreditedhs.com
VENDOR REPRESENTATIVE SIGNATURE Jennifer Rueda **DATE** 1/28/19
- (B) **THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.**

- (C) **CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:**

- (D) ☒ **No contributions** (sign below and return, nothing else required except signature/date on this page only)

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature: Jennifer Rueda **Date:** 1/28/19
Print your name: Jennifer Rueda

OFFICIAL POSITION/NAME (* Denotes Incumbent)
COUNTY EXECUTIVE James J. Tedesco (D)*

None

Norman Schmelz (R)

None

SHERIFF

Anthony Curton (D)*

None

John M. Delorenzo III (R)

None

Michael Saudino (D)

None

Other _____

None

¹ This form shall be updated periodically to reflect new elected officials and candidates for office. However, it shall maintain the format and required disclosures contained herein.
12/6/2018



County of Bergen
"Sunshine Form" for Disclosure of Political Contributions
Please fill out and attach to each resolution

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

- (A) VENDOR NAME or SPECIAL COUNSEL NAME ALWAYS THERE OF BERGEN COUNTY, INC.
VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 191 MAIN STREET
HACKENSACK, NJ 07601
VENDOR TELEPHONE NUMBER (201) 287-0400 FAX # (201) 646-9640
VENDOR REPRESENTATIVE NAME (Please Print) BARBARA OLIVER
VENDOR EMAIL ADDRESS ALWAYS THERE HHE @ G-MAIL.COM
VENDOR REPRESENTATIVE SIGNATURE Barbara Oliver DATE 1/18/19
- (B) THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.
ROSALIND MINICOZZI
—
—
- (C) CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:
- (D) ☒ No contributions (sign below and return, nothing else required except signature/date on this page only)

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature: Barbara Oliver Date: 1/18/19
Print your name: BARBARA OLIVER

OFFICIAL POSITION/ NAME (* Denotes Incumbent)

COUNTY EXECUTIVE	James J. Tedesco (D)*
	Norman Schmelz (R)
SHERIFF	Anthony Cureton (D)*
	John M. Delorenzo III (R)
	Michael Saudino (D)



County of Bergen
"Sunshine Form" for Disclosure of Political Contributions
Please fill out and attach to each resolution

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

(A) **VENDOR NAME or SPECIAL COUNSEL NAME** Broadway Respite & Home Care

VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 17-17 Broadway Fair Lawn, NJ 07410

VENDOR TELEPHONE NUMBER (201) 703 - 3980 **FAX#** (201) - 703 - 3984

VENDOR REPRESENTATIVE NAME (Please Print) Patrick M. Patton COO/CEO

VENDOR EMAIL ADDRESS patrick.patton@lhcare.com

VENDOR REPRESENTATIVE SIGNATURE *Patrick M. Patton* **DATE** 1/18/19

(B) **THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.**

Zhanna Basma CEO (20%), HIG Growth Partner Fund II LP (30%) and Patrick Patton COO/CEO

(C) **CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:** None

(D) **X No contributions (sign below and return, nothing else required except signature/date on this page only)**

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature: *Patrick M. Patton* **Date:** 1/18/19

Print your name: PATRICK M PATTON COO/CEO

OFFICIAL POSITION/NAME (* Denotes Incumbent)

COUNTY EXECUTIVE James J. Tedesco (D)*

Norman Schmelz (R)

SHERIFF Anthony Cureton (D)*

John M. DeLoranzo III (R)

Michael Sandino (D)

¹ This form shall be updated periodically to reflect new elected officials and candidates for office. However, it shall maintain the format and required disclosures contained herein.



County of Bergen
"Sunshine Form" for Disclosure of Political Contributions
Please fill out and attach to each resolution

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

- (A) **VENDOR NAME or SPECIAL COUNSEL NAME** Care Finders Total Care LLC
VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 611 Rt 46 West, Suite 200
Hasbrouck Heights, NJ 07604
VENDOR TELEPHONE NUMBER 551-223-1441 **FAX#** 201-621-4325
VENDOR REPRESENTATIVE NAME (Please Print) Sanford G. Hausner
VENDOR EMAIL ADDRESS Trollins@carefinders.org
VENDOR REPRESENTATIVE SIGNATURE Sanford G. Hausner **DATE** 1-14-19
- (B) **THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.**

- (C) **CAMPAIGN CONTRIBUTIONS MADE BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:**
- (D) ☒ **No contributions (sign below and return, nothing else required except signature/date on this page only)**

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature: Sanford G. Hausner **Date:** 1-14-19
Print your name: Sanford G. Hausner

OFFICIAL POSITION/ NAME (* Denotes Incumbent)

COUNTY EXECUTIVE	James J. Tedesco (D)*	_____
	Norman Schmelz (R)	_____
SHERIFF	Anthony Cureton (D)*	_____
	John M. Delorenzo II (R)	_____
	Michael Saudino (D)	_____

¹ This form shall be updated periodically to reflect new elected officials and candidates for office. However, it shall maintain the format and required disclosures contained herein.
 12/6/2018



County of Bergen
"Sunshine Form" for Disclosure of Political Contributions
Please fill out and attach to each resolution.

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

(A) VENDOR NAME or SPECIAL COUNSEL NAME Casa Home Care Inc

VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS _____

100 Scales Plaza Suite 100 Clifton NJ 07013

VENDOR TELEPHONE NUMBER 201-474-8063 FAX: # 201-905-8050

VENDOR REPRESENTATIVE NAME (Please Print) Victoria Goldfeld

VENDOR EMAIL ADDRESS ca@homecare@yahoo.com

VENDOR REPRESENTATIVE SIGNATURE V. Goldfeld DATE 01/31/19

(B) THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.

(C) CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:

(D) ☒ No contributions (sign below and return, nothing else required except signature/date on this page only)

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature: V. Goldfeld

Date: 01/31/19

Print your name: Victoria Goldfeld

OFFICIAL POSITION/ NAME (* Denotes Incumbent)

COUNTY EXECUTIVE James J. Tedesco (D)*

Norman Schmelz (R)

SHERIFF

Anthony Curston (D)*

¹ This form shall be updated periodically to reflect new elected officials and candidates for office. However, it shall maintain the format and required disclosures contained herein.

12/6/2018



County of Bergen

"Sunshine Form" for Disclosure of Political Contributions

Please fill out and attach to each resolution

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

(A) VENDOR NAME or SPECIAL COUNSEL NAME CLASSIC ELITE HOME CARE SERVVENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 492-C CEDAR LANE #106
TEANECK, NJ 07666VENDOR TELEPHONE NUMBER (201) 546-2464 FAX # 201-862-9727VENDOR REPRESENTATIVE NAME (Please Print) BONEY ODOEMELAMVENDOR EMAIL ADDRESS Info@ClassicEliteHomeCare.comVENDOR REPRESENTATIVE SIGNATURE [Signature] DATE 1/23/19

(B) THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.

CLARA ODOEMELAM

(C) CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:

(D) ☒ No contributions (sign below and return, nothing else required except signature/date on this page only)

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature [Signature] Date 1/23/19Print your name: BONEY ODOEMELAM

OFFICIAL POSITION/NAME (* Denotes Incumbent)

COUNTY EXECUTIVE James J. Tedesco (D)*

Norman Schultz (R)

SHERIFF

Anthony Cureton (D)*

John M. DeLorenzo III (R)

Michael Scudino (D)

¹ This form shall be updated periodically to reflect new elected officials and candidates for office. However, it shall maintain the format and required disclosures contained herein.



County of Bergen
 "Sunshine Form" for Disclosure of Political Contributions
 "Please fill out and attach to each resolution"

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

(A) VENDOR NAME or SPECIAL COUNSEL NAME Spectrum for Living Group Homes, Inc.
 VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 210 Rivervale Road, Suite 3
River Vale, NJ 07675
 VENDOR TELEPHONE NUMBER (201) 358-8000 FAX# (201) 358-8088
 VENDOR REPRESENTATIVE NAME (Please Print) Thomas J. Donahue, Chief Programs Officer
 VENDOR EMAIL ADDRESS tjdonahue@spectrumforliving.org
 VENDOR REPRESENTATIVE SIGNATURE [Signature] DATE 1/16/19

(B) THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.

N/A

(C) CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:

(D) ☒ No contributions (sign below and return, nothing else required except signature/date on this page only)

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature: [Signature]

Date: 1/16/19

Print your name: Thomas J. Donahue

OFFICIAL POSITIONS NAME (* Denotes Incumbent)

COUNTY EXECUTIVE James J. Tedesco (D)*

Honora Schmeitz (R)

SHERIFF Anthony Corlino (D)*

John M. Dylawski III (R)

Michael Sandino (D)

¹ This form shall be updated periodically to reflect new elected officials and candidates for office. However, it shall maintain the format and required disclosures contained herein.
 12/6/2018



County of Bergen
"Sunshine Form" for Disclosure of Political Contributions
Please fill out and attach to each resolution

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

- (A) **VENDOR NAME or SPECIAL COUNSEL NAME:** Bergen New Bridge Medical Center
VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS: 230 East Ridgewood Avenue, Paramus, NJ 07652
VENDOR TELEPHONE NUMBER (201)- 267 - 4111 **FAX # (201)- 267 - 4014**
VENDOR REPRESENTATIVE NAME (Please Print) Deborah Visconi
VENDOR EMAIL ADDRESS DVisconi@newbridgehealth.org
VENDOR REPRESENTATIVE SIGNATURE Deborah Visconi **DATE** 3/5/2019
- (B) **THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.**

- (C) **CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:**
- (D) **X No contributions (sign below and return, nothing else required except signature/date on this page only)**

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature: Deborah Visconi **Date:** 3/5/2019

Print your name: Deborah D. Visconi

OFFICIAL POSITION/NAME (* Denotes Incumbent)

COUNTY EXECUTIVE	James J. Tedesco (D)*	_____
	Norman Schmelz (R)	_____
SHERIFF	Anthony Cureton (D)*	_____
	John M. Delorenzo III (R)	_____
	Michael Saudino (D)	_____
	Other _____	_____



County of Bergen
"Sunshine Form" for Disclosure of Political Contributions
Please fill out and attach to each resolution

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

- (A) **VENDOR NAME or SPECIAL COUNSEL NAME** Eastern Christian Children's Retreat
VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 700 Mountain Ave., Wyckoff, NJ 07481
-
- VENDOR TELEPHONE NUMBER** 201-818-8003 **FAX #** 201-847-9619
- VENDOR REPRESENTATIVE NAME** (Please Print) Jayne Press, Executive Director
VENDOR EMAIL ADDRESS ecctrin@ecctreretreat.org
- VENDOR REPRESENTATIVE SIGNATURE** [Signature] **DATE** January 14, 2018
- (B) **THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.**
-
- (C) **CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:**
- (D) ☒ **No contributions (sign below and return, nothing else required except signature/date on this page only)**

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature: [Signature]

Date: January 14, 2019

Print your name: Jayne Press

OFFICIAL POSITION/ NAME (* Denotes Incumbent)

COUNTY EXECUTIVE	James J. Tedesco (D)*	<u>None</u>
	Norman Schmeltz (R)	<u>None</u>
SHERIFF	Anthony Cureton (D)*	<u>None</u>
	John M. DeLorenzo III (R)	<u>None</u>
	Michael Saucino (D)	<u>None</u>

¹ This form shall be updated periodically to reflect new elected officials and candidates for office. However, it shall maintain the format and required disclosures contained herein.



County of Bergen
"Sunshine Form" for Disclosure of Political Contributions
Please fill out and attach to each resolution

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

(A) **VENDOR NAME or SPECIAL COUNSEL NAME** Christian Health Care Center

VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 301 Sicomac Avenue, Wyckoff, NJ 07481

VENDOR TELEPHONE NUMBER (201) 248 - 5200 **FAX# (20) 648-9758**

VENDOR REPRESENTATIVE NAME (Please Print) Douglas A. Struyk, President & CEO

VENDOR EMAIL ADDRESS dstruyk@chccn.org

VENDOR REPRESENTATIVE SIGNATURE  **DATE** 1/16/19

(B) **THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.**

None; 501 (c) 3 Non Profit Corporation

(C) **CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:**

(D) ☒ **No contributions (sign below and return, nothing else required except signature/date on this page only)** Not paid - N/A

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature:  **Date:** 1/16/19

Print your name: Douglas A. Struyk

OFFICIAL POSITION/ NAME (* Denotes Incumbent)

COUNTY EXECUTIVE James J. Todeseo (D)*

Norman Schmelz (R)

SHERIFF Anthony Corelon (D)*

John M. Delorenzo III (R)

Michael Saudino (D)



County of Bergen
 "Sunshine Form" for Disclosure of Political Contributions
 "Please fill out and attach to each resolution"

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

- (A) VENDOR NAME or SPECIAL COUNSEL NAME Spectrum For Living Group Homes, Inc.
 VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 210 Rivervale Road, Suite 3
River Vale, NJ 07675
 VENDOR TELEPHONE NUMBER 201-358-8000 FAX 201-358-8089
 VENDOR REPRESENTATIVE NAME Thomas J. Donahue, Chief Programs Offi.
 VENDOR EMAIL ADDRESS tjdonahue@spectrumforliving.org
 VENDOR REPRESENTATIVE SIGNATURE [Signature] DATE 1/16/19

- (B) THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION

N/A

- (C) CAMPAIGN CONTRIBUTIONS MADE BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:

- (D) ☒ No contributions (sign below and return, nothing else required except signature/date on this page only)

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to prosecution.

Signature: [Signature]

Date: 1/16/19

(Print your name) Thomas J. Donahue

COUNTY EXECUTIVE James J. Tedesco (D)*

SHERIFF

Norman Schmidt (R)

Anthony Curran (D)*

John M. DelBene (R) (K)

Michael Scudino (D)

* This form shall be updated periodically to reflect new elected officials and candidates for office. However, it shall maintain the format and required disclosures contained herein.
 12/6/2018



County of Bergen
"Sunshine Form" for Disclosure of Political Contributions
Please fill out and attach to each resolution

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

(A) **VENDOR NAME or SPECIAL COUNSEL NAME** PHNJ LLC
VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 38 N. Central Ave.
Ramsey NJ 07446
VENDOR TELEPHONE NUMBER (201) 361-7070 **FAX #** (201) 361-7060
VENDOR REPRESENTATIVE NAME (Please Print) Aldy Mejia
VENDOR EMAIL ADDRESS Aldy.Mejia@phnj.com
VENDOR REPRESENTATIVE SIGNATURE Aldy Mejia **DATE** 2/8/19

(B) **THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.**

Richard Thompson

(C) **CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:**

(D) ☒ **No contributions (sign below and return, nothing else required except signature/date on this page only)**

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature: Aldy Mejia

Date: 2/8/19

Print your name: Aldy Mejia

OFFICIAL POSITION/ NAME (* Denotes Incumbent)

COUNTY EXECUTIVE James J. Tedesco (D)*

Norman Schmelz (R)

SHERIFF

Anthony Cureton (D)*

John M. DeLorenzo III (R)

Michael Saudino (D)

¹ This form shall be updated periodically to reflect new elected officials and candidates for office. However, it shall maintain the format and required disclosures contained herein.
12/6/2018



County of Bergen
"Sunshine Form" for Disclosure of Political Contributions
Please fill out and attach to each resolution

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

(A) VENDOR NAME or SPECIAL COUNSEL NAME VAN DYK PARK PLACE
 VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 644 GOFFLE ROAD

VENDOR TELEPHONE NUMBER (973) 636-7000 FAX # (973) 304-0634

VENDOR REPRESENTATIVE NAME (Please Print) TODD ARONSON

VENDOR EMAIL ADDRESS todd@vandykhealthcare.com

VENDOR REPRESENTATIVE SIGNATURE Todd Aronson DATE 2-4-19

(B) THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.

Robert Van Dyk
VAN DYK HEALTHCARE

(C) CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:

(D) ☒ **No contributions (sign below and return, nothing else required except signature/date on this page only)**

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature: Thomas C. Lanza Date: 2-1-19

Print your name: Thomas C. LANZA

OFFICIAL POSITION/NAME (* Denotes Incumbent)

COUNTY EXECUTIVE	James J. Tedesco (D)*	_____
	Norman Schmelz (R)	_____
SHERIFF	Anthony Cureton (D)*	_____
	John M. DeLorenzo III (R)	_____
	Michael Saudino (D)	_____

¹ This form shall be updated periodically to reflect new elected officials and candidates for office. However, it shall maintain the format and required disclosures contained herein.

12/6/2018



County of Bergen
"Sunshine Form" for Disclosure of Political Contributions
"Please fill out and attach to each resolution"

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

(A) **VENDOR NAME or SPECIAL COUNSEL NAME** Broadway Respite & Home Care

VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 17-17 Broadway Fair Lawn, NJ 07410

VENDOR TELEPHONE NUMBER (201) 703-3980 **FAX#** (201) 703-3984

VENDOR REPRESENTATIVE NAME (Please Print) Patrick M. Patton COO/CFO

VENDOR EMAIL ADDRESS patrick.patton@icare.com

VENDOR REPRESENTATIVE SIGNATURE *Patrick M. Patton* **DATE** 1/18/19

(B) **THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.**

Zhanna Basins CEO (20%), FIG Growth Partner Fund II LP (80%) and Patrick Patton COO/CFO

(C) **CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:** None

(D) **X No contributions (sign below and return, nothing else required except signature/date on this page only)**

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature: *Patrick M. Patton* **Date:** 1/18/19

Print your name: PATRICK M. PATTON COO/CFO

OFFICIAL POSITION/NAME (* Denotes Incumbent)

COUNTY EXECUTIVE James J. Tedesco (D)*

Normen Schmeiz (R)

SHERIFF Anthony Curton (D)*

John M. DeLorenzo III (R)

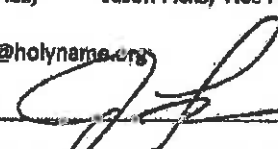
Michael Sardino (D)

¹ This form shall be updated periodically to reflect new elected officials and candidates for office. However, it shall maintain the format and required disclosures contained herein.
12/6/2018



County of Bergen
"Sunshine Form" for Disclosure of Political Contributions
Please fill out and attach to each resolution

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

- (A) **VENDOR NAME or SPECIAL COUNSEL NAME** "Day Away" Adult Medical Day Care
VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 725 Teaneck Rd, Teaneck, NJ 07666
VENDOR TELEPHONE NUMBER (201) 833-3757
VENDOR REPRESENTATIVE NAME (Please Print) Jason Ficks, Vice President, Post-Acute Services
VENDOR EMAIL ADDRESS Ficks@holyname.org
VENDOR REPRESENTATIVE SIGNATURE  **DATE** 1/22/2019
- (B) **THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.**
"Day Away" Adult Medical Day Care is a department of Holy Name Medical Center, a 501(c)(3) organization with no shareholders/owners.
-
- (C) **CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:**
- (D) ☒ **No contributions (sign below and return, nothing else required except signature/date on this page only)**

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature: 

Date: January 22, 2019

Print your name: Catherine Yaxley, Vice President, Data Science & Regulatory Affairs

OFFICIAL POSITION/NAME (* Denotes Incumbent)

COUNTY EXECUTIVE James J. Tedesco (T)*

Norman Schmelz (C)

SHERIFF Anthony Curton (C)*

John M. DeLorenzo (D) (R)

Michael Saudino (D)

Other _____

¹ This form shall be updated periodically to reflect new elected officials and candidates for office. However, it shall maintain the format and required disclosures contained herein.



County of Bergen
"Sunshine Form" for Disclosure of Political Contributions
Please fill out and attach to each resolution

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

- (A) VENDOR NAME or SPECIAL COUNSEL NAME WEDNESDAY CENTER
 JEWISH HOME AT MONMOUTH
 VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 10 HIGH DRIVE
ROCKLEDGE NJ 07647
 VENDOR TELEPHONE NUMBER 201-750-1423 FAX # 201-750-4257
 VENDOR REPRESENTATIVE NAME (Please Print) CHARLES V. LORRICK
 VENDOR EMAIL ADDRESS CYANUS@JEWISHHOME-USA.ORG
 VENDOR REPRESENTATIVE SIGNATURE Charles V. Lorricks DATE 1/15/19
- (B) THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.
- _____
- _____
- _____
- (C) CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:
- (D) ☒ No contributions. (sign below and return, nothing else required except signature/date on this page only)

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature: Charles V. Lorricks Date: 1/15/19

Print your name: Charles V. Lorricks

OFFICIAL POSITION/NAME (* Denotes Incumbent)

COUNTY EXECUTIVE James J. Tedesco (D)*

Norman Schmelz (R)

SHERIFF

Anthony Cireton (D)*

John M. Delorenzo III (R)

Michael Saudino (D)

¹ This form shall be updated periodically to reflect new elected officials and candidates for office. However, it shall maintain the format and required disclosures contained herein.



County of Bergen
"Sunshine Form" for Disclosure of Political Contributions
Please fill out and attach to each resolution

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

- (A) **VENDOR NAME or SPECIAL COUNSEL NAME** Long Life ADC
VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 576 Anderson Avenue
Suite 10, Cliffside Park, N.J. 07010
VENDOR TELEPHONE NUMBER 201-913-7111 **FAX #** 201-943-8859
VENDOR REPRESENTATIVE NAME (Please Print) Ella Efron
VENDOR EMAIL ADDRESS longlife.cliffsides@gmail.com
VENDOR REPRESENTATIVE SIGNATURE [Signature] **DATE** 1/14/19
- (B) **THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.**
Ella Efron
Anna Efron
Emma Meyerovitch
- (C) **CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:**
- (D) ☒ **No contributions (sign below and return, nothing else required except signature/date on this page only)**

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signatures: [Signature]

Date: 1/14/19

Print your name: Ella Efron

OFFICIAL POSITION/NAME (* Denotes Incumbent)

COUNTY EXECUTIVE James J. Tedesco (D)*

Norman Schmelz (R)

SHERIFF Anthony Cureton (D)*

John M. Delorenzo III (R)

Michael Saudino (D)

N/A



County of Bergen
"Sunshine Form" for Disclosure of Political Contributions
Please fill out and attach to each resolution

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

- (A) VENDOR NAME or SPECIAL COUNSEL NAME Vantage Health System, Inc.
 VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 2 Park Avenue Dumont, NJ 07628
 VENDOR TELEPHONE NUMBER (201) - 385 - 4400 FAX # (201) 385 - 2309
 VENDOR REPRESENTATIVE NAME (Please Print) Victoria L. Sidrow President/CEO
 VENDOR EMAIL ADDRESS 2 Park Avenue Dumont NJ 07628
 VENDOR REPRESENTATIVE SIGNATURE Victoria L. Sidrow DATE 1-22-19
- (B) THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.
N/A NON PROFIT ORGANIZATION
- (C) CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:
- (D) ☒ **No contributions (sign below and return, nothing else required except signature/date on this page only)**

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature: Victoria L. Sidrow Date: 1-22-19
 Print your name: Victoria L. Sidrow President/CEO

OFFICIAL POSITION/ NAME (* Denotes Incumbent)

COUNTY EXECUTIVE	James J. Tedesco (D)*	_____
	Norman Schmelz (R)	_____
SHERIFF	Anthony Careton (D)*	_____
	John M. DeIorenzo III (R)	_____
	Michael Saudino (D)	_____
	Other _____	_____



County of Bergen
"Sunshine Form" for Disclosure of Political Contributions
"Please fill out and attach to each resolution"

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

(A) **VENDOR NAME or SPECIAL COUNSEL NAME** Christian Health Care Center
VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 301 Siemore Avenue, Wyckoff, NJ 07481
VENDOR TELEPHONE NUMBER (201) 846 - 5200 **FAX # (201)** 846-9758
VENDOR REPRESENTATIVE NAME (Please Print) Douglas A. Struyk, President & CEO
VENDOR EMAIL ADDRESS dstruyk@chccnri.org
VENDOR REPRESENTATIVE SIGNATURE [Signature] **DATE** 1/16/19

(B) **THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.**

None; 501 (c) 3 Non Profit Corporation

(C) **CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:**

(D) ☒ **No contributions (sign below and return, nothing else required except signature/date on this page only)** None paid - N/A

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature: [Signature]

Date: 1/16/19

Print your name: Douglas A. Struyk

OFFICIAL POSITION/NAME (* Denotes Incumbent)

COUNTY EXECUTIVE James J. Tedesco (D)*

Norman Schuchz (R)

SHERIFF Anthony Cureton (D)*

John M. DeLorenzo III (R)

Michael Scudino (D)

¹ This form shall be updated periodically to reflect new elected officials and candidates for office. However, it shall maintain the format and required disclosures contained herein.
12/6/2018



County of Bergen
"Sunshine Form" for Disclosure of Political Contributions
Please fill out and attach to each resolution

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

- (A) VENDOR NAME or SPECIAL COUNSEL NAME Good Shepherd Food Bank Inc.
 VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 775 Monty Road, N.J.
LYNDHURST, NJ 07071
 VENDOR TELEPHONE NUMBER (201) 993-0711 FAX # (201) 993-0611
 VENDOR REPRESENTATIVE NAME (Please Print) Enrico Rivera
 VENDOR EMAIL ADDRESS goodshepard.lyndhurstnj@gmail.com
 VENDOR REPRESENTATIVE SIGNATURE [Signature] DATE 1/4/18
- (B) THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.
- (C) CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:
- (D) ☒ No contributions (sign below and return, nothing else required except signature/date on this page only)

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature: [Signature]

Date: 1/4/18

Print your name: Enrico Rivera

OFFICIAL POSITION/ NAME (* Denotes Incumbent)

COUNTY EXECUTIVE James J. Tedesco (D)*

Norman Schmeltz (R)

SHERIFF Anthony Cureton (D)*

John M. Delorenzo III (R)

Michael Saudino (D)



County of Bergen

"Sunshine Form" for Disclosure of Political Contributions

Please fill out and attach to each resolution

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

- (A) VENDOR NAME or SPECIAL COUNSEL NAME Kaplan JCC on the Palisades
 VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS Taub Camp 45
911 E Clinton Ave, Tenafly NJ 07670
 VENDOR TELEPHONE NUMBER (201) 404-4422 FAX # (201) 569-7448
 VENDOR REPRESENTATIVE NAME (Please Print) Kevin Cunningham
 VENDOR EMAIL ADDRESS Kcunningham@jccotp.org
 VENDOR REPRESENTATIVE SIGNATURE [Signature] DATE 01/15/19

- (B) THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.

- (C) CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:

- (D) ☒ No contributions (sign below and return, nothing else required except signature/date on this page only)

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature

Date

Print your name: Kevin Cunningham-CFO

OFFICIAL POSITION/NAME (* Denotes Incumbent)

COUNTY EXECUTIVE

James J. Tedesco (D)*

Norman Schmelz (R)

SHERIFF

Anthony Curton (D)*

John M. DeLorenzo III (R)

Michael Sandino (D)

This form shall be updated periodically to reflect new elected officials and candidates for office. However, it shall maintain the format and required disclosures contained herein.

12/6/2018



County of Bergen
"Sunshine Form" for Disclosure of Political Contributions
Please fill out and attach to each resolution

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

(A) **VENDOR NAME or SPECIAL COUNSEL NAME** Spectrum for Living Group Homes, Inc.
VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 210 Rivervale Road, Suite 3
River Vale, NJ 07675
VENDOR TELEPHONE NUMBER (201) 358-8000 **FAX #** (201) 358-8089
VENDOR REPRESENTATIVE NAME (Please Print) Thomas J. Donahue, Chief Programs Officer
VENDOR EMAIL ADDRESS tjdonahue@spectrumforliving.org
VENDOR REPRESENTATIVE SIGNATURE [Signature] **DATE** 1/16/19

(B) **THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.**

N/A

(C) **CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:**

(D) ☒ **No contributions (sign below and return, nothing else required except signature/date on this page only)**

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature: [Signature] **Date:** 1/16/19
Print your name: Thomas J. Donahue

OFFICIAL POSITION/ NAME (* Denotes Incumbent)

COUNTY EXECUTIVE James J. Tedesco (D)*

Norman Schmelz (R)

SHERIFF Anthony Cureton (D)*

John M. Delorenzo III (R)

Michael Saudino (D)

¹ This form shall be updated periodically to reflect new elected officials and candidates for office. However, it shall maintain the format and required disclosures contained herein.



County of Bergen
"Sunshine Form" for Disclosure of Political Contributions
Please fill out and attach to each resolution

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

(A) VENDOR NAME or SPECIAL COUNSEL NAME ATT Corp Joyce
 VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 985 Livingston Ave.
Norm Bunslock, NJ 07960
 VENDOR TELEPHONE NUMBER 202-337-8279 FAX # 202-337-8279
 VENDOR REPRESENTATIVE NAME (Please Print) Nicole Davis-Gardner
 VENDOR EMAIL ADDRESS ngardner@attcorpjoyce.org
 VENDOR REPRESENTATIVE SIGNATURE Nicole Davis DATE 1/11/19

(B) THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION

(C) CAMPAIGN CONTRIBUTIONS MADE BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:

(D) ☒ **No contributions** (sign below and return, nothing else required except signature/date on this page only)

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature: Nicole Davis

Date: 1/11/19

Print your name: Nicole Davis

OFFICIAL POSITION/ NAME (* Denotes Incumbent)

COUNTY EXECUTIVE James J. Tedesco (D)*

Norman Schmeiz (R)

SHERIFF Anthony Cureton (D)*

John M. Delorenzo III (R)

Michael Saudino (D)



County of Bergen
"Sunshine Form" for Disclosure of Political Contributions
Please fill out and attach to each resolution

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

- (A) **VENDOR NAME or SPECIAL COUNSEL NAME** THARZO BERGEN PASSAD
VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 223 MOUNT ST
HALLMAN NJ 07601
VENDOR TELEPHONE NUMBER 201 343 0322 **FAX #** 201 343 0401
VENDOR REPRESENTATIVE NAME (Please Print) ALICE SIEGEL
VENDOR EMAIL ADDRESS ASIEGEL@ARZOP.COM
VENDOR REPRESENTATIVE SIGNATURE *[Signature]* **DATE** 1/14/19
- (B) **THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE 10K OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.**
Kathy Walsh President/CEO
Catherine Paslanti VP/CFO
Alice Siegel, Sr VP
- (C) **CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:**
- (D) ☒ **No contributions (sign below and return, nothing else required except signature/date on this page only)**

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature: *[Signature]*

Date: 1/14/19

Print your name: Alice Siegel

OFFICIAL POSITION/NAME (* Denotes Incumbent)

COUNTY EXECUTIVE James J. Tedesco (D)*

Norman Schmelz (R)

SHERIFF Anthony Cureton (D)*

John M. DeLorenzo III (R)

Michael Saudino (D)

¹ This form shall be updated periodically to reflect new elected officials and candidates for office. However, it shall maintain the format and required disclosures contained herein.



County of Bergen
"Sunshine Form" for Disclosure of Political Contributions
Please fill out and attach to each resolution

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

(A) **VENDOR NAME or SPECIAL COUNSEL NAME** Camp Sunshine + Camp Snowflake, Inc.
VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS P.O. Box 99
Ridgewood, NJ 07451-0099
VENDOR TELEPHONE NUMBER (201) 652-1755 **FAX #** (973) 628-0084
VENDOR REPRESENTATIVE NAME (Please Print) Kimberly DaSilva
VENDOR EMAIL ADDRESS Kdasilva1@optonline.net
VENDOR REPRESENTATIVE SIGNATURE Kimberly DaSilva **DATE** 1/14/19

(B) **THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE IOK OR IOQ FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.**

(C) **CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS:**

(D) ☒ **No contributions (sign below and return, nothing else required except signature/date on this page only)**

I made no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a deliberate misstatement I may be subject to punishment.

Signature Kimberly DaSilva **Date:** 1/14/19
Print your name: Kimberly DaSilva

OFFICIAL POSITION/ NAME (* Denotes Incumbent)

COUNTY EXECUTIVE James J. Tedesco (D)*
 Norman Schmelz (R)
SHERIFF Anthony Cureton (D)*
 John M. DeLorenzo III (R)
 Michael Saudino (D)

none

¹ This form shall be updated periodically to reflect new elected officials and candidates for office. However, it shall maintain the format and required disclosures contained herein.

12/6/2018