

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) Web site http://www.elec.state.nj.us/ FORM D-1

FOR STATE USE ONLY

ELEC RECEIVED
APR 1 7 2012

Candidate Name Mohammed Mameedudd IN Candidate Committee Name Committee Name
Candidate Committee Name Committee to Re Elect Michammer Hameeduclain Address (Number and Street, City, State, Zip Code) 799 Reduced Street *(Area) Day Telephone County Electron Date Political Party, if any Electron Type (CHECK ONE) Primary General Municipal Run-Off School Fire District Special Yes N
Candidate Committee Name Committee To Re Elect Mohammed Hameeduck IV Address (Number and Street, City, State, Zip Code) 799 Redword Street *(Area) Day Telephone County Legal Name of Election District or Municipality Fourthip of Fine Sought Council Decson Election Type (CHECK ONE) Primary General Municipal Run-Off School Fire District Special Yes N
Address (Number and Street, City, State, Zip Code)
*(Area) Day Telephone County Electron Date Folitical Party, if any Electron Type (CHECK ONE) Primary General Municipal Run-Off School Fire District Special Yes N CHAIRPERSON *(Area) Evening Telephone
*(Area) Day Telephone County Legal Name of Election District or Municipality Township of Tease K Electron Date Political Party, if any Office Sought Council Decson Election Type (CHECK ONE) Primary General Municipal Run-Off School Fire District Special Yes N CHAIRPERSON
Election Date Political Party, if any Office Sought
Election Date Political Party, if any Office Sought
S-8-2012 NONE Council Dense
Election Type (CHECK ONE) Primary General Municipal Run-Off School Fire District Special Yes N CHAIRPERSON
☐ Primary ☐ General ☐ Municipal ☐ Run-Off ☐ School ☐ Fire District ☐ Special ☐ Yes ☐ N CHAIRPERSON
Name FATIMA VASMEEN Al-Shehnh
Mailing Address 260 Herrick Ave
City TEANECK State New Jersey 21p Code 07666
*(Area) Day Telephone *(Area) Evening Telephone /
TREASURER
Name Ken Hoffman
Mailing Address 956 Phelos BOAD TEANECK NJ 07666
City TEANECK State New Jessey 210 Code 07666
I IPANOSK I IIPA IPETAL I ATICO
*(Area) Day Telephone *(Area) Evening Telephone
*(Area) Day Telephone *(Area) Evening Telephone
*(Area) Day Telephone *(Area) Evening Telephone Resident Address 956 Phelps Roap
*(Area) Day Telephone *(Area) Evening Telephone Resident Address 956 Phelps Roap
Resident Address City *(Area) Evening Telephone *(Area) Evening Telephone *(Area) Evening Telephone *(Area) Evening Telephone
Resident Address State City Teamerk DEPOSITORY INFORMATION Name of Bank or Depository Area) Evening Telephone *(Area) Evening Telephone
Resident Address Gity Teamerk DEPOSITORY INFORMATION Name of Bank or Depository The property of the prope
Resident Address Gity Teamerk DEPOSITORY INFORMATION Name of Bank or Depository Mailing Address *(Area) Evening Telephone Zip Code O76 G6 O76 G6 Mailing Address Street
Resident Address Gity Teamerk DEPOSITORY INFORMATION Name of Bank or Depository Mailing Address *(Area) Evening Telephone Zip Code O76 G6 O76 G6 Mailing Address Street
Resident Address Oth Teamer Depository information Name of Bank or Depository Halling Address City Hackensack State Alexan Evening Telephone *(Area) Evening Telephone Zip Code O 76 Gb State *(Area) Evening Telephone Zip Code O 76 Gb *(Area) Evening Telephone *(Area) Evenin
Resident Address State City Teamerk DEPOSITORY INFORMATION Name of Bank or Depository Mailing Address State State State State State State Amount Teamerk Teamer
Resident Address Oth Teamer Depository information Name of Bank or Depository Halling Address City Hackensack State Alexan Evening Telephone *(Area) Evening Telephone Zip Code O 76 Gb State *(Area) Evening Telephone Zip Code O 76 Gb *(Area) Evening Telephone *(Area) Evenin

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47 1A-11, an unlisted telephone number is not a public record and must not be provided on this form.

Page 1 of 2

OLIGINA (

LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ANY PERSON(S) AUTHORIZED TO SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS						
Name Mohammed Hamecoluddin						
Mailing Address 799 Redmond Street						
City TEANECK	State / Ew Jerscy *(Area) Evening Telephone	Zip Code 07666				
*(Area) Day Telephone	*(Area) Evening Telephone	· · · · · · · · · · · · · · · · · · ·				
Name Ken Hoffman						
Mailing Address 956 Phelps Rd						
TEANECK	New Jersey	Zip Code OHOGO				
*(Area) Day Telephone	*(Area) Evening Telephone	•				
Name						
Mailing Address						
City	State	Zip Code				
*(Area) Day Telephone *(Area) 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 A - 1 - 2012 DATE PRINT FULL NAME (CANDIDATE) SIGNATURE (CANDIDATE)						
CHAIRPERSON/TREASURER CERTIFICATION						
I certify that the statements on this document are true I am aware the punishment	at if any of the statements are willfully false,	I may be subject to				
4-1-2012 PRINT FULL NAME (CHAIRPÉRSON) PRINT FULL NAME (TREASURER) Treasurers for Gubernatorial and Legislative candidates are required to	Al-Shehab Signature (Chalapperson) R Signature (TREASURER) or receive training with the New Jersey Election	blaman In Law Enforcement				
Commission Check here if you have completed the training and e	-					

New Jersey Election Law Enforcement Commission

Form D-1 Revised 01/2011
*Leave this field blank if your telephane number is unlisted. Pursuant to N.J.S.A. 47 1A 1.1 en unlisted telephone number is not a public record and must not be provided on this form

Page 2 of 2

original

F	ORM R-1	REPORT	OF CONTR)	R	EPORT (CHECK 29 - DAY PR	ONE) E-ELECTION
<u> </u>	NEW JERS	SEY ELECTION LAV				1	-	11 - DAY PR	E-ELECTION
1	(600) 2	P O Box 185, Tre 92-8700 or Toll Free V			EC (3533)		[]		ST-ELECTION
l	(009) 2	Web site http://v			EC (3532)		[Apr 15, July 15,	
CAI		OMMITTEE NAME	//	,	, ()	1 44	,	301y 15, Cot 15,	
CTI	COMM REET ADDRESS	itlee To Ref	eet Mol	nama	net Hamec	dicta	<u> </u>	Jan 15	
311	799	Redmond St	reof				Amendment Yes No No		
CIT	Y 7.		STATE	ZIP CO	DDE			For Stat	te Use Only
	Teane	<u>c N</u>	ELECTION DIS	O.	+ (066	AL ITS	4	ELFC P	EODN
	Bera	P11	Townsh		A —		ELEC RECEIVED		
POLITICAL PARTY, IF ANY OFFICE SOUGHT				7	APR 1	9 2012			
ELECTION DATE ELECTION TYPE PRIMARY NA MUNICIPAL									
	-8-2012	ELECTION TYPE (CHECK ONE)	PRIM GENE		MUNIC RUN-O			SCHOOL FIRE DISTRICT	SPECIAL
su	MMARY TABI	LES DO NOT ATTEM	•				IL.		
TA	BLE I. RECEI	PTS					TH	IIS REPORT	CUMULATIVE TO DATE
1	MONETARY CO	ONTRIBUTIONS OF \$	300 OR LESS				\$,	100.00/10_	\$ 100
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]				Y	\$ 5	100 00/100	\$ 5 100 00/100		
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS				\$	s -				
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B] 5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS				\$		\$			
	LOANS RECEIV	/ED IN EXCESS OF \$	300 AND ALL C	URREN	ICY LOANS		\$		\$
1	SUB TOTAL			(ADD	LINES 1 THE	(U 5)	\$ 5	200 00/10	\$ 5.200.00/in
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)			(-)	\$	<u> </u>	\$			
8	TOTAL CONTR	BUTIONS					ک \$,200.00/100	\$ 5,200,00/100
9	ADD FUNDS TI	RANSFERRED FROM	PRIOR CAMPA	NGN		(+)	\$	_	\$
10	TOTAL RECEI	PTS		(ADI	D LINE 8 + LIN	IE 9)	\$ 5,	200 .00/100	\$ 5,200 . Velia
TA	BLE II. EXPE	NDITURES	· · · · · · · · · · · · · · · · · · ·				I		
1	DISBURSEME	NTS - CAMPAIGN EX	PENSES (Sche	dule 1(D))]		\$ 2	764 17/10	\$ 2,764 17/10
2	DISBURSEME	NTS - OTHER [Sched	ule 2(D)]				\$	Ô	s O
3		NTS - CONTRIBUTIO		THER		ĺ	\$]	00.00/1100	\$ 100 00/100
CANDIDATES/COMMITTEES [Schedule 3(D)] 4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]				\$	0	\$ 			
5	IN-KIND CONT	RIBUTIONS OF \$300	OR LESS (TAB	LE I, LII	NE 3)		\$	0	\$ O
6	IN-KIND CONT	RIBUTIONS IN EXCE	SS OF \$300 (T	ABLE I,	LINE 4)		\$	0	\$ 0
7	SUB TOTAL			(ADD	LINES 1 THE	(6 U	\$2	864.17/10	\$ 2,864.17/10
8	REFUNDED D	SBURSEMENTS (Sch	nedule F]			(-)	•	0	\$ ()
9	TOTAL EXPE	NDITURES		(LIN	E 7 MINUS LIP	NE 8)	ş <u>2</u> ,	864 17/100	52,864 17/100

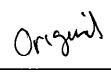
ORIGINAL

SCHEDULE A

Monetary Contributions in Excess of \$300 and All Currency Contributions

CONTRIBUTOR NAME	EMPLOYER NAME	
Ali Siddiqui	Vship INC	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS 3(436 33rd	Street
TEANECK NJ 07666	1	11(0)
CHECK IF AGGREGATE AMOUNT	HSTORIA DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION BUSINES OWNER	3/20/2012	\$ 2600 00/100
CONTRIBUTOR NAME	EMPLOYER NAME	
Amber Sheikh	Housewi	fe
CONTRIBUTOR ADDRESS 141 JEANECK RJ	EMPLOYER ADDRESS	. (2)
TEAMECK MT 07666	18ANECK	15 07666
CHÉCK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	ÅMOUNT(S) RECEIVED THIS PERIOD
occupation Housewife	3/20/2012	1000 . °°/100
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS OF	NYCTEC EMPLOYER ADDRESS	H Courtruction Corp
17 VANCOUVER RO	252 West 3	18th Street
Morgaville NJ 07751	New York	NY 10018
J CHECK IF AGGREGATE AMOUNT CURRENCY \$	• ' '	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION BusiNess OWNER	3/20 bo12	1500.00/100
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT CURRENCY \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION		
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	<u>-</u>
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION \$		\$
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	TAL, THIS PAGE	\$ 5/00 00/100
	AND TOTAL	\$ 5100 °°1/00 \$ 5100. °°1/00
<u>'</u>		

SCHEDULE B



In-Kind Contributions in Excess of \$300

CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	5
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIB	BUTION(S)	•	
CONTRIBUTOR NAME		EMPLOYER NAME	den
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	5
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIB	BUTION(S)		
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	S
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIB	BUTION(S)		
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	S
	, 		
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIB	UTION(S)	, , , , , , , , , , , , , , , , , , , 	
(COMPLETE THIS LINE FOR EVERY	PAGE USED) TO	TAL, THIS PAGE	\$
(COMPLETE THIS LINE FOR LAST	PAGE USED) GR	AND TOTAL	<u>\$</u>

l nans Receive	SCHED	ULE C \$300 and 4	All Ci	Or 19144
LENDER NAME	- LAGOSS OF	EMPLOYER N	IAME	arronoy Louno
		<u> </u>		
LENDER ADDRESS		EMPLOYER A	ADDRE	ESS
OCCUPATION		I		
CO-SIGNER NAME		EMPLOYER N	NAME	
CO-SIGNER ADDRESS		EMPLOYER A	DDRE	ESS
OCCUPATION		AMOUNT(S) F	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO	UNT		CHECK IF CURRENCY
LENDER NAME		EMPLOYER N	IAME	
LENDED ADDRESS		EMBLOVED A	DDD	-00
LENDER ADDRESS		EMPLOYER A	ADDRE	=55
OCCUPATION			·	
CO-SIGNER NAME		EMPLOYER N	IAME	· · · ·
CO-SIGNER ADDRESS		EMPLOYER A	DDRE	ESS
-				
OCCUPATION			RECEI	VED THIS PERIOD
DATE(C) DECENTED	Loopeoure Mo	\$		
DATE(S) RECEIVED	AGGREGATE AMOI			CHECK IF CURRENCY
TOTAL AMOUNT OF LOANS RECEIVED 1	THIS REPORT PERIO	D .	\$	

ADJUSTMENT SCHEDULE

Refund of Excessive Contributions

PAYMENT DATE	CHECK NO	PA	/EE NAME AND ADDI	RESS	REFUNDED AMOUNT
					\$
:					
Ī					
:					
(COMPLETE THIS	LINE FOR EVERY PA	AGE USED)	TOTAL, THIS PAGE	\$	
(COMPLETE THIS	LINE FOR LAST PAG	GE USED)	GRAND TOTAL	\$	\bigcirc

SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

			Sampaign Expenses			
PAYMENT DATE	CHECK	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
3-20-20L	€F.T	CHASE 505 Main St Hackbarreck NJ 07601	Checking supplies	\$ 11.50100	₩	<u>θ</u>
3-26-2012	6 FT	CANOS MAGIC GOOGY FT HAMMEN PRICE IN 11219	14 Hantler Kids Easterthownews ter	200 00/100	-	
3.26.2012	EFF	Reditivt 113 Hodon St Hackenset 1507601	CAMPRION MAterials	367 54100)	
3-26-2011 FT 1002	1002	Vitales Aestaurant 293 Over Ann Ad Jenneck 115 Other	KICK Off PANY	1918 59/10 1		
3-27-201	EFT	Chopsty 172 W Englewood Ave TEANOCH MOSHOR	Kosher Food For Kick off Pary	200.00/100		
3-27-2012 6FT	6F	Tower COPY EAST 115 West 45m St Suite 502 New York	CAMPAIGN - NOTERIALS	146.58/100		
		NY 10036				
			ક્ક	2) 764 17/m	€	↔
(COMPLETE TH	IIS LINE FOF	(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL \$ 3	2,764 17/00	У	У

9

SCHEDULE 2(D) - DISBURSEMENTS Other

PAYMENT DATE	CHECK	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
				€	€	↔
HI SIS INCOME	ACT TIME	COMPLETE THIS LINE FOR EVERY DAGE USED)	TOTAL THIS PAGE	\$	\$	\$
(COMPLETE Th	IS LINE FOR		GRAND TOTAL	\$	о О	*

SCHEDULE 3(D) - DISBURSEMENTS Contributions made to other Candidates/Committees

SCHEDULE E

Outstanding Obligations

Date Incurred	Creditor's Name	Address	Description	Amount
3-28-2012	Moh Amerel Hameeluddu	799 Redmind Street	LAWN SIGNS	\$ 3,000 00/10
3-29-2012	Cadett Marketny In	799 Redmind Street Tenneck NT 07646 183 Market St Saddle Brook NS 07663	CAMPERAN CHARIS WATER BATTLES I JAR OPENIAS	689. 08) In
			TOTAL OUTSTANDING OBLIGATIONS	s 3,689. %

SCHEDULE F

Refunded Disbursements

Date	Full Name	Address	Description	Amount
				\$
			SCHEDULE F TOTAL	\$

SCHEDULE G Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDA	FE/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MUN	CPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDIDA	TE/COMMITTEE	[*	
		/	
MAILING ADDRESS		\(\(\)	_
OFFICE SOUGHT	ELECTION DISTRICT OR MUN	CIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDIDA	TE/COMMITTEE	`	
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MUN	CIPALITY	
CHECK NUMBER	PAYMENT DATE	\$	
NAME OF RECIPIENT CANDIÓA	TE/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MUN	CIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT	
		\$	
NAME OF RECIPIENT CANDIDA	re/COMMITTEE	-	
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MUN	CIPALITY	
CHECK NUMBER	PAYMENT DATE	\$	

STATEMEN	<u>IT OF CAMPAIGN DEPOSITORY AN</u>	D CAMPAIGN TREASURER
Opening Balance, this re (Insert closing balance of last insert zero)	port report, or, if this is the first report filed by this entity	for this election,
Funds Transferred from	Prior Campaign	<u>s</u> O
Deposits (Include interest)		\$ 5200 00/100
Disbursements (Include b	ank charges)	s 2,864. 17/100
Closing Balance, this Re	port	s 2,335.83/100
Chase	Committee	to Elect Mohamaca Hampeduldin
NAME OF BANK OR DEPO	SOS MAIN STAT HACKENSACK ADDRESS OF BANK OR DEPOSIT	NAME OF ACCOUNT
Ken Hottman	V ADDITION OF DEFICION	
NAME OF TREASURER 956	Phelps Rd Jeaneck	*TELEPHONE NUMBER (DAY) NJ 07666
	ADDRESS OF TREASURER CERTIFICATION	
certify that the statements designated by law 1 am awar A-2-2011 DATE		ution amounts received conform with the limitations have be subject to purishprent SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE 4-2-2011 DATE	PRINT FULL NAME (CANDIDATE) PRINT FULL NAME (TREASURER)	SIGNATURE (SAMBIDATE) SIGNATURE (TREASURER)
	and Legislative candidates are required to receive t neck here if you have completed the training and	
	DECLARATION OF FINAL R	REPORT
that all filing entities continue I certify that all contribution	applicable Declaration below as well as Certification to file reports with the Commission until all campaigns or other monies received by this election fund ha, and that the election fund has wound up its busine	gn business is wound up and the fund is dissolved ave been disbursed, that there are no outstanding
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)

FORM R-1	REPORT	OF CONTR)			E-ELECTION
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)					11 - DAY PR			
(609)				EC (3532)			20 - DAY PO Apr 15,	ST-ELECTION
	Web site http://v			· · ·			July 15,	
CANDIDATE OR C	COMMITTEE NAME	ect Moham	-	Chamas	4/.		Oct 15	
STREET ADDRES	ree To The Ch	C INDAM	<u>mea t</u>	<u> 11 11 12 12 13 14 14 14 14 14 14 14</u>			Jan. 15,	
799	hedmous Str	eet					Amendment Yes	□ No □
CITY		STATE	ZIP CC	DDE 1/1./			For State	te Use Only
COUNTY	·	ELECTION DIS	STRICT	OR MUNICIP	ALIT	7	ELEC RE	CEIVED
Berge			Nec	1.				
POLITICAL PARTY, IF ANY OFFICE SOUGHT OUNC! ELECTION TYPE PRIMARY PAUNICIPAL				MAY 0	4 2012			
ELECTION DATE ELECTION TYPE PRIMARY MUNICIPAL 5-8-2012 (CHECK ONE) GENERAL RUN-OFF				SCHOOL FIRE DISTRICT	SPECIAL			
SUMMARY TABLES DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED								
TABLE I. RECE	IPTS						THIS REPORT	CUMULATIVE TO DATE
1 MONETARY C	ONTRIBUTIONS OF \$	300 OR LESS				\$ _	2.705.00/10	\$ 2 805,00/10
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			\$	5600.00/m	\$ 10 700.00/100			
CONTRIBUTIONS [Schedule A] 3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$	\sim	\$			
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]			s		s			
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS			\$		\$			
[Schedule C]			s		5. 6			
6 SUB TOTAL (ADD LINES 1 THRU 5)			₹U 5)`	<u> </u>	8305.4/m	12805 09/100		
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)			(-)	\$	1000 00/100	\$ 1000.00/100		
8 TOTAL CONTRIBUTIONS				\$	7305.0%	\$ 11,505 00/100		
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)			(+)	\$	O	s O		
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)			NE 9)	\$	7305. °%	\$ 11.505.00/10		
TABLE II EXPENDITURES				1900 100	11/3001 //10			
1 DISBURSEME	ENTS - CAMPAIGN EX	PENSES [Sched	lule 1(D))]		\$	1,296,11	\$ 40 25.28
DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)] DISBURSEMENTS - OTHER [Schedule 2(D)]				\$	O	\$ 0		
2 DISBURSEMENTS - OTHER [Schedule 2(D)] 3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]				\$	0	\$ 100.00/100		
CANDIDATES/COMMITTEES [Schedule 3(D)] 4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]				\$	\mathcal{O}	\$ 0		
5 IN-KIND CON	TRIBUTIONS OF \$300	OR LESS (TAB	LE I, LII	NE 3)		\$	0	\$ 0
6 IN-KIND CON	TRIBUTIONS IN EXCE	SS OF \$300 (TA	BLE I,	LINE 4)		\$	0	\$ 0
7 SUB TOTAL			(ADD	LINES 1 THE	RU 6)	s	0	\$ 0
8 REFUNDED D	DISBURSEMENTS [Sch	edule Fj			(-)	\$	Ó	\$ 0
9 TOTAL EXPE	NDITURES		(LINI	E 7 MINUS LII		_	1.276.11/10	- 08
New Jersey Election Law En			-			<u> </u>	HOX [1/1]	FORM R-1 Revised 01/2011

SCHEDULE A

Monetary Contributions in Excess of \$300 and All Currency Contributions

CONTRIBUTOR NAME	EMPLOYER NAME	0
Khara Khateeb	Momas	Drugs
CONTRIBUTER ADDRESS Rd	EMPLOYER ADDRESS	Drugs lumbus Drive
Paramus NJ 07652	l .	AMOUNT(S) RECEIVED THIS PERIOD
CHECK IF AGGREGATE AMOUNT CURRENCY S 1008 1000		
OCCUPATION BUSINESS OWNER	4-13-2012	\$ 1000.00/100
ICON RIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	Soirt T EMPLOYER ADDRESS	01
82 Fycke LANE	100 Riser	
TEAUCCK ST 07666	Little Fer	AMOUNT(S) RECEIVED THIS PERIOD
CFIECK IF AGGREGATE AMOUNT	i '	e ' '
OCCUPATION BUSINES OWNER	4-13-2012	1000.00/100
ICUNICIDUIUS NAME / L	EMPLOYER NAME	
Mohammed SAdigu //A CONTRIBUTOR ADDRESS	Keyse (Clothing Ine
94 JACKSON Drive	1466 B	עמעוממו
Cress Kill 15 07626 CHECK IF AGGREGATE AMOUNT CURRENCY 5		AMOUNT(S) RECEIVED THIS PERIOD
CHECK IF AGGREGATE AMOUNT	1	e /
OCCUPATION BUSINESS OWNER	4-13-2012	2600.00/100
CONTRIBUTOR NAME Ruding Odeh - Rampdau CONTRIBUTOR ADDRESS	EMPLOYER NAME Columbia	University Medical Center
5900 Arliagton Are Apt 22V	EMPLOYER ADDRESS	lashian how Ave
River dale NY 10471 CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	. 1 U desa 1
OCCUPATION Dector of Pharmacology	4-16-2012	\$ 500 00/100
CONTRIBUTOR NAME	EMPLOYER NAME	1/0
CONTRIBUTOR ADDRESS 400 Windermere Dr	EMPLOYER ADDRESS	/ 0
400 Windermere Dr.	<i>\\\\\</i>	/ /+
LAKELAND F1 33809		
CHECK IF AGGREGATE AMOUNT CURRENCY \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION HOUSENITE		500.00/100
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	TAL, THIS PAGE	\$ 5600.00/m
(COMPLETE THIS LINE FOR LAST PAGE USED) GF	RAND TOTAL	\$ 5600. 00/100

SCHEDULE B In-Kind Contributions in Excess of \$300

CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	3
OCCUPATION	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
DESCRIPTION OF IN-KIND CONTRIBUT	TION(S)	<u></u>	
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	S
OCCUPATION	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
DESCRIPTION OF IN-KIND CONTRIBU	TION(S)		
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	S
OCCUPATION	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
DESCRIPTION OF IN-KIND CONTRIBU	TION(S)		
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	5
OCCUPATION	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
DESCRIPTION OF IN-KIND CONTRIBUT	TION(S)		
(COMPLETE THIS LINE FOR EVERY P	AGE USED) TO	TAL, THIS PAGE	s ()
(COMPLETE THIS LINE FOR LAST PA		AND TOTAL	s 0

SCHEDULE C Loans Received in Excess of \$300 and All Currency Loans

LENDER NAME		EMPLOYER NAME			
LENDER ADDRESS		EMPLOYER A	DDRE	ESS	
OCCUPATION			-		
CO-SIGNER NAME		EMPLOYER N	NAME		
CO-SIGNER ADDRESS		EMPLOYER A	DDRE	ESS	
		_			
OCCUPATION		AMOUNT(S) F	RECEI	IVED THIS PERIOD	
DATE(S) RECEIVED	AGGREGATE AMO	UNT	-	CHECK IF CURRENCY	
LENDER NAME		EMPLOYER N	IAME		
LENDER ADDRESS		EMPLOYER A	ADDŘI	ESS	
OCCUPATION			.		
CO-SIGNER NAME		EMPLOYER N	NAME		
CO-SIGNER ADDRESS		EMPLOYER A	DDRE	ESS	
OCCUPATION		AMOUNT(S) F	RECEI	VED THIS PERIOD	
DATE(S) RECEIVED	AGGREGATE AMOU	TNL		CHECK IF CURRENCY	
TOTAL AMOUNT OF LOANS RECEIVED T	HIS REPORT PERIO	D	\$	0	

ADJUSTMENT SCHEDULE

Refund of Excessive Contributions

PAYMENT DATE	CHECK NO	PAYEE NAME AND AD	DDRESS REFUNDED AMOUNT
4-15-2012	1006	Amber Sheikh 141 Tenneck Rd Tenneck NJ 076	\$ 1000 *0/100
(COMPLETE THIS	LINE FOR EVERY PA	GE USED) TOTAL, THIS PAG	GE \$ 1000.00/100
(COMPLETE THIS	LINE FOR LAST PAC	GE USED) GRAND TOTAL	s 1000 colina

SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

			Cambaight Expenses			
PAYMENT DATE	CHECK	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
4-10-2012 EFT 424-2012 EFT 424-2012 EFT		Go Datoy · Con 1445A Hayden Rolff & 19 Scottone AZ 25360 Ooles K. Com 901 Manshill Frish 113 Hudson Street Hacknessek 10 3801 Patch Media Group	Website design CAMPRIER MATERIALS Web Ad for Bath.com	\$ 68.38 208.33 707.00 887.59/m	φ	⇔
T STE ISMOOT		COUNDI ETE TUIS I INS EOO EVEDV DAGE HISED)	TOTAL THIS DAGE	111/148	0 \$	ۍ ه
COMPLETE	HIS LINE FO	(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	137111	O \$	\$
New Jersey Election Law Enforcement Commission	Finforcement Comm	rission	9			FORM R-1 Revised 01/2011

SCHEDULE 2(D) - DISBURSEMENTS Other

PAYMENT DATE	CHECK	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
				\$	•	₩
HI HIETE IN	IS I INF FOR	(COMPLETE THIS LINE FOR EVERY PAGE LISED)	TOTAL THIS DAGE	O \$	0 \$	\$ 0
(COMPLETE TH	IIS LINE FOR		GRAND TOTAL	0 \$	\$	0 \$
•						

SCHEDULE 3(D) - DISBURSEMENTS Contributions made to other Candidates/Committees

PAYMENT DATE	CHECK NO	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
				G
(COMPLETE THIS LI	(COMPLETE THIS LINE FOR EVERY PAGE USED)	GE USED)	TOTAL, THIS PAGE	©
COMPLETE THE F	COMPLETE THE FOLLOWING LINES FOR LAST PAGE	OR LAST PAGE USED		
SCHEDULE 3(D) GRAND TOTAL	RAND TOTAL			1 \$ (
ADD THE "PRO - R	VATA AMOUNT OTHE	ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)	•	2 \$ C
GRAND TOTAL OF	= CONTRIBUTIONS A	GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES	ES	3. \$

SCHEDULE E

Outstanding Obligations

Date incurred	Creditor's Name	Address	Description	Amount
3-28-20n	Mohammed Hameeduldo	799 Redward Street TEANECK NT 07666	LANN Signs	\$ 3,000.00/10
3-29-2012	Caduth Markething	183 Market Street Soudle Brook NT 07663	Campaign Charles, water Bottles & Jar Openers	689. * ⁸ /w
			TOTAL OUTSTANDING OBLIGATIONS	\$ 3,689°%

SCHEDULE F

Refunded Disbursements

Date	Full Name	Address	Description	Amount
				s
i.		.1		ı
			SCHEDULE F TOTAL	\$ 0

SCHEDULE G Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE/COMMIT	TEE	/
MAILING ADDRESS		_/
WAILING ADDRESS		
	,	/
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT
		\$
NAME OF RECIPIENT CANDIDATE/COMMIT	TEE	
	/	
	_	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	:
	1 1	
CHECK NUMBER	PAYMENT/DATE	AMOUNT
CHECK NOWBER	FATMENTO 1	1\$
NAME OF RECIPIENT CANDIDATE/COMMIT		
MAILING ADDRESS	/	
WAILING AUDRESS		
/	/ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
/	Janas de la composition della	
] <u> </u>	
CHECK NUMBER	PAYMENT DATE	AMOUNT
/		\$
NAME OF RECIPIENT CANDIDATE/COMMIT	TEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
OF FIGE SOUGHT	ELECTION DISTRICT OR MONICIPALITY	
/		
CHECK NUMBER	PAYMENT DATE	AMOUNT
/		\$
NAME OF PROPERTY OF A PROPERTY		<u> </u>
NAME OF RECIPIENT CANDIDATE/COMMIT	ILEE	
MAILING ADDRESS		
THE THE PARTY CONTRACTOR		
<i>f</i>		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT
		\$
	{	1

STATEME	ENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN	TREASURER
Opening Balance, this r (Insert closing balance of la- insert zero)	report st report, or, if this is the first report filed by this entity for this election,	\$2,335. 83/100
Funds Transferred from	n Prior Campaign	\$ 0
Deposits (Include interest)	\$ 8305.00/100
Disbursements (Include	bank charges)	s 1,276. 1/100
Closing Balance, this R	Report	\$ 7,029. 1/100
NAME OF BANK OR DEPO	Committee To Elect,	Mohamme allamadoldia
57		60 I
Ken Hoffr NAME OF TREASURER	MAN	*TELEPHONE NUMBER (DAY)
	956 Phelps Ad Tempeck No.	07666
	CERTIFICATION	
I certify that the statement	is on this document are true, and that the contribution amounts rece	eived conform with the limitations
	are that if any of the statements are willfully false, I may be subject to pu	
9/24/2012	Mahismmed Hameont while	1/1
DATE	PRINT FULL NAMÉ (CANDIDATE) SIGNAT	RE (CANDIDATE)
2. (. 2	Thirt i dee is an a formation and	y (
DATE -	PRINT FULL NAME (CANDIDATE) SIGNAT	URE (CANDIDATE)
אסוב	PRINT FOLL IMMIE (CANDIDATE) SIGNAT	URE (CANDIDATE)
DATE	A DOMET FULL MANTE (CANDIDATE)	TIPE ADALIDIDATE)
0/0/1	PRINT FULL NAME (CANDIDATE)	URE (CANDIDATE)
4/24/2012	KEN HOTTMAN NITTI	man
DATE	PRINT FULL NAME (TREASURER) SIGNATU	JRE (NREASURER)
=	e de la companya de	<i>y y</i>
	al and Legislative candidates are required to receive training with the Ne Check here if you have completed the training and enter your Treasu	
	Officer field I if you have completed the training the effect your mount	irer maining ton
	DECLARATION OF FINAL REPORT	
If this is the final report, pige	- annicable Declaration below as well as Cartification above. Chapter 6	5 of the Laws of 1003 requires
<u> </u>	n applicable Declaration below as well as Certification above. Chapter 6 ie to file reports with the Commission until all campaign business is wou	
•	,	
	tions or other monies received by this election fund have been disburse ns, and that the election fund has wound up its business and has been o	
— loans or other congulation	10, and that the election fails had weare up to econice and had been t	1155017-00
DATE	PRINT FULL NAME (CANDIDATE) SIGNAT	'URE (CANDIDATE)
	• •	·
DATE	PRINT FULL NAME (CANDIDATE) SIGNAT	URE (CANDIDATE)
5,2	Time (orapidate)	ONE (OMIDIONIE)
DATE	PRINT FULL NAME (CANDIDATE) SIGNAT	URE (CANDIDATE)
DAIL	PRINT PULL NAIME (CANDIDATE) SIGNAT	UKE (CANDIDATE)
DATE	PRINT FULL NAME (TREASURER) SIGNAT	URE (TREASURER)
I DATE	FRINT FOLL NAME (TREASURER) SIGNAT	ORE (TREASURER)

					Original	
FORM R-1	REPORT		RIBUTIONS AND		REPORT (CHECK	ONE) E-ELECTION
NEW JED!	SEVELECTION LAW	EXPENDIT			11 - DAY PR	
•	SEY ELECTION LAV PO Box 185, Tre	nton, NJ 08625	-0185		20 - DAY PO	ST-ELECTION
(609) 2	292-8700 or Toll Free V Web site http://v				Apr 15,	
CANDIDATE OR C	OMMITTEE NAME	. 71	1/		July 15, Oct 15,	
Committee		hammed h	Ameeduddin		Jan 15,	
STREET ADDRES	ledmond Stree	<u> </u>			Amendment Yes	□ No □
CITY TEANEC	1.	STATE	ZIP CODE 07666		For Stat	te Use Only
COUNTY			STRICT OR MUNICIPALITY	Y	ELEC R	ECEIVED
Derage POLITICAL PART		<i>Ownship</i> Office sout	o of TEANECK		. AUL	2 1 2012
NON	6	Counc	1 Delson		33,12	
ELECTION DATE 5 - 8 - 2017	ELECTION TYPE (CHECK ONE)	PRIM GENE			SCHOOL FIRE DISTRICT	SPECIAL
SUMMARY TAB	DO NOT ATTEM		ETE TABLES I AND II UNT HAVE BEEN COMPLETED	TIL		
TABLE I. RECE	PTS				THIS REPORT	CUMULATIVE TO DATE
1 MONETARY C	ONTRIBUTIONS OF \$3	300 OR LESS		\$	4660.04/100	\$ 7,465.00/100
		CESS OF \$300	AND ALL CURRENCY	\$	4200.00/100	5 14 900 00 m
	DNS [Schedule A] RIBUTIONS OF \$300 (OR LESS		\$	0	\$ 0
4 IN-KIND CONT	RIBUTIONS IN EXCES	SS OF \$300 [Sc	hedule B]	\$	O	\$ O
5 L'OANS RECEI [Schedule C]	VED IN EXCESS OF \$	300 AND ALĹ C	URRENCY LOANS	\$	0	\$ 0
6 SUB TOTAL			(ADD LINES 1 THRU 5)	\$	8860.04/18	\$ 77 21 C 00/100
7 DEFUND OF F	XCESSIVE CONTRIBL	ITIONS (Admost	mont Cohodulol (1)	<u> </u>	0 060- 1100	\$ 1000 00 100
/ REPOND OF E	XCESSIVE CONTRIBC	TTONS (Aujusti	ment Schedule] (-)	<u> </u>	U	1000, 1100
8 TOTAL CONTR	RIBUTIONS			\$	0088 COD88	\$ 21,365 00 100
9 ADD FUNDS T	RANSFERRED FROM	PRIOR CAMPA	AIGN (+)	\$	0	\$ 🔘
10 TOTAL RECEI	PTS		(ADD LINE 8 + LINE 9)	\$	8860 04/w	\$21,365.00 (w
TABLE II EXPE	NDITURES					
1 DISBURSEME	NTS - CAMPAIGN EXI	PENSES (Scher	dule 1(D)]	\$	14,491,27/10	\$ 18,526.54/10
	NTS - OTHER (Schedu			S	0	\$ O
	ENTS - CONTRIBUTION /COMMITTEES [Sched		THER	\$	<u> </u>	\$ 100 00/100
	ONS MADE ON BEHAL ount Schedules 1(D) and			\$	ව	* <i>O</i>
5 IN-KIND CON	TRIBUTIONS OF \$300	OR LESS (TAB	LE I, LINE 3)	\$	0	s ()
6 IN-KIND CON	TRIBUTIONS IN EXCE	SS OF \$300 (T/	ABLE I, LINE 4)	\$	ව	\$ 0
7 SUB TOTAL			(ADD LINES 1 THRU 6)	\$	14,491 29/100	\$ 18626.56 pro
8 REFUNDED D	ISBURSEMENTS [Sch	edule F]	(-)	\$	Ö	\$ 0-
9 TOTAL EXPE	NDITURES		(LINE 7 MINUS LINE 8)	\$	14491 28/10	\$ 18.626 59100

SCHEI Monetary Contributions in Excess of	DULE A \$300 and All Currency	Contributions Original
CONTRIBUTOR NAME	EMPLOYER NAME	
Adnan Chowdhau	NEC 1	America
CONTRIBUTOR ADDRESS JOHN FABRU TELLACE	130 Clenten	Rd
Tenneck No 07666	Fair field	M 07008
CHECK IF AGGREGATE AMOUNT CURRENCY \$ \$60.000	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$/
OCCUPATION	3/22/2012	500.00/100
Imran Siddiani	EMPLOYER NAME	-11
CONTRIBUTOR NAME Imran Siddiqui CONTRIBUTOR ADDRESS 281 Pack St	EMPLOYER ADDRESS 12 TEALLY	ek Rd
HACKENSACK M 07601	Teancele	N 07666
CHECK IF AGGREGATE AMOUNT	1-11	AMOUNT(S) RECEIVED THIS PERIOD \$ 500 00/100
OCCUPATION BUSINESS OWNER.	5/22/2012	500 - 9/100
ZAhld Qureshi	ZZS Pro EMPLOYER ADDRESS	perties /LC
7735 NW 47 Me (mal	2201 //E 525	Suito 206
Coral Springs F1 33067	Light Horse Por	nt F1 33064 JAMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION	5/22 12012	AMOUNT(S) RECEIVED THIS PERIOD \$ /000.00/100
CONTRIBUTOR NAME A. W.	EMPLOYER NAME	3 [000 1700
Hhmap hoshul.	BMS A	ssociates
CONTRIBUTOR ADDRESS 238 PACK AVE	EMPLOYER ADDRESS 1324 FAN	eck Ad
TEANECK NJ 07666	TEANECK	NT 07666
CHECK IF AGGREGATE AMOUNT CURRENCY \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION BUSINESS OWNER	5/72 /2012	900 01/00
CONTRIBUTOR NAME NO SOLTANA BAIG	EMPLOYER NAME Moham	med I Bay MB.P.A. In
3466 NW 122Nd Ave	EMPLOYER ADDRESS 4/00 S. He	spital Drive Sut 300
Sunrise F1 33304	Plantation	F1 33317
CHECK IF AGGREGATE AMOUNT CURRENCY \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION Physician	5/22 kon	1000 00/100
3	TAL, THIS PAGE	\$ 3400 00/100
(COMPLETE THIS LINE FOR LAST PAGE USED) GF	RAND TOTAL	\$
<u> </u>	·	

SCHEDULE A

Monetary Contributions in Excess of	\$300 and All Currency	y Contributions Of 1900
CONTRIBUTOR NAME	EMPLOYER NAME	uln
Meher SULTANA CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	<u> </u>
83 GADIR Blud	Λ	<u> </u>
Weston F1 33326		N/p
CHECK IF AGGREGATE AMOUNT CURRENCY \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$, /
OCCUPATION House well	5/22/20n	1000 00/100
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
CURRENCY L \$		\$
CONTRIBUTOR NAME	EMPLOYER NAME	
33.771331317VWL	ZIVII ZOTEK (WW.	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT CURRENCY S	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION		
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
TAXODE OATE AMOUNT	DATE(O) DEOCUED	Trick to the property of the property of
CHECK IF AGGREGATE AMOUNT \$ OCCUPATION	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT CURRENCY \$	DATE(S) RECEIVED	\$ AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION		
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	TAL, THIS PAGE	\$ 1000.00/100 \$ 4200 00/100
(COMPLETE THIS LINE FOR LAST PAGE USED) GR	AND TOTAL	s 4200 °° (100

	SCHED In-Kind Contribution		Original
CONTRIBUTOR NAME		EMPLOYER NAME	——— - √
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	s
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIO \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONT	RIBUTION(S)		
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	S
OCCUPATION	AGGREGATE AMOUNT \$	DATÉ(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIO \$
DESCRIPTION OF IN-KIND CONT	TRIBUTION(S)		
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	S
	AGGRÉGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIO \$
OCCUPATION	/		
DESCRIPTION OF IN-KIND CONT	RIBUTIÓN(S)		
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	S
/			
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOR \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONT	RIBUTION(S)	•	

(COMPLETE THIS LINE FOR EVERY PAGE USED)

(COMPLETE THIS LINE FOR LAST PAGE USED)

\$

TOTAL, THIS PAGE

GRAND TOTAL

Loans Receive	SCHED	ULE C \$300 and A	All Co	Urrency Loans
LENDER NAME	THE PARTY OF THE P	EMPLOYER N	IAME	arrondy Loune
LENDER ADDRESS		EMPLOYER A	ADDRE	ESS
OCCUPATION				
CO-SIGNER NAME		EMPLOYER N	NAME	
CO-SIGNER ADDRESS		EMPLOYER A	ADDRE	ESS
OCCUPATION		AMOUNT(S) F	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMOU	JNT		CHECK IF CURRENCY
LENDER NAME		EMPLOYER N	NAME	
LENDER ADDRESS		EMPLOYER A	NDDRE	ESS
OCCUPATION				
CO-SIGNER NAME		EMPLOYER N	NAMÉ	
CO-SIGNER ADDRESS		EMPLOYER A	ADDRE	ESS
OCCUPATION		\$	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMOU	TNL		CHECK IF CURRENCY
TOTAL AMOUNT OF LOANS RECEIVED T	HIS REPORT PERIO	D	\$	2

ADJUSTMENT SCHEDULE

Refund of Excessive Contributions

origing

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
		TATE IN PONCO	\$
	LINE FOR EVERY PA		0

SCHEDULE 1(D) - DISBURSEMENTS
Campaign Expenses

PAYMENT DATE	CHECK	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
4-15-201 1006	9001	CARCH MARKHING 183 MARKA SWEET SOUND LOOK NO 07663	CAMPAIGN CHAKIS WATER BATES	s 689.°s	₩	03
4-308-201 1004	1884	Monammed Hameeduddin	LAWN SyNs-reimbroduct 2,988. 0%	2,988. °%		
5-1-3012	EFT	lersey Hedra Group ner St Hackewack NS	Advertising Suburbaute 1757 64/100	457 04/100	,	
5-1-2012 (547	C F T	Red. Print 13 Hodge St Hackewack NJ 07601	Marketing Mater in 15	133. 35		
5-2-20 EFT	EFT	The Jewish Standard 1086	Neuspapa Ad	717. colps		
5-3-3012 EFT	EFT	STAPLES 466 HICKOROCK AUC HEKENIKK NJ 07601	OFFICE SUPPLES FOR CAMPAGE 111. 59/100	111.59/100		
5-3-20R	E#7	Tower Copy East New York	CAMPAIGN MATERIALS	425. 70 mg		
5-3-2011 PFT	t de	Costoo Wholesake Hecknord	Food For cottage Purty	154. 68/100		
5-4-2012	EFT	FACE DOOK-1601 Willow ld Heals	godver tising	50.00/100		
5-4-2012	田	Pappa John's Fearect 376 Overen Aure Ref Veneck NJ 01666	Pizza for Workers Individual	15 00		
(COMPLETE TH	IS LINE FOF		TOTAL, THIS PAGE	6043 49/10	₩	\$
(COMPLETE TH	IS LINE FOI	(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL		₩	₩
New Jersey Election Law Enforcement Commission	nforcement Comm	usston	မ			FORM R-1 Revised 01/2011

		SCHED	SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses	<u>S</u>	0119	081912
PAYMENT DATE	CHECK	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
5-4-2012 5-7-2012 5-7-2012 5-7-2012 5-7-2012 5-7-2012 5-7-2012 5-8-2012 5-8-2012 5-8-2012	五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五	Costo Whotake-Hackerack Food For college Par Skive St Hackerack Food For college Parack Skive St Hackerack Maybo Phreshy Charles House Doubling By Haulo Halverting Web Adverting Web Street Broader for Volumber 1406, Teared Reference Released For Educating Web The Book-1601 William Rd Haulo Advertising Web The Book-1601 William Rd Haulo Referenced Charles Fee For Education Web Referenced Charles Fee For Education Web May Feared May Feare Charles Fee For Education Web May Feared May Feared Sook May Office Sook May Skiver Rd Sign Tannel Lewis 835 River Rd Sign Charles Tainh Add King 200 Vanubskirk Rd Tearneek ND 07-666	ood for collage Pary + bustees busting cheek Buseed Huersting Leb Aduethsing Leb Aduethsing Leb Aduethsing Lovertising Web Advertising Web Lovertising Web Lovertising Web Advertising Web Advertising Web Advertising Lovertising Lovertising	\$ 134.63/00 250.00/100 50.00/100 50.00/100 50.00/100 50.00/100 13.32/100 13.32/100 15.55.00/100	()	· σ
T STS (GMO)		COMPLETE THIS LINE GOD EVEDY BACE LISED.	S STOTAL THIS DAGE	896 72/100	\$	0
(COMPLETE T	HIS LINE FO		GRAND TOTAL			С
New Jersey Electon Law Enforcement Commission	/ Enforcement Comn	lsson	9			FORM R 1 Revised 01/2011

Original

SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

			campaign Expenses			
PAYMENT DATE	CHECK	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
5-8-2012 1013	દા ા	Alexis Lloyof 252 Intervale Rall Feareck MS Other	GHE CANVAGING	\$ 60,00/100	v	6
5-8-2012 1016	1016	Realast Owen 140 WELGROOD 15 hrs. CANUASSING AVE TERNECK NJ 07666	15 hrs. CANUASSING	150 00/100		
5-8-2012	8001	Ashley Abraham 100 Graben Ave tenerel No 07669	6 his CANUASINY	യി ം ം		
	<u> </u>	Chris Cole 524 Kipp st Tenneck 11 off66	11.5 hrs CANVESING	110, 50 lim		
7-8-2011 102-8-2	R24	78 07466	20 hr Comment	200 00/100		
5-23-20a 1020	0.601	All County Media 77 Hodson It Hand Kensac ENS Other	Habilings, Printing and Robocalls.	5,385.04/w		
5-8-2012 100g	०००।	Lexi Amadi 1257 Constellor az. Shr Kanvmerny	22.5hr Kanvasing	220, solva		
S-8-2012 1010	1010	MAXi Amadi 12/7-1204/1060 215hu Rd Teaveck NJ O7666	215his CANTAGINY	210.50/100		
(COMPLETE TH	HIS LINE FOI	(COMPLETE THIS LINE FOR EVERY PAGE USED)	TOTAL, THIS PAGE	6,397, 12/m	У	€
(COMPLETE THE	HIS LINE FO		GRAND TOTAL		₩	49
New Jersey Election Law Enforcement Commission	Enforcement Comm	UDISSI	cc.			FORM R-1 Revised 01/2011
			ס			· · · · · · · · · · · · · · · · · · ·

SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

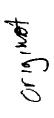
		SCHED	SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses	<u> </u>	OVISIN	Orisinal around
PAYMENT DATE	CHECK	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
5-23-2012	1030	Colden Grill 1379 Object Mure 2d Teanck 117 07666	Dinner Leet the Cenolidate	\$ 175.0°/10	<i>ω</i>	63
5-23-207 1038	1028	V . 1	to two Landosur	ao/100 00/		
5-23-2012 1021		VinyAnd Pirmal 341 Cottons A Behille Ho OHO9 Colo Compres Obergn.	Octor Printry Campayn Naturals	w), 080		
COMPLETE TE		COMPLETE THIS LINE FOR EVERY PAGE LISED.	S STAIL THIS PAGE	555,0/10	₩	\$
(COMPLETE THE	HIS LINE FO		GRAND TOTAL	14,491,28/100	₩	. \$
1						

SCHEDULE 2(D) - DISBURSEMENTS
Other

200

			Other	i		
PAYMENT DATE	CHECK	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
				₩ ₩	ea	ω
(COMPLETE TH	INE EQ	(COMPLETE THIS LINE FOR EVERY BAGE LIRED)	TOTAL THIS DAGE	\$	\$	₩
(COMPLETE TH	IIS LINE FOF	(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	\$	\$	∨
•						

SCHEDULE 3(D) - DISBURSEMENTS Contributions made to other Candidates/Committees



PAYMENT DATE	CHECK NO	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
				G
(COMPLETE THIS LI	(COMPLETE THIS LINE FOR EVERY PAGE USED)	SE USED)	TOTAL, THIS PAGE	S.
COMPLETE THE FO	OLLOWING LINES FC	COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED		
SCHEDULE 3(D) GRAND TOTAL	RAND TOTAL			
ADD THE "PRO - R.	ATA AMOUNT OTHE	ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)	€	0 * 2
GRAND TOTAL OF	GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON	AADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES		3 \$

SCHEDULE E Outstanding Obligations



Date Incurred	Creditor's Name	Address	Description	Amount
				\$
	· ·		TOTAL OUTSTANDING OBLIGATIONS	\$

SCHEDULE F Refunded Disbursements

Date	Full Name	Address	Description	Amount
				\$
			SCHEDULE F TOTAL	\$ 0

SCHEDULE G Recipients of In-Kind Contributions



			
NAME OF RECIPIENT CANDIDATI	E/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	INICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDIDATE	COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	MCIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDIDATE	E/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR ML	INICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDIDATE	COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR ML	NICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDIDATE	E/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	INICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT	
		\$	

STATEM	ENT OF CAMPAIGN DEPOSITORY	AND CAMPAIGN TREASURER
Opening Balance, this (Insert closing balance of la insert zero)	report ast report, or, if this is the first report filed by this e	ntity for this election, $\frac{7}{5}$, $\frac{7}{629}$, $\frac{1}{100}$
Funds Transferred from	m Prior Campaıgn	<u>s</u>
Deposits (Include interes	st)	s 8,860. 4/00
Disbursements (Include	e bank charges)	s 14, 49/ 20/m
Closing Balance, this I	Report	\$ 1397.87/100
<u>Chase</u>		To Elect Mohammed HAMKIDUDDIN
NAME OF BANK OR DEP	OSITORY OS MAIN ST HACKENSHICK ADDRESS OF BANK OR DEPO	15 0760 / NAME OF ACCOUNT
Ken Hoffma	· · · · · · · · · · · · · · · · · · ·	OSITORY
NAME OF TREASURER	956 Phelps Ad TEMM	CK 15 0466
	ADDRESS OF TREASUR	RER
	CERTIFICATION	
	its on this document are true, and that the confurate that if any of the statements are willfully false,	tribution amounts received conform with the limitations. I may be subject to punish the limitations.
6/19/7012	Muh Amoed Hymeeofuldin	luft
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE DATE	PRINT FULL NAME (CANDIDATE) Kenneth Robert Hoffman PRINT FULL NAME (TREASURER)	signature (candidate) kenneth Robert Holman signature (treasurer)
	al and Legislative candidates are required to recei Check here	
	DECLARATION OF FINAL	REPORT
		ation above. Chapter 65 of the Laws of 1993 requires paign business is wound up and the fund is dissolved.
I certify that all contributions or other obligation	itions or other monies received by this election funns, and that the election fund has wound up its but	d have been disbursed, that there are no outstanding siness and has been dissolved
DATE	PRINT FULL NAME (CÂNDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	Lenginature (Campidate)
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)



F	FORM R-1 REPORT OF CONTRIBUTIONS AND EXPENDITURES				REPORT (CHECK	ONE) E-ELECTION		
	NEW JERS	SEY ELECTION LAV	V ENFORCEM	ENT COMMISSION		11 - DAY PRE-ELECTION		
	(609) 2	P O Box 185, Tre 92-8700 or Toll Free W	Vithin NJ 1-888-	313-ELEC (3532)		20 - DAY PC Apr 15,	ST-ELECTION	
		Web site http://w	/ww elec state r	nj us/		July 15, 20	12_	
CA	NDIDATÉ OR C OMM. HEC	OMMITTEE NAME To Elect	Yohamm	ed Hymeeduddin	/	Oct 15, Jan 15,		
ST	REET ADDRESS			-				
CIT	199 Keo	lmans St	OT 4 7'C	ZIP CODE		Amendment Yes		
5	TEANCE	k	STATE	07666			te Use Only	
COUNTY ELECTION DISTRICT OR MUNICIPALITY Bergen Township of Teamer b			Y		ECEIVED			
POLITICAL PARTY, IF ANY OFFICE SOUGHT				AUG -	· 2 2012			
NON (COUNCIL								
ELE	ECTION DATE	ELECTION TYPE (CHECK ONE)	PRIM.		•	SCHOOL FIRE DISTRICT	SPECIAL	
SU	MMARY TABL			ETE TABLES I AND II UN AVE BEEN COMPLETED	TIL	-		
TA	BLE I. RECEI	PTS				THIS REPORT	CUMULATIVE TO DATE	
1	MONETARY CO	ONTRIBUTIONS OF \$3	00 OR LESS		\$	0	\$ 7.4105 00/100	
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			\$	0_	\$ 14, 900 od/w			
3	3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS 4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]			\$	0	\$ 0		
4	IN-KIND CONTE	RIBUTIONS IN EXCES	S OF \$300 [Sci	hedule B]	\$	0	\$ <u>O</u>	
		/ED IN EXCESS OF \$3	300 AND ALL C	URRENCY LOANS	\$	0	\$ Ø	
	[Schedule C] SUB TOTAL			(ADD LINES 1 THRU 5)	\$	0	\$ 23.365.°/w	
7	REFUND OF EX	XCESSIVE CONTRIBL	JTIONS [Adjusti	ment Schedule] (-)	\$	0	\$ 1,000.00/100	
8	TOTAL CONTR	BUTIONS			\$	0	\$ 21,365 0g/no	
9	ADD FUNDS TR	RANSFERRED FROM	PRIOR CAMPA	iGN (+)	\$	O	\$ O_	
10	TOTAL RECEIF	PTS		(ADD LINE 8 + LINE 9)	\$	0	521,365. co/ne	
TA	BLE II. EXPE	NDITURES					,	
1	DISBURSEME	NTS - CAMPAIGN EXF	PENSES [Sched	dule 1(D)]	\$	O	\$ 18.526 54/00	
2	DISBURSEME	NTS - OTHER [Schedu	ıle 2(D)]		\$	0	\$ 0	
3	2 DISBURSEMENTS - OTHER [Schedule 2(D)] 3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]			\$	O_	\$ 100 00/100		
4	CANDIDATES/COMMITTEES [Schedule 3(D)] 4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]			\$	<u>o</u>	\$ 0		
5	IN-KIND CONT	RIBUTIONS OF \$300	OR LESS (TAB	LE I, LINE 3)	\$	0	\$ 0	
6	IN-KIND CONT	RIBUTIONS IN EXCE	SS OF \$300 (T/	ABLE I, LINE 4)	\$	0	\$ O	
7	SUB TOTAL			(ADD LINES 1 THRU 6)	\$	0	\$ 18. 626 54m	
8	REFUNDED DI	SBURSEMENTS [Sch	edule F]	(-)	\$	ථ	\$ 0	
9,	TOTAL EXPEN	IDITURES		(LINE 7 MINUS LINE 8)	\$	0	\$ 18, 624.56/100	

SCHEDULE A Monetary Contributions in Excess of \$300 and All Currency Contributions

CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF CURRENCY S S S S S S S S S S S S S S S S S S S	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF CURRENCY S OCCUPATION	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
CONTRIBUTOR NAME	EMPLOYER NAME	<u> </u>
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
	D. 75/0\ DEOE\\F	
CHECK IF AGGREGATE AMOUNT CURRENCY \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT CURRENCY \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
CONTRIBUTOR NAME	EMPLOYER NAME	<u></u>
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT CURRENCY \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	TAL, THIS PAGE	s 3
(COMPLETE THIS LINE FOR LAST PAGE USED) GR	AND TOTAL	, 0

SCHEDULE B

In-Kind Contributions in Excess of \$300

CONTRIBUTOR NAME	EMPLOYER NAME
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
AGGREGATE AMOUN'	DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION	
DESCRIPTION OF IN-KIND CONTRIBUTION(S)	
CONTRIBUTOR NAME	EMPLOYER NAME
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
AGGREGATE AMOUNT	DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION	
DESCRIPTION OF IN-KIND CONTRIBUTION(S)	
CONTRIBUTOR NAME	EMPLOYER NAME
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
AGGREGATE AMOUNT	DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION	
DESCRIPTION OF IN-KIND CONTRIBUTION(S)	
CONTRIBUTOR NAME	EMPLOYER NAME
CONTRIBUTOR ADDRÉSS	EMPLOYER ADDRESS
AGGREGATE AMOUNT	DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION	
DESCRIPTION OF IN-KIND CONTRIBUTION(S)	
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	OTAL, THIS PAGE \$
(COMPLETE THIS LINE FOR LAST PAGE USED) G	RAND TOTAL \$

SCHEDULE C Loans Received in Excess of \$300 and All Currency Loans

LENDER NAME		EMPLOYER N	NAME	
LENDER ADDRESS		EMPLOYER A	ADDRE	≣SS
			_/	
OCCUPATION				
CO-SIGNER NAME		EMPLOYER N	NAME	
CO-SIGNER ADDRESS		EMPLOYER A	ADDRE	ESS
OCCUPATION		AMOUNT(S) F	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMOU	JNT		CHECK IF CURRENCY
LENDER NAME		EMPLOYER N	NAME	
LENDER ADDRESS		EMPLOYER A	ADDRE	ESS
OCCUPATION				
CO-SIGNER NAME		EMPLOYER N	IAME	
CO-SIGNER ADDRESS		EMPLOYER A	ADDRE	SS
OCCUPATION:		AMOUNT(S) F	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMOU	TNT		CHECK IF CURRENCY
TOTAL AMOUNT OF LOANS RECEIVED T	HIS REPORT PERIO	a	\$	

ADJUSTMENT SCHEDULE

Refund of Excessive Contributions

PAYMENT DATE CHECK N	0		
		PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
			\$
(COMPLETE THIS LINE FOR EVI	ERY PAGE USED)	TOTAL, THIS PAGE	\$ <u> </u>
(COMPLETE THIS LINE FOR LAS	ST PAGE USED)	GRAND TOTAL	\$ 9

5

SCHEDULE 1(D) - DISBURSEMENTS
Campaign Expenses

	PRO-RATA AMOUNT OTHERS	v	\$	\$	
	PRO-RATA AMOUNT THIS REPORTING ENTITY	₩	\$	\$	
	FULL AMOUNT	69	0		
Campaign Expenses	PURPOSE		TOTAL THIS PAGE	GRAND TOTAL	
	PAYEE NAME AND ADDRESS		COMPLETE THIS LINE SOR EVEDY DAGE USED)		
	CHECK		- INE EQ	IIS LINE FOR	
	PAYMENT DATE		HT STE TH	COMPLETE TH	

FORM R 1 Revised 01/2011

SCHEDULE 2(D) - DISBURSEMENTS
Other

PRO-RATA AMOUNT OTHERS 6) PRO-RATA AMOUNT THIS REPORTING ENTITY (/) **FULL AMOUNT** ₩ PURPOSE PAYEE NAME AND ADDRESS CHECK PAYMENT DATE

FORM R-1 Revised 01/2011

₩ ₩

↔

₩

(/)

₩

TOTAL, THIS PAGE

(COMPLETE THIS LINE FOR EVERY PAGE USED)

(COMPLETE THIS LINE FOR LAST PAGE USED)

GRAND TOTAL

SCHEDULE 3(D) - DISBURSEMENTS Contributions made to other Candidates/Committees

		Contributions made to other candidates/committees	ates/committees	
PAYMENT DATE	CHECK NO	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
				ь
(COMPLETE THIS L	(COMPLETE THIS LINE FOR EVERY PAGE USED)	SE USED)	TOTAL, THIS PAGE	\$
COMPLETE THE FOLLOWING LI SCHEDULE 3(D) GRAND TOTAL	OLLOWING LINES F	COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED SCHEDULE 3(D) GRAND TOTAL		0 \$ 1
ADD THE "PRO - R	&ATA AMOUNT OTHE	ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)	€)	2 \$
GRAND TOTAL OF	GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON	AADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES	SES	3 \$

FORM R-1 Revised 01/2011

SCHEDULE E

Outstanding Obligations

Date Incurred	Creditor's Name	Address	Description	Amount
				\$
				!
٥				
			TOTAL OUTSTANDING OBLIGATIONS	\$

SCHEDULE F Refunded Disbursements

Date	Full Name	Address	Description	Amount
				\$
			SCHEDULE F TOTAL	\$

SCHEDULE G Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE	/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT (\$)	
NAME OF RECIPIENT CANDIDATE	COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	MICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDIDATE	COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY		
CHECK NUMBER	PAYMENT DATE	\$	
NAME OF RECIPIENT CANDIDATE	COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	NICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDIDATE	COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	NICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	

STATEME	ENT OF CAMPAIGN DEPOSITORY AND	D CAMPAIGN TREASURER
Opening Balance, this r (Insert closing balance of la- insert zero)	report ast report, or, if this is the first report filed by this entity	for this election, $\frac{13978}{100}$
Funds Transferred from	n Prior Campaign	<u>s</u>
Deposits (Include interest	t)	\$ 0
Disbursements (Include	bank charges)	\$ 000 871
Closing Balance, this R		\$ 1,37+ 1/00
HASP NAME OF BANK OR DEPO	Committee To	Elect Mohamma Hammeduddin
505	MAIN ST HACKENSACK ALT ADDRESS OF BANK OR DEPOSITE	07607
	MANY	TELEBRONE NUMBER (DAV)
NAME OF TREASURER		ech AS 07466
	ADDRESS OF TREASURER CERTIFICATION	
I certify that the statement designated by law I am awa	ts on this document are true, and that the contribut are that if any of the statements are willfully false, I ma	tion amounts received conform with the limitations by be subject to purishment
7-1-2012	Mahammed Hameedvalding PRINT FULL NAME (CANDIDATE)	x hypot
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE 7-1-2012 DATE	PRINT FULL NAME (CANDIDATE) Ken Hoffman PRINT FULL NAME (TREASURER)	SIGNATURE (CANDIDATE) SIGNATURE (TREASURER)
	al and Legislative candidates are required to receive tra Check here if you have completed the training and	
	DECLARATION OF FINAL R	EPORT
	n applicable Declaration below as well as Certification ue to file reports with the Commission until all campaig	
l certify that all contribut loans or other obligation	tions or other monies received by this election fund hans, and that the election fund has wound up its busines	ive been disbursed, that there are no outstanding ss and has been dissolved
!		
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)