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## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| 1. NAME OF COMMITTEE IN FULL               |               |                                       |                     |   |                          |
|--|---------------|---------------------------------------|---------------------|---|--------------------------|
| Nia Gill for Congress                      |               |                                       |                     |   |                          |
| ADDRESS (number and street) P.O. Box 32358 |               |                                       |                     |   |                          |
| CITY, STATE, and ZIP CODE                  |               |                                       |                     |   |                          |
| Newark                                     |               | NJ 071                                | 02                  |   |                          |
| 2. NAME OF CANDIDATE                       |               | 3. OFFICE SOUGHT (State and District) |                     | 4. FEC IDENTIFICATION NUMBER  |                          |
| Nia Gill                                   |               | House NJ 10                           |                     | C00517136   |                          |
| 5. IS THIS AN AMENDMENT? NO, THIS IS A N   | EW FILING     | YES, IT AMENDS THE                    | NOTICE FILED ON     | //  |                          |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE |               | Name of Employer                      |                     | Date (month,  | Amount                   |
| David J. Bershad                           |               | David Bershad Fam                     | nily Foundation Inc | day, year)<br>05/24/2012  | 1000.00                  |
| 2 Stonebridge Road                         |               |                                       |                     | 00/24/2012  | 1000.00                  |
|  |               | Transaction ID : C8                   | 610045              | _   |                          |
| Montclair                                  | NJ 07042      | Occupation<br>Principal               |                     |   |                          |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE |               | Name of Employer                      |                     | Date (month,  | Amount                   |
| Dr. Elmo R. Randolph DDS                   |               | Self                                  |                     | day, year)  |                          |
| DI. EIIIO R. Randolph DDS                  |               | Sell                                  |                     | 05/24/2012  | 1000.00                  |
| 462 S Harrison St                          |               |                                       |                     | 00/24/2012  | 1000.00                  |
|  |               | Transaction ID : C8                   | 609948              |   |                          |
| Orange                                     | NJ 07050-3115 | Occupation                            |                     |   |                          |
|  | NJ 07050-3115 | Dentist                               |                     |   |                          |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE |               | Name of Employer                      |                     | Date (month,<br>day, year)  | Amount                   |
|  |               |                                       |                     |   |                          |
|  |               |                                       |                     |   |                          |
|  |               |                                       |                     |   |                          |
|  |               | Occupation                            |                     | -   |                          |
|  |               |                                       |                     |   |                          |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE |               | Name of Employer                      |                     | Date (month,<br>day, year)  | Amount                   |
|  |               |                                       |                     | day, year)  |                          |
|  |               |                                       |                     |   |                          |
|  |               |                                       |                     |   |                          |
|  |               | Occupation                            |                     | -   |                          |
|  |               |                                       |                     |   |                          |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE |               | Name of Employer                      |                     | Date (month,  | Amount                   |
|  |               |                                       |                     | day, year)  |                          |
|  |               |                                       |                     |   |                          |
| -  |               | Occupation                            |                     |   |                          |
|  |               |                                       |                     | -   |                          |
|  |               | 2000000000                            |                     |   |                          |
| SIGNATURE (optional)                       |               | <u> </u>                              | DATE                | For further in  | formation contact:       |
| Dannielle Leigh                            |               | [Electronically Filed]                |                     | Federal Election Commission<br>999 E Street, NW, Washington, DC 20463 |                          |
|  |               | [Bachonicauy Fuea]                    |                     |   | 9530, Local 202-694-1100 |
|  |               |                                       | ·                   |   |                          |

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