

DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS (A) VENDOR NAME or SPECIAL COUNSEL NAME_ VENDOR TELEPHONE NUMBER (201)- 541-FAX#(-20)- 541 - 7117 VENDOR REPRESENTATIVE NAME (Please Print) **VENDOR EMAIL ADDRESS** VENDOR REPRESENTATIVE SIGNATURÉ THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE ION OR 10Q FORMS REQUIRED TO BE FILED WITH THE **(B)** FEDERAL SECURITIES AND EXCHANGE COMMISSION. CAMPAIGN CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) (C) (ABOVE) DURING THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS AND CONSTITUTIONAL OFFICERS: No contributions (sign below and return, nothing else required except **(D)** 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. Print your name: OFFICIAL POSITION/ NAME (* Denotes Incumbent) COUNTY EXECUTIVE James J. Tedesco (D)* Norman Schmetz (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



(A)	VENDOR NAM	I or SPECIAL COUNSEL NAME_	Accredited Health Services, INC	
	VENDOR ADD	RESS or SPECIAL COUNSEL ADDR	ESS 235 Moore street Hackensack,]	NJ 07601
	VENDOR TELE	EPHONE NUMBER (201)	- 8544 FAX # (201_)- 342 - 8477	
		RESENTATIVE NAME (Please Print)	Jeniffer Rued	la
	VENDOR EMA	LADDRESS Ougday	a) accradited his com.	
	VENDOR REPR	ESENTATIVE SIGNATURE	DATE !	28 19
(B)	COLUMNIA OLL	IE PARTNERS OR SHAREHOLDERS OR I ICERS AND DIRECTORS AS FOUND ON ' ITIES AND EXCHANGE COMMISSION.	F A PUBLIC CORPORATION, THE NAME OF THE IOK OR 10Q FORMS REQUIRED TO BE	F THE FILED WITH THE
(C)	CAMPAIGN CONT (ABOVE) DURING AND CONSTITUTE	LIBS CRIVIC PURE GUIRRENT CALMIUDAR	L(S) AND/OR BUSINESS ENTITY LISTED IN LYEAR TO THE FOLLOWING NAMED BLEC	(a) or (b) Ted officials
(D)	□X No consignature/date	atributions (sign below a te on this page only)	nd return, nothing else requ	ilred except
	I made i deliberat	o contributions and certify the foregoing e missintement i may be subject to punishin	to be true to the best of my knowledge and	if I have roade a
		Signature:	ill Dates 125	119
		Print your names Lottle of	weak	
OFFICIA COUNTY	L POSITION/NAME EXECUTIVE	Denotes Incumbent) James J. Tedesco (D)*	None	
		Norman Schmelz (R)	None	
Sheriff		Anthony Curcton (D)*	None	
		John M. Delorenzo III (R)	None	
		Michael Saudino (D)	None	
		Other	None	·

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(A)	VENDOR NAM	TE OF SPECIAL COUNSEL NAME ALWAYS THERE OF BERGEN COUNTY, IN
	VENDOR ADD	RESS OF SPECIAL COUNSEL ADDRESS 191 MAIN STREET
		HACKENSACK, NJ 07601
	VENDOR TEL	ephone number (20) 287.0400 FAX#(30)-646 - 9640
	VENDOR REP	RESENTATIVE NAME (Please Print) BARBARA OLIVER
	VENDOR EMA	IL ADDRESS ALWAYSTHERE HAR & G-MAIL.COM
	VENDOR REP	RESENTATIVE SIGNATURE BAUBAA Clina DATE 1/19/19
(B)	CORPORATE OF	HE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE PICERS AND DIRECTORS AS FOUND ON THE IOK OR 10Q FORMS REQUIRED TO BE FILED WITH THE RITIES AND EXCHANGE COMMISSION.
	ROSALI	ud minicazh
(C)	(ABOVE) DURIN	TRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) G THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS FIONAL OFFICERS:
(D)		ntributions (sign below and return, nothing else required except ate on this page only)
	I made deliber:	no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a ate misstatement I may be subject to punishment.
		Signature: Barbara Clin Date: 1/8/19
		Signature: Barbara Oliw Date: 1/8/19 Print your name: BARBARA OLIVER
OFFICL	AL P <u>OSITION</u> / NAM	E (* Denotes Incumbent)
	Y EXECUTIVE	James J. Tedesco (D)*
		Norman Schmelz (R)
SHERIF	Ţ	Anthony Cureton (D)*
		John M. Delorenzo III (R)
		Michael Saudino (D)

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(A)	VENDOR NAME or SPECIAL COURSEL NAME Broedway Respite & Home Care
	VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 17-17 Broadway Fair Laws, NJ 07410
19	VENDOR TELEPHONE NUMBER (201) 703 - 3980 FAX # (201) - 703 - 3984
,	VENDOR REPRESENTATIVE NAME (Plosso Print) Patrick M. Pation COO/CFO
,	PENDOR EMAIL ADDRESS patrick patron@jkcare.com
•	PENDOR REPRESENTATIVE SIGNATURE WESTER DATE 1/18/19
(HE 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 10Q FORMS REQUIRED TO BE FILED WITH THE EDERAL SECURITIES AND EXCHANGE COMMISSION.
2	hanna Basha CEO (20%), HIG Growth Partner Fund II LP (30%) and Patrick Patton COO/CEO
(D) 2	Ampaign 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 No contributions (sign below and return, nothing else required except gnaturo/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 usede a deliberate misstatement I may be subject to posistament. Signature:
OFFICIAL PO	OSITICA/ NAME (* Denotes Incumbent)
COUNTY EX	ECUTIVE James J. Tedesco (D)*
	Norman Schmolz (R)
SHERIFF	Anthony Cureton (D)*
	John M. Deloranzo III (R)
	Michael Saudino (D)

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(A)	YENDOR NAM	ME or SPECIAL COUNSEL NAME Care Freders Total Care	LLC
	YENDOR ADI	DRESS OF SPECIAL COUNSEL ADDRESS 611 Rt 46 Wist	suite 200
	Hasbro.	such theights, NJ 07604	
	vendor tel	LEPHONE NUMBER 551 223 - 1441 FAX # 241-62	11-4325
	VENDOR REP	PRESENTATIVE NALE (Please Print) Santorii G. Hausni	
	VENDOR EMA	ALL ADDRESS Trollins & care finders org	
	VENDOR REP	PRESENTATIVE SIGNATURE SANJOND - LAUSTE DATE	1-14-19
(B)	CORPORATE OF	THE FARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAM FFICERS AND DIRECTORS AS FOUND ON THE IOK OR 10Q FORMS REQUIRED TO JRITIES AND EXCHANGE COMMISSION.	ME OF THE O BB FILED WITH THE
(C)	(ABOVE) DURIN	NTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LIST NG THE PRICR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ITIONAL OFFICERS:	ED IN (A) OR (B) BLECTED OFFICIALS
(D)	No consignature/de	ntributions (sign below and return, nothing else rate on this page only)	equired except
	I made deliber	e no contributions and certify the foregoing to be true to the best of my knowledge rate misstatement I may be subject to manishment.	
		Signature: / du ford / Laure Date:	14-19
		Print your name: Sontid G. Hausne	
OFFICIA	AL POSITION/ NAM	/E (* Denotes Incumbent)	
COUNT	Y EXECUTIVE	James J, Tedesto (D)	
		Norman Schmelz (R)	
SHERIF	7	Anthony Cureton (D)?	
		John M. Delorenzo II [*] (R)	
		Michael Saudino (D)	

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"Sunshine Form" for Disclosure of Political Continuous *Please fill out and attach to each resolution "

	DIRECT FI	NANCIAL DISC	LOSURE OF C	'AMPAIGN (CONTRIB	PONS		
(A)	VENDOR NA	ME or SPECIAL	COUNSEL NAM	E Casa	Hon		Care	Inc
	VENDOR AD	DRESS or SPECI	AL COUNSEL A	DDRESS_				1116
		Scales	Plazor.	Saite U	00 C	lifto	n NJ	- 07013
	VENDOR TE	LEPHONE NUME	ser (20)-47	8063	FA	:#(20)	905.80	50
	VENDOR RE	PRESENTATIVE	NAME (Please Prin	· Victo	ria	Copl	dfeld	_
	VENDOR EM	AIL ADDRESS	a sa home	CALL B	yaho	<u> </u>	ъ	_
	VENDOR REI	PRESENTATIVE :	SIGNATURE	V.	(or)	DA	TE 01/31)19
(B)	THE NAME OF TO CORPORATE OF THE PEDERAL SECU	THE PARTNERS OR FFICERS AND DIRECTIONS RITIES AND EXCH.	SHAREHOLDERS (CTORS AS FOUND ANGE COMMISSIO	or, if a public On the lok of N.	CORPORAT RIOQ FORMS	IN, THE N	IAME OF THE TO BE FILED	WITH THE
					<u>-</u>	•		
				<u> </u>				
(C)	CAMPAIGN CON (ABOVE) DURIN AND CONSTITU	TRIBUTIONS MAD G THE PRIOR AND HONAL OFFICERS:	E, BY ANY INDIVII CURRENT CALENI	DUAL(S) AND/O	R BUSINESS THE FOLLOW	NTITY LE	STED IN (A) O D BLECTED O	R (B) Officials
(D)	No consignature/da	riributions ite on this pag	(sign below se only)	and retur	n, noth fi	g else	required	except
	I made deliber:	uo contributions ap its missintement Juni Ar	od certify the forego	ing to be true t	o the best of	y knowled	ge and if I ha	a ebau svi
		Signature:	- (gry)_		Date	01/31	19	
		Print your name:	Victoria	Cold fe	d	1	•	
OFFICIAL	POSITION/NAME	(* Denotes Incumbe	<u>51)</u>					
COUNTY	EXECUTIVE	James J. Tedesco (I	D)*	<u></u>				
		Norman Schmelz (J	R)					
SHERIFF		Anthony Curston (I	O)*					
This for maintain 12/6/2013		ted periodically to equired disclosure	reflect new elec- es contained here	ted officials an	id candidate	for office	. However,	it shall



(A)	VENDOR NAME OF SPECIAL COUNSEL NAME CLASSIC ELITE HOWE CAKE SELVIU
	VENEOR ADDRESS OF SPECIAL COUNSEL ADDRESS 492 C COLAR LONG #101
	TEANECK, NJ 09666
	VENDOR TELEPHONE NUMBER (20) 546-2464 FAX # 201-862-9727
	VENDOR REPRESENTATIVE NAME (Place Print) BONGY BAGENELAM
	VENDOR EMAIL ADDRESS 12 fo & CLASSIC & Wite How Care
	VENDORREPRESENTATIVE SIGNATURE - NET 1/23/19
(B)	THE NAME OF THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORTITION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE TOK OR TOO FORMS REQUIRED TO BE FILED WITH THE PEDERAL SECURITIES AND EXCHANGE COMMISSION.
	CLARA OBDENELAM
(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)	de No contributions (sign below and return, nothing else required except signature/date on this page only)
	I made no contributious and certify the freegoing to be true to the best of my knowledge and if I have made a deliberate missiatement I may be subject to prophilizant.
	500 July 1/23/19
	Printyour names Bowley Officemethm
OFFICIAL	L POSITION/ NAME (* Concies Incrinchent)
COUNTY	EXECUTIVE James J. Tedesco (D)*
	Norman Schusziz (R)
SHERIFF	Anthony Cureton (D)*
	John M. Delorenzo III (R)
	Michael Saudino (D)

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(A)	DORNAME & SPECIAL COUNSEL NAME Spectrum for Living Group Romes, Inc.
1	DORADDRESS # SPECIAL COUNSELABORESS 210 Rivervale Road, Suite 3
	River Vale, NJ 07675
,	DOR TELEPHONE NUMBER (201) 358-8000 FAX 4 (201) 358-8089
1	DOR REPRESENTATIVE NAME Close Plant Thomas J. Donahue, Chief Programs Offic
	DOREMAIL ADDRESS Cidonahuesspectrumfofliving.org
7	DOR REPRESENTATIVE SIGNATURE DATE 1/16/19
	lame of the partners on sharefrolders of if a fublic corporation, the hamb of the orate officers and directors as found on the long of forms required to be filed with the bal securities and exchange commission.
-	N/A
_	
X (D) X	AIGH CONTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) TE) DURANG THE PRICE AND CURRENT CALENDAR YEAR TO THE POLLOWING NAMED ELECTED OFFICIALS ENTITY CONTRIBUTIONS (sign below and return, nothing else required except store/date on this page only)
	I made no contributious and excelly the foregoing to be tens to the best of any knowledge and if I have made a deliberate substratement I may be subject intended.
	Signature Date: 1/16/19
	god your man Thomas To Darafue
Priciality	CHARLET CONTRACTOR)
COUNTY EX	YTVII James J. Tedence (D)**
	Macania Schwelz (R)
Herity	Anthory Corean (D)*
	Joke 14. Delapson III (R)
	Michael Sandino (D)

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12/6/2018



(A)	VENDOR NAM	ME or SPECIAL COUNSE	L NAME: Bergen New Bridge Medical Center
	VENDOR ADI	RESS or SPECIAL COU	NSEL ADDRESS; 230 East Ridgewood Avenue, Paramus, NJ 07652
	VENDOR TEL	EPHONE NUMBER (201)- <u>967</u> - 4111 FAX # (201)- <u>967 - 4014</u>
	VENDOR REP	RESENTATIVE NAME (Please Print) Deborah Visconi
	VENDOR EMA	AIL ADDRESSDVi	scopi@newbridgehealth.org
	VENDOR REP	RESENTATIVE SIGNAT	URE Delive William DATE 3/5/2019
(B)	CORPORATE OF	HE PARTNERS OR SHAREH FICERS AND DIRECTORS A RITIES AND EXCHANGE CO	OLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE S FOUND ON THE IOK OR 100 FORMS REQUIRED TO BE FILED WITH THE
(C)	(ABOVE) DURIN	itributions made, by an G the prior and curren Tional officers:	TY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) T CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS
(D)	X No cor signature/da	ntributions (sign ate on this page only	below and return, nothing else required except)
	I made deliber	no contributions and certify ate misstatement They be sub- Signature:	the foregoing to be true to the best of my knowledge and if I have made a ject to punishment. Date: 3/5/2019
		Print your namesDebor	ah D. Visconi
OFFICIA	L POSITION/ NAM	E (* Denotes Incumbent)	
COUNTY	EXECUTIVE	James J. Tedesco (D)*	
		Norman Schmelz (R)	
SHERIFF		Anthony Cureton (D)*	
		John M. Delorenzo III (R)	
		Michael Saudino (D)	122
		Other	

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VENDOR NA	ME or SPECIAL COUNSEL NA	AME Bastern Circlation Children's Retreat
VENDOR AD	DRESS or SPECIAL COUNSEI	ADDRESS 700 Mountain Ave., Wyckoff, NJ 07481
VENDOR TE	LEPHONE NUMBER 201-848-80	05 FAX # 201-847-9619
VENDOR RE	PRESENTATIVE NAME (Please	Print) Jayne Press, Executive Director
VENDOR EM	AIL ADDRESS eccrip@eccretres	atog
VENDOR REI	Presentative signature	DATE January 14, 2618
CORPORATE OF	THE PARTNERS OR SHAREHOLDI FFICERS AND DIRECTORS AS FOI JRITIES AND EXCHANGE COMME	ERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE UND ON THE IOK OR IOQ FORMS REQUIRED TO BE FILED WITH THE SSION.
AND CONSTITU	ig the prior and current ca itional officers: intributions (sign bel	DIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) LENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS OW and return, nothing else required except
AND CONSTITU	IG THE PRIOR AND CURRENT CA ITIONAL OFFICERS:	LENDAR YEAR TO THE FOLLOWING NAMED BLECTED OFFICIALS
ABOVE DURINAND CONSTITU X No co signature/G	ig the prior and current ca tional officers: ntributions (sign bel ate on this page only)	DENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS OW ELL PETUTE, mothing else required except foregoing to be true to the bost of my knowledge and if I have made
ABOVE DURINAND CONSTITU X No co signature/G	of the PRIOR AND CURRENT CA TIONAL OFFICERS: Intributions (sign bel ate on this page only) E no contributions and certify the i	OW End return, nothing else required except foregoing to be true to the bost of my knowledge and if I have made
ABOVE DURINAND CONSTITU X No co signature/G	ate on this page only) are me contributions and certify the intermediate metals at the subject to the subject	DENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS OW End return, nothing else required except foregoing to be true to the best of my knowledge and if I have made a punishment.
(ABOVE) DURINAND CONSTITU X No co signature/d I made deliber	ate on this page only) ate contributions and certify the contributions are contributions.	DENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS OW End return, nothing else required except foregoing to be true to the best of my knowledge and if I have made a punishment.
(ABOVE) DURINAND CONSTITU X No co signature/d I made deliber	of the PRIOR AND CURRENT CARTIONAL OFFICERS: Intributions (sign belief on this page only) are on this page only) and certify the frate misstatement I may be subject to structure: Structure: Print your name: layno Press	DENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS OW End return, nothing else required except foregoing to be true to the best of my knowledge and if I have made a punishment.
ABOVE DURINAND CONSTITUTE I No consignature/G I made deliber	THE PRIOR AND CURRENT CARTIONAL OFFICERS: Intributions (sign beliate on this page only) ate on this page only) and contributions and certify the fractor misotatement I may be subject to Signature: Print your name: Jayno Press IE (* Denotes Insumbent)	OW and return, nothing else required except foregoing to be true to the best of my knowledge and if I have made to punishment. Date: January 14, 2019
ABOVE DURINAND CONSTITUTE I No consignature/G I made deliber	ate on this page only) ate on this page only) ate on this page only) ate me contributions and certify the frate misotatement I may be subject to Signature. Print your name: layno Press IE (* Denotes Insumbent) James J. Tedocco (D)*	OW and return, nothing else required except foregoing to be true to the bost of my knowledge and if I have made to punishment. Date: January 14, 2019
ABOVE DURINAND CONSTITUTE I No consignature/G I made deliber	ate on this page only) ate on this page only) ate on this page only) ate me contributions and certify the interpretation of the subject to signature. Print your name: layne Press IE (* Denotes Incumbent) James J. Tedosco (D)* Norman Schmelz (R)	OW and return, nothing else required except foregoing to be true to the bost of my knowledge and if I have made a punishment. Date: January 14, 2019 None

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(A)	VENDOR NA	ME or SPECIAL COUNSEL NAME Christian Health Care Center
	VENDOR AD	DRESS or SPECIAL COUNSEL ADDRESS 301 Sicomac Avenue, Wyckoff, NJ 07481
	VENDOR TEI	LEPHONE NUMBER (<u>201</u>) <u>248 - 5200</u> FAX # <u>(20) 548-9758</u>
	VENDOR REI	PRESENTATIVE NAME (Please Print) Douglas A. Struyk, President & CEO
	VENDOR EM	AIL ADDRESS dstruyls@chconj.org
	VENDOR REF	PRESENTATIVE SIGNATURE //// DATE // DATE // DATE
(B)	CORPORATEO	THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE FFICERS AND DIRECTORS AS FOUND ON THE IOK OR 10Q FORMS REQUIRED TO BE FILED WITH THIRITIES AND EXCHANGE COMMISSION.
	None; 501 (c)	3 Non Profit Corporation
(C)	(WROAR) DAKIN	NTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) NG THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS ITIONAL OFFICERS:
(D)	☑ No co signature/d	ntributions (sign below and return, nothing else required excep ate on this page only) Non-Polit-NA
	I made deliber	e no contributions and certify the foregoing to be true to the best of may knowledge and if I have made rate misstatement I may be subject to perminimist. Signature:
OFFICIA	L POSITION/ NAM	IE (* Denotes Incumbent)
COUNT	Y EXECUTIVE	James J. Todesco (D)*
		Norman Schmelz (R)
SHERIFI	3	Anthony Coreion (D)*
		John M. Delorenzo III (R)
		Michael Sandino (D)

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(A) VEN	DOR NAME & SPECIAL COUNSEL NAME Spectrum for Living Group Homes, Inc.
	DOR ADDRESS - SPECIAL COUNSEL ADDRESS 210 Rivervale Road, Suite 3
	River Vels, NJ 07675
VEN	DOR TELEPHONE NUMBER (201) 358-8000 PAX (201) 358-8089
VEN	DOR REPRESENTATIVE NAME Plous and Shomas J. Donahue, Chief Brograms Off
VEN	DOR EMAIL ADDRESS Endonahuesspectrumfofliving.org
	DOR REPRESENTATIVE SHONATURE SAYE 1/6/19
(B) (B) COAT CALL	AMB OF THE PARTMERS OR SHAREHOLDERS OR, IF A POBLIC CORPORATION, THE HAME OF THE STATE OFFICIENT AND DIRECTORS AS FOUND ON THE FOR OR INQUITIES THEOLOGY TO US FILED WITH THE VAL SECURITIES AND ESCHANGE COMMENTON
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(D) & N	the new the parce and current calendar year to the pollowing kange elected cricials of contributions (sign below and return, nothing else required except ture/date on this page only)
	I made so contributions and certify the foregoing to be true to the hest of my knowledge and if I have made a deliberate mininteriors I may be subject interpolational.
	Signature Date: 1/16/19
	free your war Thomas To Daraber
pirci Alvie Sirio	NVISAME (* Departue Incompliant)
ÇUN YEXECU	IVE Sames S. Teldino (D)*
	Morgan Schmidt (N)
elegas s	Authory Cycles (G)
	John 74, Delikémo (II (K).
	Middle Structure (D)

This flow shall be applied periodically to reflect new elected officials and condidates for office. However, it shall maintain the formest and required disclosures contained bensio.



(A)	VENDOR NAM	TE of SPECIAL COUNSEL NAME PHOS LICE.
	VENDOR ADD	RESS OF SPECIAL COUNSEL ADDRESS 38 M. Carbon 12.4
	Danie	4 NJ MAGIL
	VENDOR TELI	EPHONE NUMBER (20) 367 7070 FAX# (20) 367 7000
	VENDOR REPI	RESENTATIVE NAME (Please Print) Add MULA
	VENDOR EMA	IL ADDRESS ACILLIA DOUCHAN DOOR HEN COM
	VENDOR REPR	RESENTATIVE SIGNATURE SIGN
(B)		HE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE FICERS AND DIRECTORS AS FOUND ON THE IOK OR 10Q FORMS REQUIRED TO BE FILED WITH THE SITIES AND EXCHANGE COMMISSION.
	Richard	Thampson
		
	-	
(C)		TRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS IONAL OFFICERS:
(D) (o No consignature/dat	tributions (sign below and return, nothing else required except te on this page only)
	I made a deliberat	Signature: Play Mills Print your name: Play Mills
OFFICIAL	POSITION/NAME	(* Denotes Incumbent)
	EXECUTIVE	James J. Tedesco (D)*
		Norman Schmelz (R)
SHERIFF		Anthony Cureton (D)*
		John M. Dekarenzo III (R)
		Michael Saudino (D)

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	DIRECT FIN	IANCIAL DISCLOSURE OF CAMPAIC	N CONTRIBUTIONS	
(À)	VENDOR NAM	ME OF SPECIAL COUNSEL NAME VA	UDYK PARK!	PIACE
	VENDOR ADI	DRESS or SPECIAL COUNSEL ADDRESS_	644 GOFFIT	ROAD
		·		·
	VENDOR TEL	EPHONE NUMBER (173, 636, 7000	PAX# (973.3	H-0634
	VENDOR REP	RESENTATIVE NAME (Please Print)	DD ARONSON	
	VENDOR EMA	ATL ADDRESS told a vandykh	eq1thcare,com	
	VENDOR REP	resentative signature <u>fold</u> (L DATE	2-4-19
(B)	THE NAME OF T	THE PARTNERS OR SHAREHOLDERS OR, IF A PI FICERS AND DIRECTORS AS FOUND ON THE K RITIES AND EXCHANGE COMMISSION.	BLIC CORPORATION, THE NAM	AE OF THE ' O BE FILED WITH THE
	Robe	ct VANDYK		
	VANI	DXK HEAHACARE		
(C)	(ABOVE) DURIN	FIRIBUTIONS MADE, BY ANY INDIVIDUAL(S) A G THE PRIOR AND CURRENT CALENDAR YEAI FIONAL OFFICERS:	ND/OR BUSINESS ENTITY LIST TO THE POLLOWING NAMED	ED IN (A) OR (B) ELECTED OFFICIALS
(D)		tributions (sign below and rate on this page only)	eturn, nothing else r	equired except
	I made delibera	no contributions and certify the foregoing to be ate misstatement I may be subject to punishment,	true to the best of my knowledge	and if I have made a
		Signature: Thomas C. Jam	Date: 2-1-	19
		Print your name: homes C. [AS/AF	
FFICIA	L POSITION/ NAM	B (* Dengtes Incumbent)		
OUNT	EXECUTIVE	James J. Tedesco (D)*		
		Norman Schmeiz (R)		
HERIFF	•	Anthony Cureton (D)*	_	
		John M, Delorenzo III (R)		
		Michael Saudino (D)		

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(A)	VENDOR NA	IME or SPECIAL COUNSEL NAME Broadway Respite & Home Care				
	VENDOR AT	VENDOR ADDRESS of SPECIAL COUNSEL ADDRESS 17-17 Bysadway Fair Lawn, NJ 07416				
	vendor te	LEPHONE NUMBER <u>(201) 703 - 3980</u> FAX# (201) - 703 - 3984				
	VENDOR RE	PRESENTATIVE NAME (Please Print) Patrick M. Patron COO/CHO				
	VENDOR EM	AIL ADDRESS patrick patton Giargre.com				
	VENDOR RE	PRESENTATIVE SIGNATURE WOLL DATE 1/19/19				
(B)	CONTORATEO	THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPCRATION, THE NAME OF THE FFICERS AND DIRECTORS AS FOUND ON THE TOK OR TOQ FORMS REQUIRED TO BE FILED WITH THE IRITIES AND EXCHANGE COMMISSION.				
	Zenne Basin	es CEO (20%). HIG Growth Partner Fand II LP (30%) and Patrick Patton COO/CFO				
(D)	AND CONSTITU	Tributions made, by any individual(s) and/or business entity listed in (a) or (b) to the prior and current calendar year to the following named elected officials monal officers; Nobe officials (sign below and return, nothing elso required exceptive on this page only)				
	I made deliber	no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a ste misetatement I may be subject to pusishment.				
		Signature: 1/18/19				
		Print your names PATRICK M PATTON COOLCTO				
OFFICIAL	POSITION/ NAME	3 (* Dengtes Incumbent)				
COUNTY	EXECUTIVE	James J. Tedesco (D)*				
		Norman Schmolz (R)				
SHERIFF		Anthony Cureton (D)*				
		John M. Delorenzo III (R)				
		Michael Saudino (D)				

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12/6/2013



DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

(A)	VENDOR NA	ME of SPECIAL COUN	ISEL NAME	"Day Away" Adult M	edical Day Care
	VENDOR AD	DRESS OF SPECIAL CO	OUNCEL ODDRE	SS 725 Teaneck I	kd, Teaneck, NJ 07666
	VENDOR TE	LEPHONE NUMBER	(201) 833	-3757	
	VENDOR RE	PRESENTATIVE NAMI	E (Please Print)	Jason Ficks, Vice Pre	sident, Post-Acute Services
	VENDOR EM	AIL ADDRESS	Ficks@holyna	mades)	
	VENDOR RE	presentativ <mark>e sign</mark> a	ATURE	15	JATE 1/22/2019
(B)	THE NAME OF CORPORATE O FEDERAL SECT	THE PARTNERS OR STAR FFICERS AND DIRECTORS JRITIES AND EXCHANGE	EHOLDERS OR, 10 S AS FOUND ON TH COMMISSION.	A PUBLIC CORPORATION BE IOK OR 10Q FORMS RI	n, the name of the Quirso to be filed with the
	"Day Away" A with no share	duit Medical Day Care in holders/owners.	s a department o	f Holy Name Medical	Center, a 501(c)3 organization
(C)	(ABOVE) DURI	NTRIBUTIONS MADE, BY A NO THE PRIOR AND CURR ITIONAL OFFICERS:	ANY INDIVIDUAL ENT CALENDAR Y	S) And/or Business ei Bar to the Followin	TITTY LISTED IN (A) OR (B) G NAMED ELECTED OFFICIALS
(D)	No co	ontributions (sig ate on this page on	gn below an ly)	d return, nothin	g else required except
	ľ msd deliber	e no contributions and cart rate misstatement I may be s	ify the foregoing to abject to punishmen	he true to the best of m	knowledge and if I have made a
		Signature:	and grade	Date:	January 22, 2019
		Print your names Cathe	erine Yaxley, Vice	President, Data Scienc	ce & Regulatory Affairs
OFFICIAL	POSITION NAM	(E (* Denotes Incumbent)			
COUNTY	EXECUTIVE	James J. Tedesoo (1)*			
		Norman Schmelz (T.)			
Sheriff		Anthony Cureton (EVe			
		John M. Deiorenzo ^{††} I (R)			
		Michael Saudino (D)			·
		Other			
1 This for	the format and	ated periodically to refle required disclosures con	ct new elected or tained herein.	ficials and candidates	for office. However, it shall

12/6/2018



(A)	VENDOR NA	ME or SPECIAL COUNSEL NAME COLLEGE CAY COLLEGE
	VENDOR AD	DRESS of SPECIAL COUNSEL ADDRESS TO MEDIC TO MEDICATE
	<u> </u>	Concessed DE 07647
	VENDOR TE	LEPHONE NUMBER (2cl)-750-14238 FAX#60b. 750-4057
	VENDOR RE	PRESENTATIVE NAME (Please Print)
	VENDOR EM	ALLADDRESS CYANDOCCIG STONSHIP OF FALLEY, CR
	VENDOR REI	PRESENTATIVE SIGNATURE Che Come Come DATE 1/15/19
(B)	CORPORATE OF	THE PARTNERS OR STAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE FFICERS AND DIRECTORS AS FOUND ON THE IOK OR 10Q FORMS REQUIRED TO BE FILED WITH TH JRITIES AND EXCHANGE COMMISSION.
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	-	
(C)	(ABOVE) DURIN	NTRIBUTIONS MACS, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) NO THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS ITIONAL OFFICERS:
(D)		ntributions. (sign below and return, nothing else required excep late on this page only)
	I med delibe	e no contributions and certify the foregoing to be true to the best of my knowledge and if I have made rate misstatement I may be subject to punishment,
		Signature: Crade Date: 1/18/19
		Print your name: CHARLESTEE VALLE VALLE CE CA
OFFICI	AL POSITION/ NAM	ME (* Denotes Incumbent)
COUNT	A EXECUTIAR	James J. Tedesco (O)*
		Norman Schmeiz (R)
SHERIF	P.	Anthony Cureton (D)*
		John M. Delorenzo III (R)
		Michael Saudino (D)

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	DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS
(A)	VENDOR NAME OF SPECIAL COUNSEL NAME LOGG LIRADO
	VENDOR ADDRESS or SPECIAL COUNSEL ADDRESS 596 And Company
	Suite In Cliffs de Part, N-J. DDD
	VENDOR TELEPHONE NUMBER Q J. 913 7/11 FAX #20 - 943 - 88 52
	VENDOR REPRESENTATIVE NAME (Please Print) Ella Efence
	VENDOR EMAIL ADDRESS 10-9/ leg. Cliffside Danail com
	VENDOR REPRESENTATIVE SIGNATURE
(B)	THE NAME OF THE FARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE CORPORATE OFFICERS AND DIRECTORS AS FOUND ON THE IOK OR 10Q FORMS REQUIRED TO BE FILED WITH THE FEDERAL SECURITIES AND EXCHANGE COMMISSION.
	Ella Etman
	Anna Pform
	Emma Meyerovital
(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 (-
(2)	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: //1/19
	Print your name; Ella Fhonas
<u>OFFICIAL</u>	POSITION/ NAME (* Dunotes Incumbent)
COUNTY	EXECUTIVE James J. Tedesco (D)*
	Norman Schmelz (R)
SHERIFF	Anthony Oureton (O)*
	John M. Delorenzo III (R)
	Michael Saudino (D)
This formaintain 1	m shall be updated periodically to reflect new elected officials and candidates for office. However, it shall the format and required disclosures contained herein.



(A)	VENDOR NAI	AE or SPECIAL COUNSEL NAME Vaptage Health System, Inc.
	VENDOR AD	PRESS or SPECIAL COUNSEL ADDRESS 2 Park Avenue Dumont, NJ 07628
	VENDOR TEI	EPHONE NUMBER (201) - 385 - 4400 FAX # (201) 385 - 2309
	VENDOR REI	RESENTATIVE NAME (Please Print) Victoria L. Sidrow President/CEO
	VENDOR EM	AIL ADDRESS 2 Park Avenue/Dumant NJ 07628
	VENDOR REF	RESENTATIVE SIGNATURE DETOLOGY XILLEDATE 1.22.19
(B)	CORPORATE OF	HE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE FICERS AND DIRECTORS AS FOUND ON THE IOK OR 10Q FORMS REQUIRED TO BE FILED WITH TH RITIES AND EXCHANGE COMMISSION.
	la A adulta, and de deservante	NOW PROFIT ORGANIZATION
		VIII

(C) (D)	AND CONSTITU	TRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) G THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS FIONAL OFFICERS: 1 tributions (sign below and return, nothing else required exceptite on this page only)
	l made deliber	no contributions and certify the foregoing to be true to the best of my knowledge and if I have made at misstatement I may be subject to punishment. Signature: Delete & Selem Date: 1-22-19
		Print your name: Victoria L. Sidrow President/CEO
OFFICIA	L POSITION/ NAM	E (* Denotes Incumbent)
COUNTY	EXECUTIVE	James J. Tedesco (D)*
		Norman Schmelz (R)
SHERIFF	•	Anthony Cureton (D) ⁴
		John M. Delorenzo III (R)
		Michael Saudino (D)
		Other

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(A)	VENDOR NA	ME or SPECIAL COUNSEL NAME Christian Health Care Center
	VENDOR AD	DRESS or SPECIAL COUNSEL ADDRESS 301 Sicomes Avenue, Weston, NJ 07481
	VENDOR TE	LEPHONE NUMBER (201) 848 - 5200 FAX # (20) 848-9758
	VENDOR RE	PRESENTATIVE NAME (Please Print) Dougles A. Struyk, President & CEO
	VENDOR EN	AL ADDRESS dstruyb@clooml.org 4
	vendor re	PRESENTATIVE SEGNATURE AND DATE 1/16/19
(B)	COMPUNITED	THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE FFICERS AND DIRECTORS AS FOUND ON THE IOK OR IGO FORMS REQUIRED TO BE FILED WITH THE IRITIES AND EXCHANGE COMMISSION.
	None: 501 (a)	3 Non Profit Corporation
(C)	(WOO AD) DOVIN	VIRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) IG THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS TIONAL OFFICERS:
(D)	☑ No co signature/d	ntributions (sign below and return, nothing else required except see on this page only) Nov. part - NA
	I made deliber	no contributions and country the foregoing to be true to the best of my insurings and if I have unde a site administratory in publication problems. Signature: Date:
		Print your names Douglas A. Struyk
OFFICE A	L POSITION/NAM	E (* Denotes Inquished)
COUNT	EXECUTIVE	James J. Tedasso (D)*
		Norman Schruniz (K)
HEREF	•	Anthony Curston (D)*
		John M. Delorenzo III (R)
		Michael Saudizo (D)

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(A)	VENDOR NAM	ME or SPINETAL COURSEL NAM	B Corn Sin	E180 En	or pleased Do Care	
		VENDOR ADDRESS of SPECIAL COUNSEL ADDRESS 7/5 /0111/ Beach Arc.				
			LYNA	HU 251 , KJ	07071	
	VENDOR TEL	ephone number (201) - 93:	1- 0711		2017 253- 0611	
	VENDOR REP	RESENTAT. VZ NAMEZ (Please Pr	ne) <u>โดยเรเบ</u>	Rosea		
	vendor em	UL ADDRESS good obs por	de Lyndhurstu	i @ gmail.	com	
	vander rep	RESENTATIVE SIGNATURE _	last !	,	DATE MANY	
(B)	CORPORATE OF	THE PARTNERS OR SHARBHOLDERS FICERS AND DIRECTORS AS FOUN RITIES AND EXCHANGE COMMISSI	D ON THE LOK OR I	ORPORATION, TO PORTION OF THE PORTIO	THE NAME OF THE JIRED TO BE FILED WITH THE	
				O me est		
(C)	(ABOVE) DURIN	ITRIBUTIONS MADE, BY ANY INDIG G THE PRIOR AND CURRENT CALE TIONAL OFFICERS:	VIDUAL(S) AND/OR NDAR YEAR TO TH	BUSINESS ENTI E FOLLOWING	TY LISTED IN (A) OR (B) NAMED ELECTED OFFICIALS	
(D)	M No cor signame/de	stributions (sign below ste on this page only)	and return	, nothing	elsa required excep	
	I made Geliber	no contributions and certify the for the misstatement I may be subject to p	egoing to be true to	the best of my k	mowledge and if I have made	
		Signature:	7	Dates	dula	
		Print your names F.2415.527)	Royeus			
OFFICIA	AL POSITION/ NAM	E (* Denote- Incumbent)				
COUNT	Y EXECUTIVE	James J. Tedesco (D)*				
		Norman Schmetz (R)		··· ·		
SHFRAF	F	Anthony Cureton (D)*				
		John M. Delorenzo III (R)		Part Communication of the Comm		
		Michael Saudino (D)				

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	Direct fir	nancial disclosure of Campaign Contribu	ricions -
(A)		ME or SPECIAL COUNSEL NAME Kaplen JCC	on the Palisades
	VENDOR AD	DRIES OF SPECIAL COURSEL ADDRESS 7946	Campus.
	MILE	Clinton Ave, Tempty NS 076	70
	VENDOR TEI	LEPHONE NUMBER (201) - 40% - 1422 PA	x#(201)-589 - 7448
	VENDOR REI	PRESENTATIVE NAME (Please Print) Kerin C	enningham
	VENDOR EM	MIL ADDRESS Kounningham & Tocotp.	0/9
	VENDOR RES	PROBLEMIATIVE SIGNATURE //m	DATE 61 615/19
(B)	COKLOKATE OF	THE PARTNERS OR SHAREHOLDERS OR, IF A FUBLIC CORPORAT PFICERS AND DIRECTORS AS FOUND ON THE IOK OR 10Q FORMS URITIES AND EXCEMINES COMMISSION.	TION, THE NAME OF THE REQUIRED TO BE FILED WITH THE
(C)	(VROAR) DOKTH	NTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINES: NG THE PRIOR AND CURRENT CALENDAR YEAR TO THE POLLOY JTIONAL OFFICERS:	Bentity Listed in (A) or (B) Ving named elected officials
(D)	No con	ntributions (sign below and return, noth)	ng also required except
	signature/d:	ate on this page only)	
	I at de deliker	e no contributions and certify the foregoing to be true to the best element mentatement. I may be subject to publishment.	
		Signature De Paris de la Companya de	01/15/17
		Printy our manses the Win Connighon - CFO	
OFFICIA	L POSITION/NAM	/B (* Donojas Insembaut)	
COUNTY	EXECUTIVE	James J. Tedesco (D)*	
		Norman Schmelz (R)	
HERIFF		Antitopy Cureton (D)*	
		John M. Delorenzo III (R)	
		Michael Sandiva (D)	

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12/6/2018



(A)	VENDOR NA	ME or SPECIAL COUNSEL NAME Spectrum for Living Group Homes, Inc.					
	VENDOR AD	DRESS or SPECIAL COUNSEL ADDRESS 210 Rivervale Road, Suite 3					
		River Vale, NJ 07675					
	VENDOR TEI	VENDOR TELEPHONE NUMBER (201-) 358-8000 FAX# (20-1) 358-8089					
	VENDOR REI	PRESENTATIVE NAME (Please Print) Thomas J. Donahue, Chief Programs Office					
	VENDOR EM	AIL ADDRESS tjdonahue@spectrumfcfliving.org					
	VENDOR REI	PRESENTATIVE SIGNATURE DATE 1/19					
(B)	CORPORATE OF	THE PARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE FFICERS AND DIRECTORS AS FOUND ON THE IOK OR 10Q FORMS REQUIRED TO BE FILED WITH THE IRITIES AND EXCHANGE COMMISSION.					
		N/A					
(C) (D)	(ABOVE) DURIN AND CONSTITU	NTRIBUTIONS MADE, BY ANY INDIVIDUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) NG THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS ITIONAL OFFICERS: INTRIBUTIONS (sign below and return, nothing else required except					
•	signature/d	ate on this page only)					
		e no contributions and certify the foregoing to be true to the best of my knowledge and if I have made a rate misstatement I may be subject to obvioushment. Signature: Date:					
		Frint your name: The The State of the State					
<u>OFFICIA</u>	L POSITION/ NAM	TE (* Denotes Incumbent)					
COUNT	Y EXECUTIVE	James J. Tedesco (D)*					
		Norman Schmelz (R)					
SHERIFI	F	Anthony Cureton (D)*					
		John M. Delorenzo III (R)					
		Michael Saudino (D)					

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	DIRECT FIN	ANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS
(A)	VENDOR NAM	TE OF SPECIAL COUNSEL NAME () () () () () () () () () (
	YENDOR ADD	RESS OF SPECIAL COUNSEL ADDRESS 105 DVC 105 10 10 10 10 10 10 10 10 10 10 10 10 10
	Com I	Sunswer in osped
	VENDOR TEL	EPHONE NUMBER (32) 37 - 32 79 FAX # 72 757 - 32 79
	VENDOR REP	RESENTATIVE NAME (Please Frint) Dicor Docis Gration
	VENDOR EMA	IL ADDRESS COCCUDIO O COMO JOYOR NO
	VENDOR REP	RESENTATIVE SIGNATURE TO CALLE DATE 111119
(B)	CORPORATE OF	HE FARTNERS OR SHAREHOLDERS OR, IF A PUBLIC CORPORATION, THE NAME OF THE PICERS AND DIRECTORS AS POUND ON THE IOK OR 10Q FOAMS REQUIRED TO BE FILED WITH THE RITTES AND EXCHANGE COMMISSION
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(C)	(ABOVE) DURING AND CONSTITUTE	TRIBUTIONS MADE BY ANY INDIVIDUALIS) AND/OR BUSINESS ENTITY LISTLD IN (4) OR (B) G THE PRIOR AND CURRENT CALENDAR YEAR TO THE FOLLOWING NAMED BLECTED OFFICIALS FROM ALOFFICERS. Itributions (sign below and return, nothing else required exceptate on this page only)
		no contributions and certify the foregoing to be true to the best of my knowledge and if I have made at misstatement I may be subject to punishment. Signature: Date:
		Pemt your named) (2) 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OFFICI	AL POSTTION/ NAM	k (* Denotes Ingurabent)
COUNTY EXECUTIVE		James J Todesco (D)*
		Norman Schmo.z (R)
SHERII	er.	Anthony Curston (D)*
		John M. Deloranzo III (R)

Michael Saudino (D)

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	DIMECT FIR	ANCIAL DISCLOSURE OF C	AMPAIGN CONTRIBUTIONS
(A)	VENDOR NAM	ME or SPECIAL COUNSEL NAIVI	The Arto Bryans Passal
	VENDOR ADI	DRESS or SPECIAL COUNSEL AT	DRESS 723 MOOVEST
			+ accumacen otto
	VENDOR TEL	APHONE NUMBER 20134	30372 FAX#201393-04
	VENDOR REP	RESENTATIVE NAME (Please Prin	ALLESIEGEL.
	VENDOR EMA	acia	gerparchp.com.
	VENDOR REP	RESENTATIVE SIGNATURE	MILESTER DATE 1/14/19
(B)	CORPORATE OF	HE PARTNERS OR SHAREHOLDERS FICERS AND DIRECTORS AS FOUND RITIES AND EXCHANGE COMMISSIO	OR, IF A PUBLIC CORPORATION, THE NAME OF THE ON THE IOK OR 10Q FORMS REQUIRED TO BE FILED WITH THE
	(Cathe	4 Walsh Presid	ent/CEO
	Cath	Wine Estator	1- VPICFO
	Huu	STEALL, SV VT	
(C)	(ABOVE) DURIN	ITRIBUTIONS MADE, BY ANY INDIVI G THE PRIOR AND CURRENT CALEN TIONAL OFFICERS:	DUAL(S) AND/OR BUSINESS ENTITY LISTED IN (A) OR (B) DAR YEAR TO THE FOLLOWING NAMED ELECTED OFFICIALS
(73)	Ma and	tributions (sign balance	and return, nothing else required except
(D)		ate on this page only)	and return, nothing ene required except
	/	1.0.	
		no contributions and certify the foreg	oing to be true to the best of my knowledge and if I have made a
		Signature: Auck 52	Date:
		Print your name: # AUCE	31892
<u>OFFIC</u>	JAL POSITION/NAM	E (* Denotes Incumbent)	
COUN	ITY EXECUTIVE	James J. Tedesco (D)*	V = - 12
		Norman Schmelz (R)	
SHER	IFF	Anthony Cureton (D)*	
		John M. Delorenzo III (R)	
		Michael Saudino (D)	

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	DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS
(A)	VENDOR NAME OF SPECIAL COUNSEL NAME Camp Sunshine + Camp Snowflike, Dro
` '	VENDOR ADDRESS OF SPECIAL COUNSEL ADDRESS P.O. Box 99 Ridge wood, NJ 07451-0099
	VENDOR TELEPHONE NUMBER 201. 652 - 1755 FAX # 973-628 - 0 884
	VENDOR REPRESENTATIVE NAME (Please Print) Kimbery Das.IVa
	VENDOR EMAIL ADDRESS KdasiNe 1@ optonine, net
	VENDOR REPRESENTATIVE SIGNATURE WINNESSELVE 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 TOQ 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:
(U)	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:
	Print your name: Kim Berly, Nasile
भ्राप्त	AL POSITION/ NAME (* Denotes Incumbent)
	TY EXECUTIVE James J. Tedesco (D)*
w w w w w w w w w	Norman Schmelz (R)
** *****	me
SI-IERII	
	John M. Delorenzo III (R)

Michael Saudino (D)

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