



SINGLE CANDIDATE COMMITTEE - CERTIFICATE OF ORGANIZATION AND DESIGNATION OF CAMPAIGN TREASURER AND DEPOSITORY

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)
Website: www.elec.nj.gov

FORM D-1

ELEC Received
Aug 05, 2022 10:12 AM

Amendment

Candidate Name: CHONDRA YOUNG
Candidate Committee Name: YOUNG FOR TEANECK COUNCIL
Street Address: 229 IRVINGTON RD
City: TEANECK, State: NJ, Zip Code: 07666, *Day Telephone: 2017766354, *Evening Telephone: 2017766354
Committee Email: YOUNGFORTEANECKCOUNCIL@GMAIL.COM
Election Type: General
County: BERGEN COUNTY, Legal Name of Election District or Municipality: TEANECK TOWNSHIP, Political Party: NONPARTISAN

CHAIRPERSON

Name: TAMIKA FRANCIS
Mailing Address: 311 QUEEN ANNE RD APT. 2B
City: TEANECK, State: NJ, Zip Code: 07666, *Day Telephone: 2019213939, *Evening Telephone: 2019213939

TREASURER

Name: CHARLES W POWERS
Mailing Address: 1374 ACADEMY LANE
City: TEANECK, State: NJ, Zip Code: 07666, *Day Telephone: 2012144937, *Evening Telephone: 2012144937
Resident Address: 1374 ACADEMY LANE
City: TEANECK, State: NJ, Zip Code: 07666

DEPOSITORY INFORMATION

Name of Bank or Depository: TD BANK
Mailing Address: 9 EAST DEMAREST AVENUE
City: ENGLEWOOD, State: NJ, Zip Code: 07631, Day Telephone: 2015694051
Account Name: YOUNG FOR TEANECK COUNCIL
Account Number: *****8715

LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ANY PERSON(S) AUTHORIZED TO SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS

Name

CHONDRA YOUNG

Mailing Address

229 IRVINGTON RD

City	State	Zip Code	*Day Telephone	*Evening Telephone
TEANECK	NJ	07666	2017766354	2017766354

Name

CHARLES W POWERS

Mailing Address

1374 ACADEMY LANE

City	State	Zip Code	*Day Telephone	*Evening Telephone
TEANECK	NJ	07666	2012144937	2012144937

Name

Mailing Address

City	State	Zip Code	*Day Telephone	*Evening Telephone
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CANDIDATE CERTIFICATION: I certify that the statements on this document are true. I further certify that I have not, and will not during the existence of the candidate committee, establish, authorize the establishment of, maintain, or participate directly or indirectly in the management or control of any political committee or continuing political committee. I am aware that if any of the statements are willfully false, I may be subject to punishment.

Registration Number	*****	PIN	*****
CHONDRA YOUNG		08/05/2022	
Candidate		Date	

CHAIRPERSON/TREASURER CERTIFICATION: I certify that the statements on this document are true. I am aware that if any of the statements are willfully false, I may be subject to punishment.

Registration Number	*****	PIN	*****
TAMIKA FRANCIS		08/05/2022	
Chairperson		Date	

Registration Number	*****	PIN	*****
CHARLES W POWERS		08/05/2022	
Treasurer		Date	

Treasurers for Gubernatorial and Legislative candidates are required to receive training with the NJ ELEC. If you have completed the training enter your Treasurer Training ID# _____

**Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.*



SINGLE CANDIDATE COMMITTEE - CERTIFICATE OF ORGANIZATION AND DESIGNATION OF CAMPAIGN TREASURER AND DEPOSITORY

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)
Website: www.elec.nj.gov

FORM D-1

ELEC Received
Aug 25, 2022 10:28 AM

Amendment

Candidate Name

CHONDRA YOUNG

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Committee Name

YOUNG FOR TEANECK COUNCIL

Street Address

229 IRVINGTON RD

City

State

Zip Code

*Day Telephone

*Evening Telephone

TEANECK

NJ

07666

2017766354

2017766354

Committee Email (Optional)

YOUNGFORTEANECKCOUNCIL@GMAIL.COM

Committee Website (Optional)

WWW.YOUNGFORTEANECKCOUNCIL

Election Type:

Primary

May Municipal

Fire District

Election Date

(Select One)

General

Run-Off

Special

11/08/2022

County

BERGEN COUNTY

Legal Name of Election District or Municipality

TEANECK TOWNSHIP

Political Party

NONPARTISAN

CHAIRPERSON

Name

CHONDRA YOUNG

Mailing Address

229 IRVINGTON RD

City

State

Zip Code

*Day Telephone

*Evening Telephone

TEANECK

NJ

07666

2017766354

2017766354

TREASURER

Name

CHARLES W POWERS

Mailing Address

1374 ACADEMY LANE

City

State

Zip Code

*Day Telephone

*Evening Telephone

TEANECK

NJ

07666

2012144937

2012144937

Resident Address

1374 ACADEMY LANE

City

State

Zip Code

TEANECK

NJ

07666

DEPOSITORY INFORMATION

Name of Bank or Depository

TD BANK

Mailing Address

9 EAST DEMAREST AVENUE

City

State

Zip Code

Day Telephone

ENGLEWOOD

NJ

07631

2015694051

Account Name

YOUNG FOR TEANECK COUNCIL

Account Number

*****8715

**Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.*

LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ANY PERSON(S) AUTHORIZED TO SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS

Name

CHONDRA YOUNG

Mailing Address

229 IRVINGTON RD

City	State	Zip Code	*Day Telephone	*Evening Telephone
TEANECK	NJ	07666	2017766354	2017766354

Name

CHARLES W POWERS

Mailing Address

1374 ACADEMY LANE

City	State	Zip Code	*Day Telephone	*Evening Telephone
TEANECK	NJ	07666	2012144937	2012144937

Name

Mailing Address

City	State	Zip Code	*Day Telephone	*Evening Telephone
------	-------	----------	----------------	--------------------

CANDIDATE CERTIFICATION: I certify that the statements on this document are true. I further certify that I have not, and will not during the existence of the candidate committee, establish, authorize the establishment of, maintain, or participate directly or indirectly in the management or control of any political committee or continuing political committee. I am aware that if any of the statements are willfully false, I may be subject to punishment.

Registration Number	*****	PIN	*****
CHONDRA YOUNG		08/25/2022	
Candidate		Date	

CHAIRPERSON/TREASURER CERTIFICATION: I certify that the statements on this document are true. I am aware that if any of the statements are willfully false, I may be subject to punishment.

Registration Number	*****	PIN	*****
CHONDRA YOUNG		08/25/2022	
Chairperson		Date	

Registration Number	*****	PIN	*****
CHARLES W POWERS		08/25/2022	
Treasurer		Date	

Treasurers for Gubernatorial and Legislative candidates are required to receive training with the NJ ELEC. If you have completed the training enter your Treasurer Training ID# _____

**Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.*



CANDIDATE - SWORN STATEMENT

FORM A-1

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)
Website: www.elec.nj.gov

ELEC Received
Aug 05, 2022 10:15 AM

Amendment

Candidate Name		Office Sought		
<u>CHONDRA YOUNG</u>		<u>COUNCIL OR MUNICIPAL OFFICE</u>		
Candidate Committee Name				
<u>YOUNG FOR TEANECK COUNCIL</u>				
Street Address				
<u>229 IRVINGTON RD</u>				
City	State	Zip Code	*Day Telephone	*Evening Telephone
<u>TEANECK</u>	<u>NJ</u>	<u>07666</u>	<u>2017766354</u>	<u>2017766354</u>
Committee Email (Optional)		Committee Website (Optional)		
<u>YOUNGFORTEANECKCOUNCIL@GMAIL.COM</u>				
Election Type:	<input type="radio"/> Primary	<input type="radio"/> May Municipal	<input type="radio"/> Fire District	Election Date
(Select One)	<input checked="" type="radio"/> General	<input type="radio"/> Run-Off	<input type="radio"/> Special	<u>11/08/2022</u>
County	Legal Name of Election District or Municipality		Political Party	
<u>BERGEN COUNTY</u>	<u>TEANECK TOWNSHIP</u>		<u>NONPARTISAN</u>	

I, the undersigned, do hereby certify as follows:

1. The total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person, or committee shall be zero, or shall not, in the aggregate, exceed \$5,800 for this election.
2. I am aware that in the event the total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person or committee shall, in the aggregate, exceed \$5,800, I am required to file a "Report of Contributions and Expenditures," Form R-1, on each subsequent reporting date.
3. I am aware that if I receive a contribution in excess of \$300 in the aggregate from one source in an election or acurrency (cash) contribution in any amount, I am required to report the contribution to the Commission on "Supplemental Contributor Information," Form C-1, including the identity of the source and the aggregate total of contributions therefrom, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer.
4. I am aware that if I receive a contribution in excess of \$1,900 in the aggregate from one source starting with the 13th day before the election up to, and including, the day of the election, I am required to notify the Commission in writing on the "Supplemental Contributor Information," Form C-1, within 48 hours of receipt of the contribution and to identify the source and the aggregate amount received therefrom during the period, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer.
5. I am aware that if I make, incur, or authorize an expenditure of money or other thing of value in excess of \$1,900 in the aggregate to support or defeat a candidate or public question, starting with the 13th day before the election up to and including the day of the election, I am required to notify the Commission in writing within 48 hours of the expenditure on the "Supplemental Expenditure Information," Form E-1.
6. I am aware that I, as a candidate, am required to designate a campaign treasurer and a campaign depository and that I am required to file with the Commission a "Certificate of Organization and Designation of Campaign Treasurer and Depository," Form D-1, no later than 10 days after receipt of any contribution on behalf of my candidacy or 10 days after making any expenditure on behalf of my candidacy, whichever comes first.

CANDIDATE CERTIFICATION : I certify that the statements on this document are true. I am aware that if any of the statements are willfully false, I may be subject to punishment.

Registration Number	<u>*****</u>	PIN	<u>*****</u>
Candidate	<u>CHONDRA YOUNG</u>	Date	<u>08/05/2022</u>

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.



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)
Website: www.elec.nj.gov

FORM C-1

ELEC Received
Oct 26, 2022 5:04 PM

Amendment

CONTRIBUTIONS REPORT TYPE (Select 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 election, or any currency (cash) contributions.
Committee receiving a contribution in excess of \$1,900 in the aggregate from one source starting with the 13th day before the election up to, and including the day of the election (48-Hour Notice).

SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION

Candidate(s) Name: CHONDRA YOUNG
Committee Name: YOUNG FOR TEANECK COUNCIL
Street Address: 299 IRVINGTON ROAD
Office Sought: COUNCIL OR MUNICIPAL OFFICE
City: TEANECK, State: NJ, Zip Code: 07666, *Day Telephone: 201-776-6354, *Evening Telephone: 201-776-6354
Election Type: General
County: BERGEN COUNTY, Legal Name of Election District or Municipality: TEANECK TOWNSHIP, Political Party: NONPARTISAN

SECTION II. CONTRIBUTION INFORMATION

Date Received: 08/26/2022, Contributor Name: CHARLES W POWERS
Address: 1374 ACADEMY LANE, TEANECK, NJ, 07666
Occupation: RETIRED, Receipt Type: CHECK
Employer Name and Mailing Address: N/A
Aggregate Amount: \$625.00, Amount: \$150.00
Description, if In-Kind Contribution:

Date Received: 09/14/2022, Contributor Name: CHARLES W POWERS
Address: 1374 ACADEMY LANE, TEANECK, NJ, 07666
Occupation: RETIRED, Receipt Type: CHECK
Employer Name and Mailing Address: N/A
Aggregate Amount: \$625.00, Amount: \$125.00
Description, if In-Kind Contribution:

Date Received: 10/11/2022, Contributor Name: CHARLES W POWERS
Address: 1374 ACADEMY LANE, TEANECK, NJ, 07666
Occupation: RETIRED, Receipt Type: LOAN
Employer Name and Mailing Address: N/A
Aggregate Amount: \$625.00, Amount: \$350.00
Description, if In-Kind Contribution:

Total This Page: \$625.00
Grand Total: \$1,125.00

Registration Number: ***** PIN: *****
Candidate or Treasurer: CHARLES W POWERS Date: 10/26/2022

Date Received 10/23/2022 Contributor Name CHONDRA YOUNG
 Address (Number and Street, City, State, Zip Code) 299 IRVINGTON ROAD, TEANECK, NJ, 07666 Aggregate Amount \$1,875.00 Amount \$500.00
 Occupation (If Individual) ACCOUNTANT Receipt Type LOAN Description, if In-Kind Contribution _____
 Employer Name and Mailing Address (If Individual) SIDCO INVESTMENTS, 270 SYLVAN AVE, ENGLEWOOD CLIFFS, NJ,07632

Date Received _____ Contributor Name _____
 Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount _____ Amount _____
 Occupation (If Individual) _____ Receipt Type _____ Description, if In-Kind Contribution _____
 Employer Name and Mailing Address (If Individual) _____

Date Received _____ Contributor Name _____
 Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount _____ Amount _____
 Occupation (If Individual) _____ Receipt Type _____ Description, if In-Kind Contribution _____
 Employer Name and Mailing Address (If Individual) _____

Date Received _____ Contributor Name _____
 Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount _____ Amount _____
 Occupation (If Individual) _____ Receipt Type _____ Description, if In-Kind Contribution _____
 Employer Name and Mailing Address (If Individual) _____

Date Received _____ Contributor Name _____
 Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount _____ Amount _____
 Occupation (If Individual) _____ Receipt Type _____ Description, if In-Kind Contribution _____
 Employer Name and Mailing Address (If Individual) _____

Date Received _____ Contributor Name _____
 Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount _____ Amount _____
 Occupation (If Individual) _____ Receipt Type _____ Description, if In-Kind Contribution _____
 Employer Name and Mailing Address (If Individual) _____

Date Received _____ Contributor Name _____
 Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount _____ Amount _____
 Occupation (If Individual) _____ Receipt Type _____ Description, if In-Kind Contribution _____
 Employer Name and Mailing Address (If Individual) _____

Total This Page: \$500.00
Grand Total: \$1,125.00

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

Total This Page: _____
Grand Total: \$1,125.00

Date Received Contributor Name

Address (Number and Street, City, State, Zip Code)

Aggregate Amount Amount

Occupation (If Individual)

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Receipt Type

Date Received Contributor Name

Address (Number and Street, City, State, Zip Code)

Aggregate Amount Amount

Occupation (If Individual)

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Receipt Type

Date Received Contributor Name

Address (Number and Street, City, State, Zip Code)

Aggregate Amount Amount

Occupation (If Individual)

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Receipt Type

Date Received Contributor Name

Address (Number and Street, City, State, Zip Code)

Aggregate Amount Amount

Occupation (If Individual)

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Receipt Type

Date Received Contributor Name

Address (Number and Street, City, State, Zip Code)

Aggregate Amount Amount

Occupation (If Individual)

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Receipt Type

Date Received Contributor Name

Address (Number and Street, City, State, Zip Code)

Aggregate Amount Amount

Occupation (If Individual)

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Receipt Type

Date Received Contributor Name

Address (Number and Street, City, State, Zip Code)

Aggregate Amount Amount

Occupation (If Individual)

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Receipt Type

Total This Page:

Grand Total:

\$1,125.00



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)
 Website: www.elec.nj.gov

FORM C-1

ELEC Received
 Nov 28, 2022 10:45 AM

Amendment

CONTRIBUTIONS REPORT TYPE (Select 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 election, or any currency (cash) contributions.
- Committee receiving a contribution in excess of \$1,900 in the aggregate from one source starting with the 13th day before the election up to, and including the day of the election (48-Hour Notice).

SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION

Candidate(s) Name

CHONDRA YOIUNG

Committee Name

YOUNG FOR TEANECK COUNCIL

Street Address

299 IRVINGTON ROAD

Office Sought

COUNCIL OR MUNICIPAL OFFICE

City

TEANECK

State Zip Code

NJ 07666

*Day Telephone

201-776-6354

*Evening Telephone

201-776-6354

Election Type:
(Select One)

- Primary
- General

- May Municipal
- Run-Off

- Fire District
- Special

Election Date
 11/08/2022

County

BERGEN COUNTY

Legal Name of Election District or Municipality

TEANECK TOWNSHIP

Political Party

NONPARTISAN

SECTION II. CONTRIBUTION INFORMATION

Date Received

08/26/2022

Contributor Name

CHONDRA YOUNG

Address (Number and Street, City, State, Zip Code)

299 IRVINGTON ROAD, TEANECK, NJ 07666

Aggregate Amount

\$900.00

Amount

\$300.00

Occupation (If Individual)

ACCOUNTANT

Receipt Type

LOAN

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

SIDCO INVESTMENTS, 270 SYLVAN AVE. NUE, ENGLEWOOD CLIFFS, NJ 07632

Date Received

09/13/2022

Contributor Name

CHONDRA YOUNG

Address (Number and Street, City, State, Zip Code)

299 IRVINGTON ROAD, TEANECK, NJ 07666

Aggregate Amount

\$900.00

Amount

\$600.00

Occupation (If Individual)

ACCOUNTANT

Receipt Type

LOAN

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

SIDCO INVESTMENTS, 270 SYLVAN AVE. NUE, ENGLEWOOD CLIFFS, NJ 07632

Date Received

09/13/2022

Contributor Name

BARBARA BATTLE

Address (Number and Street, City, State, Zip Code)

26 VORHEES STREET, TEANECK, NJ 07666

Aggregate Amount

\$10.00

Amount

\$10.00

Occupation (If Individual)

RETIRED

Receipt Type

CASH

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Total This Page: \$910.00

Grand Total: \$3,771.88

Registration Number *****

PIN *****

Candidate or Treasurer CHARLES W POWERS

Date 10/10/2022

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

Date Received	Contributor Name		
08/30/2022	T SHIRTS, ETC		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
159 TRYON AVENUE, APT F15, ENGLEWOOD, NJ 07631		\$1,361.88	\$1,361.88
Occupation (If Individual)		Description, if In-Kind Contribution	
	Receipt Type	IN-KIND	
Employer Name and Mailing Address (If Individual)		CAMPAIGN APPAREL, KNICKKNACKS., ETC.	

Date Received	Contributor Name		
09/22/2022	BENJIE WIMBERLY		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
32 COLONY DRIVE, W. ORANGE, NJ 53401		\$500.00	\$500.00
Occupation (If Individual)		Description, if In-Kind Contribution	
	Receipt Type	CHECK	
Employer Name and Mailing Address (If Individual)			

Date Received	Contributor Name		
10/03/2022	JAMES CHIRILLO		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
1117 MAGNOLIA DRIVE, TEANECK, NJ 07666		\$1,000.00	\$1,000.00
Occupation (If Individual)		Description, if In-Kind Contribution	
	Receipt Type	CHECK	
Employer Name and Mailing Address (If Individual)			

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
	Receipt Type		
Employer Name and Mailing Address (If Individual)			

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
	Receipt Type		
Employer Name and Mailing Address (If Individual)			

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
	Receipt Type		
Employer Name and Mailing Address (If Individual)			

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
	Receipt Type		
Employer Name and Mailing Address (If Individual)			

Total This Page: \$2,861.88

Grand Total: \$3,771.88

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

Date Received	Contributor Name		
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Employer Name and Mailing Address (If Individual)	Receipt Type		

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Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

Total This Page: _____
Grand Total: \$3,771.88

Date Received Contributor Name

Address (Number and Street, City, State, Zip Code) Aggregate Amount Amount

Occupation (If Individual) Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual) Receipt Type

Date Received Contributor Name

Address (Number and Street, City, State, Zip Code) Aggregate Amount Amount

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Occupation (If Individual) Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual) Receipt Type

Date Received Contributor Name

Address (Number and Street, City, State, Zip Code) Aggregate Amount Amount

Occupation (If Individual) Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual) Receipt Type

Total This Page:

Grand Total: \$3,771.88



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)
Website: www.elec.nj.gov

FORM C-1

ELEC Received
Nov 28, 2022 12:11 PM

Amendment

CONTRIBUTIONS REPORT TYPE (Select 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 election, or any currency (cash) contributions.
Committee receiving a contribution in excess of \$1,900 in the aggregate from one source starting with the 13th day before the election up to, and including the day of the election (48-Hour Notice).

SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION

Candidate(s) Name: CHONDRA YOUNG
Committee Name: YOUNG FOR TEANECK COUNCIL
Street Address: 299 IRVINGTON ROAD
Office Sought: COUNCIL OR MUNICIPAL OFFICE
City: TEANECK, State: NJ, Zip Code: 07666, *Day Telephone: 201-776-6354, *Evening Telephone: 201-776-6354
Election Type: General
County: BERGEN COUNTY, Legal Name of Election District or Municipality: TEANECK TOWNSHIP, Political Party: NONPARTISAN

SECTION II. CONTRIBUTION INFORMATION

Date Received: 08/26/2022, Contributor Name: CHARLES W POWERS
Address: 1374 ACADEMY LANE, TEANECK, NJ, 07666
Occupation: RETIRED, Receipt Type: CHECK
Employer Name and Mailing Address: N/A
Aggregate Amount: \$625.00, Amount: \$150.00
Description, if In-Kind Contribution:

Date Received: 09/14/2022, Contributor Name: CHARLES W POWERS
Address: 1374 ACADEMY LANE, TEANECK, NJ, 07666
Occupation: RETIRED, Receipt Type: CHECK
Employer Name and Mailing Address: N/A
Aggregate Amount: \$625.00, Amount: \$125.00
Description, if In-Kind Contribution:

Date Received: 10/11/2022, Contributor Name: CHARLES W POWERS
Address: 1374 ACADEMY LANE, TEANECK, NJ, 07666
Occupation: RETIRED, Receipt Type: LOAN
Employer Name and Mailing Address: N/A
Aggregate Amount: \$625.00, Amount: \$350.00
Description, if In-Kind Contribution:

Total This Page: \$625.00
Grand Total: \$1,125.00

Registration Number: ***** PIN: *****
Candidate or Treasurer: CHARLES W POWERS Date: 11/28/2022

Date Received 10/23/2022 Contributor Name CHONDRA YOUNG
 Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount \$1,400.00 Amount \$500.00
299 IRVINGTON ROAD, TEANECK, JN, 07666
 Occupation (If Individual) _____ Description, if In-Kind Contribution _____
ACCOUNTANT Receipt Type LOAN
 Employer Name and Mailing Address (If Individual) _____
SIDCO INVESTMENTS, 270 SYLVAN AVE, ENGLEWOOD CLIFFS, NJ, 07632

Date Received _____ Contributor Name _____
 Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount _____ Amount _____
 Occupation (If Individual) _____ Description, if In-Kind Contribution _____
 _____ Receipt Type _____
 Employer Name and Mailing Address (If Individual) _____

Date Received _____ Contributor Name _____
 Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount _____ Amount _____
 Occupation (If Individual) _____ Description, if In-Kind Contribution _____
 _____ Receipt Type _____
 Employer Name and Mailing Address (If Individual) _____

Date Received _____ Contributor Name _____
 Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount _____ Amount _____
 Occupation (If Individual) _____ Description, if In-Kind Contribution _____
 _____ Receipt Type _____
 Employer Name and Mailing Address (If Individual) _____

Date Received _____ Contributor Name _____
 Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount _____ Amount _____
 Occupation (If Individual) _____ Description, if In-Kind Contribution _____
 _____ Receipt Type _____
 Employer Name and Mailing Address (If Individual) _____

Date Received _____ Contributor Name _____
 Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount _____ Amount _____
 Occupation (If Individual) _____ Description, if In-Kind Contribution _____
 _____ Receipt Type _____
 Employer Name and Mailing Address (If Individual) _____

Date Received _____ Contributor Name _____
 Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount _____ Amount _____
 Occupation (If Individual) _____ Description, if In-Kind Contribution _____
 _____ Receipt Type _____
 Employer Name and Mailing Address (If Individual) _____

Total This Page: \$500.00
Grand Total: \$1,125.00

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

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Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

Total This Page: _____
Grand Total: \$1,125.00

Date Received Contributor Name

Address (Number and Street, City, State, Zip Code)

Aggregate Amount Amount

Occupation (If Individual)

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

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Aggregate Amount Amount

Occupation (If Individual)

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Receipt Type

Total This Page:

Grand Total:

\$1,125.00



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)
Website: www.elec.nj.gov

FORM C-1

ELEC Received
Oct 26, 2022 5:04 PM

Amendment

CONTRIBUTIONS REPORT TYPE (Select 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 election, or any currency (cash) contributions.
Committee receiving a contribution in excess of \$1,900 in the aggregate from one source starting with the 13th day before the election up to, and including the day of the election (48-Hour Notice).

SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION

Candidate(s) Name: CHONDRA YOUNG
Committee Name: YOUNG FOR TEANECK COUNCIL
Street Address: 299 IRVINGTON ROAD
Office Sought: COUNCIL OR MUNICIPAL OFFICE
City: TEANECK, State: NJ, Zip Code: 07666, *Day Telephone: 201-776-6354, *Evening Telephone: 201-776-6354
Election Type: General
County: BERGEN COUNTY, Legal Name of Election District or Municipality: TEANECK TOWNSHIP, Political Party: NONPARTISAN

SECTION II. CONTRIBUTION INFORMATION

Date Received: 08/26/2022, Contributor Name: CHARLES W POWERS
Address: 1374 ACADEMY LANE, TEANECK, NJ, 07666
Occupation: RETIRED, Receipt Type: CHECK
Employer Name and Mailing Address: N/A
Aggregate Amount: \$625.00, Amount: \$150.00
Description, if In-Kind Contribution:

Date Received: 09/14/2022, Contributor Name: CHARLES W POWERS
Address: 1374 ACADEMY LANE, TEANECK, NJ, 07666
Occupation: RETIRED, Receipt Type: CHECK
Employer Name and Mailing Address: N/A
Aggregate Amount: \$625.00, Amount: \$125.00
Description, if In-Kind Contribution:

Date Received: 10/11/2022, Contributor Name: CHARLES W POWERS
Address: 1374 ACADEMY LANE, TEANECK, NJ, 07666
Occupation: RETIRED, Receipt Type: LOAN
Employer Name and Mailing Address: N/A
Aggregate Amount: \$625.00, Amount: \$350.00
Description, if In-Kind Contribution:

Total This Page: \$625.00
Grand Total: \$1,125.00

Registration Number: ***** PIN: *****
Candidate or Treasurer: CHARLES W POWERS Date: 10/26/2022

Date Received 10/23/2022 Contributor Name CHONDRA YOUNG
 Address (Number and Street, City, State, Zip Code) 299 IRVINGTON ROAD, TEANECK, NJ, 07666 Aggregate Amount \$1,875.00 Amount \$500.00
 Occupation (If Individual) ACCOUNTANT Receipt Type LOAN Description, if In-Kind Contribution _____
 Employer Name and Mailing Address (If Individual) SIDCO INVESTMENTS, 270 SYLVAN AVE, ENGLEWOOD CLIFFS, NJ,07632

Date Received _____ Contributor Name _____
 Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount _____ Amount _____
 Occupation (If Individual) _____ Description, if In-Kind Contribution _____
 Receipt Type _____
 Employer Name and Mailing Address (If Individual) _____

Date Received _____ Contributor Name _____
 Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount _____ Amount _____
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 Receipt Type _____
 Employer Name and Mailing Address (If Individual) _____

Total This Page: \$500.00
Grand Total: \$1,125.00

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
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Total This Page: _____
Grand Total: \$1,125.00

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Address (Number and Street, City, State, Zip Code)

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Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Receipt Type

Total This Page:

Grand Total: \$1,125.00

FORM R-1**REPORT OF CONTRIBUTIONS AND EXPENDITURES****REPORT FILED:****NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION**

(2022-Post20) 20-DAY POST ELECTION

P.O. BOX 185, Trenton, NJ 08625-0185
 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
 Web site: <http://www.elec.nj.gov>

Filed On
11/29/2022 03:00:18 PM

 Amendment

CANDIDATE OR COMMITTEE NAME

CHONDRA YOUNG FOR TEANECK COUNCIL

STREET ADDRESS

299 IRVINGTON ROAD

CITY

TEANECK

STATE

NJ

ZIP CODE

07666

COUNTY

BERGEN COUNTY

ELECTION DISTRICT OR MUNICIPALITY

TEANECK TOWNSHIP

POLITICAL PARTY, IF ANY

NONPARTISAN

OFFICE SOUGHT

COUNCIL OR MUNICIPAL OFFICE

ELECTION DATE

11/08/2022

ELECTION TYPE

GENERAL

RECEIPTS AND EXPENDITURES SUMMARY

OPENING BALANCE *		\$0.00
RECEIPTS	(+)	\$8,688.88
EXPENDITURES	(-)	\$7,830.23
CLOSING BALANCE		\$858.65

* Funds Transferred From Prior Campaign if First Report Filed

NET FINANCIAL SUMMARY

CLOSING BALANCE		\$858.65
Debt Owed to Committee	(+)	\$0.00
Debt Owed by Committee	(-)	\$1,750.00
Total Net Worth		(\$891.35)

TABLE I. RECEIPTS	Column A	Column B
	This Report	Cumulative-to-Date
1. Monetary Contributions, \$300 or less	\$3,792.00	\$3,792.00
2. Monetary Contributions (In Excess of \$300 and all Currency Contributions) (Schedule 1)	\$1,785.00	\$1,785.00
3. In-kind contributions, \$300 or less	\$0.00	\$0.00
4. In-kind contributions, more than \$300 (Schedule 2)	\$1,361.88	\$1,361.88
5. Dividends/Interest (Schedule 3)	\$0.00	\$0.00
6. Refunded Disbursements / Reimbursements to Committee (Schedule 4)	\$0.00	\$0.00
7. Loans Received, \$300 or less	\$0.00	\$0.00
8. Loans Received, more than \$300 and all Currency Loans (Schedule 5)	\$1,750.00	\$1,750.00
9. Adjustments (Refund of Contributions) (Schedule 6) (-)	\$0.00	\$0.00
10. Total Receipts	\$8,688.88	\$8,688.88
TABLE II. EXPENDITURES		
1. Operating Disbursement (Schedule 8)	\$968.35	\$968.35
1a. Other Expenditures (Schedule 9)	\$0.00	\$0.00
Contributions (from the Committee) to:		
2a. NJ Gubernatorial Candidates/Committees (Schedule 10)	\$0.00	\$0.00
2b. NJ Legislative Candidates/Committees (Schedule 10)	\$0.00	\$0.00
2c. All other Candidates/Committees (Schedule 10)	\$5,500.00	\$5,500.00
Expenditures Made on Behalf of:		
3a. NJ Gubernatorial Candidates/Committees (Schedule 11)	\$0.00	\$0.00
3b. NJ Legislative Candidates/Committees (Schedule 11)	\$0.00	\$0.00
3c. All other Candidates/Committees (Schedule 11)	\$0.00	\$0.00
3d. Independent Expenditures (Schedule 11)	\$0.00	\$0.00
4. In-kind contributions, 300 or less (Table I, line 3)	\$0.00	\$0.00
5. In-kind contributions, more than 300 (Table I, line 4)	\$1,361.88	\$1,361.88
6. Total Expenditures	\$7,830.23	\$7,830.23

DEPOSITORY SUMMARY
BANK ACCOUNT AND OTHER ASSETS INFORMATION

Asset Name YOUNG FOR TEANECK COUNCIL		Asset Type Depository Bank	
Name TD BANK		Telephone Number 2015694051	
Address 9 EAST DEMAREST AVENUE, ENGLEWOIOD NJ 07631			
Account Number ****8715			
Opening Balance	Deposits	Disbursements	Closing Balance
\$0.00	\$7,327.00	\$6,468.35	\$858.65

SCHEDULE 1 - Monetary Contributions (In Excess of \$300 and all Currency Contributions)**Account: YOUNG FOR TEANECK COUNCIL ****8715** **Currency Contribution**

Contributor Name BATTLE, BARBARA		Contributor Address 26 VORHEES STRET , TEANECK NJ 07666	
Employer Name		Employer Address	
Occupation Retired			
Date Received 09/13/2022	Amount \$10.00	Aggregate Amount \$10.00	

 Currency Contribution

Contributor Name CHIRILLO, JAMES		Contributor Address 1117 MAGNOLIA RD, TEANECK NJ 07666	
Employer Name		Employer Address	
Occupation Retired			
Date Received 10/03/2022	Amount \$1,000.00	Aggregate Amount \$1,000.00	

 Currency Contribution

Contributor Name POWERS, CHARLES W		Contributor Address 1374 ACADEMY LANE, TEANECK, NEW JERSEY 07666, TEANECK NJ 07666	
Employer Name		Employer Address	
Occupation Retired			
Date Received 09/14/2022	Amount \$125.00	Aggregate Amount \$625.00	

 Currency Contribution

Contributor Name POWERS, CHARLES W		Contributor Address 1374 ACADEMY LANE, TEANECK, NEW JERSEY 07666, TEANECK NJ 07666	
Employer Name		Employer Address	
Occupation Retired			
Date Received 08/26/2022	Amount \$150.00	Aggregate Amount \$625.00	

 Currency Contribution

Contributor Name WIMBERLY, BENJIE		Contributor Address 32 COLONY DRIVE , EAST WEST ORANGE NJ 07052	
Employer Name LEGISLATURE NJ GENERAL ASSEMBLYMAN		Employer Address 315 EAST 41ST STREET , PATERSON NJ 07504	
Occupation Politician			
Date Received 09/22/2022	Amount \$500.00	Aggregate Amount \$500.00	

GRAND TOTAL: \$1,785.00

SCHEDULE 2 - In-Kind Contributions (In Excess of \$300)

Contributor Name T SHIRTS ETC.			Contributor Address 150 TRYON AVE APT F15 , ENGLEWOOD, NJ 07631	
Date Received 08/30/2022	Amount \$1,361.88	Aggregate Amount \$1,361.88	Description MEDIA - HANDOUTS/FLYERS/PALM CARDS - CAMPAIGN APPAREL, KNICKKNACKS. SNACKS ETC.	
Comments				
GRAND TOTAL: \$1,361.88				

SCHEDULE 5 - Loans Received (In Excess of \$300 and all Currency Loans)

Account: YOUNG FOR TEANECK COUNCIL **8715**

Currency Contribution

Name	Date	Amount	Aggregate Amount
POWERS, CHARLES W	10/05/2022	\$350.00	\$625.00

Address
1374 ACADEMY LANE, TEANECK, NEW JERSEY 07666, TEANECK NJ 07666

Employer Name

Employer Address

Occupation
Retired

Comments

Currency Contribution

Name	Date	Amount	Aggregate Amount
YOUNG, CHONDRA	10/25/2022	\$500.00	\$1,400.00

Address
299 IRVINGTON ROAD, TEANECK NJ 07666

Employer Name
SIDCO INVESTMENTS,

Employer Address
270 SYLVAN AVENUE, ENGLEWOOD CLIFFS NJ 07632

Occupation
Accountant/Auditor

Comments

Currency Contribution

Name	Date	Amount	Aggregate Amount
YOUNG, CHONDRA	10/25/2022	\$600.00	\$1,400.00

Address
299 IRVINGTON ROAD, TEANECK NJ 07666

Employer Name
SIDCO INVESTMENTS,

Employer Address
270 SYLVAN AVENUE, ENGLEWOOD CLIFFS NJ 07632

Occupation
Accountant/Auditor

Comments

Currency Contribution

Name	Date	Amount	Aggregate Amount
------	------	--------	------------------

SCHEDULE 5 - Loans Received (In Excess of \$300 and all Currency Loans)

YOUNG, CHONDRA	08/25/2022	\$300.00	\$1,400.00
----------------	------------	----------	------------

Address
299 IRVINGTON ROAD, TEANECK NJ 07666

Employer Name
SIDCO INVESTMENTS,
Employer Address
270 SYLVAN AVENUE, ENGLEWOOD CLIFFS NJ 07632

Occupation
Accountant/Auditor

Comments

Total Loans \$1,750.00

SCHEDULE 8 - Expenditures (Campaign/Operating)**Account: YOUNG FOR TEANECK COUNCIL ****8715**

Check No.	Payee Name And Address	Date	Balance Amount	Date Disbursed	Amount Disbursed
	TD BANK - ENGLEWOOD 9 E. DEMAREST AVE, ENGLEWOOD NJ 07631		\$0.00	08/12/2022	\$30.35

Purpose: BANK CHARGES

Comments:

Check No.	Payee Name And Address	Date	Balance Amount	Date Disbursed	Amount Disbursed
101&102	AMERICAN LEGION POST 128 650 AMERICAN LEGION DRIVE , TEANECK NJ 07666		\$0.00	09/09/2022	\$750.00

Purpose: FUNDRAISING RENTAL (HALL/FURNITURE/TENTS) -
CAMPAIGN KICKOFF LOCATION

Comments: contract available

Check No.	Payee Name And Address	Date	Balance Amount	Date Disbursed	Amount Disbursed
	TD BANK - ENGLEWOOD 9 E. DEMAREST AVE, ENGLEWOOD NJ 07631		\$0.00	09/30/2022	\$25.00

Purpose: BANK CHARGES - ACCOUNT MAINTENANCE FEE -
SEPTEMBER

Comments:

Check No.	Payee Name And Address	Date	Balance Amount	Date Disbursed	Amount Disbursed
	TD BANK - ENGLEWOOD 9 E. DEMAREST AVE, ENGLEWOOD NJ 07631		\$0.00	09/30/2022	\$3.00

Purpose: BANK CHARGES - PAPER DTATEMENT CHARGE -
SEPTEMBER

Comments:

Check No.	Payee Name And Address	Date	Balance Amount	Date Disbursed	Amount Disbursed
	TD BANK - ENGLEWOOD 9 E. DEMAREST AVE, ENGLEWOOD NJ 07631		\$0.00	10/31/2022	\$25.00

Purpose: BANK CHARGES - ACCOUNT MAINTENANCE FEE -
OCTOBER

Comments:

Check No.	Payee Name And Address	Date	Balance Amount	Date Disbursed	Amount Disbursed
	TD BANK -ENGLEWOOD 9 E. DEMAREST AVE, ENGLEWOOD NJ 07631		\$0.00	10/31/2022	\$3.00

Purpose: BANK CHARGES - PAPER DTATEMENT CHARGE -
OCTOBER

Comments:

Check No.	Payee Name And Address	Date	Balance Amount	Date Disbursed	Amount Disbursed
ACH	ACT BLUE 360 SUMMER STREET, SOMERVILLE MA 02144		\$0.00	11/14/2022	\$132.00

Purpose: BANK CHARGES - ACT BLUE ACCOUNT - CUMULATIVE
CHARGES FOR CAMPAIGN

Comments:

Total Disbursements \$968.35

SCHEDULE 10 - Contributions Made to Candidates or Committees

Office: All Other Candidates/Committees

Account: YOUNG FOR TEANECK COUNCIL **8715**

Date	Recipient Name And Address	Amount	Check No	Election Date	Location
09/26/2022	RISE FOR TEANECK - THE JOINT CAMPAIGN COMMITTEE OF WHICH CANDIDATE YOUNG WAS ONE OF THE FOUR CANDIDATES 703 CEDAR LANE, TEANECK NJ 07666	\$2,500.00	163	11/08/2022	TEANECK TOWNSHIP

Comments

Date	Recipient Name And Address	Amount	Check No	Election Date	Location
11/05/2022	RISE FOR TEANECK - THE JOINT CAMPAIGN COMMITTEE OF WHICH CANDIDATE YOUNG WAS ONE OF THE FOUR CANDIDATES 703 CEDAR LANE, TEANECK NJ 07666	\$3,000.00	164	11/08/2022	TEANECK TOWNSHIP

Comments

Total NJ Gubernatorial Candidate/Committee	\$0.00
Total NJ Legislative Candidate/Committee	\$0.00
Total All Other Candidate/Committee	\$5,500.00

SCHEDULE 12 - Outstanding Loans and Obligations Owed by Committee

Loans			
Name and Address	Date	Outstanding Balance	Comments
POWERS, CHARLES W 1374 ACADEMY LANE, TEANECK, NEW JERSEY 07666, TEANECK NJ 07666	10/05/2022	\$350.00	
YOUNG, CHONDRA 299 IRVINGTON ROAD, TEANECK NJ 07666	08/25/2022	\$300.00	
YOUNG, CHONDRA 299 IRVINGTON ROAD, TEANECK NJ 07666	10/25/2022	\$500.00	
YOUNG, CHONDRA 299 IRVINGTON ROAD, TEANECK NJ 07666	10/25/2022	\$600.00	

Total Outstanding Loans	\$1,750.00
Total Forgiven Loans (-)	\$0.00
Total Outstanding Obligations	\$0.00
Total Outstanding Loans and Obligations owed by Committee	\$1,750.00

CERTIFICATION

I certify that the statements on this document are true, and that the contribution amounts received conform with the limitations designated by law. I am aware that if any of the statements are willfully false, I may be subject to punishment.

11/29/2022

Date

CHONDRA YOUNG

Full Name (Candidate)

Signature (Candidate)

11/29/2022

Date

CHARLES W POWERS

Full Name (Treasurer)

Signature (Treasurer)