EN JERSE	<i>\</i>
Election Law Enforcement Commission	*
* FEE	*/
1973	

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

	FC)RI	ND.	-1
FOR	ST	ATE	USE	ONLY

(609) 292-8700	Box 185, Trenton, NJ 08 or Toll Free Within NJ 1-bb site http://www.elec.st	888-313-ELEC (3532)	CEIVED AND PMAR 26 PM
PLEASE TYPE OR PRINT			السوا
Candidate Name MARK T SCHWAR	LTZ		0:1 0 ILE
Candidate Committee Name			- 5 - 5 - 5
	2 FOR COUNCIL		
Address (Number and Street, City, State, Zip	Code)	ENVELV NIT ATILL	ELEC RECEIVED
*(Area) Day Telephone	ERCHIO HVE TO	*(Area) Evening Telephon	ne
(917) 902-9303		(201) 530-05	30 APR 2 7 2012
County BERGEN	Legal Name of Election TOWNSHIP oF		
Election Date 08 MAY Z012	Political Party, if any NON PARTISA	Offic	e Sought UNCILMEMBER
Election Type (CHECK ONE) ☐ Primary ☐ General ☑ Municipa		School Fire District	Amendment ☐ Special ☐ Yes ☒ No
CHAIRPERSON			
Name ANGELAE WILKERSON	~		
Mailing Address 1778 LILBET RD			
City TEAMECK		State // S	Zip Code
*(Area) Day Telephone (201) 426-4833		*(Area) Evening Telephone	000
TREASURER		1 (3-1) 13	
Name KEVIE FEIT			
Mailing Address 545 WEST ENGLEWOOD	> AVE		
City TEANECK	· · · · · · · · · · · · · · · · · · ·	State NJ	Zip Code 07666
*(Area) Day Telephone (201) 747-8595		*(Area) Evening Telephone (20) 833-8545	1
Resident Address 545 WEST ENGLEVOOD	AVE	1 (-1) 427	
City TEANECK		State NJ	Zip Code 07666
DEPOSITORY INFORMATION			
Name of Bank or Depository CHASE BANK			
Mailing Address 17D THE PLAZA			
City TEANECK		State MT	Zip Code 07666
(Area) Day Telephone (201) 8 37-9245	· · · · · · · · · · · · · · · · · · ·	I ' J	0,000
Account Name		Account Number	
SCHWARTZ FOR COUNCI	L	450201574	

LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPH SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS	ONE NUMBER(S) OF ANY PERSON(S	S) AUTHORIZED TO
Name MARK J SCHWARTZ		
Mailing Address 641 CUMBERLAND AVE		
City	State	Zip Code
TEANECK *(Area) Day Telephone	*(Area) Evening Telephone	07666
(917) 902-930-3 Name	(201) 530-0530	
ANGELAE WILKERSON		
Mailing Address 1778 LILBET 2D		
City	State	Zip Code
TEANECK *(Area) Day Telephone	/V) *(Area) Evening Telephone	07666
(201) 926-9833	(201) 926 4833	
Name LEVIE FEIT		
Mailing Address 545 WEST ENGLEWOOD AVE		
City TEANECK	State	Zip Code
*(Area) Day Telephone	*(Area) Evening Telephone	07666
(201) 747-8595	(201) 833-8545	
CANDIDATE	CERTIFICATION	
I certify that the statements on this document are true. I further ce	ertify that I have not and will not during the	e existence of the candidate
committee, establish, authorize the establishment of, maintain, or	r participate directly or indirectly in the ma	nagement or control of any
political committee or continuing political committee. I am aware punishment	that it any of the statements are willfully	y faise, I may be subject to
>/23/12 Mark Schwartz	\backslash	
DATE PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)	······································
CHAIRPERSON/TREA	SURER CERTIFICATION	
I certify that the statements on this document are true I am awai punishment	re that if any of the statements are willfull	y false, I may be subject to
- 1 1)
321/12 Urgelae Wilkers	en Unsi	
PRINT FULLINAME (CHAIRPERSON) REVIE FEIT	SIGNATURE CHAIRPERSC	ON)
DATE PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER))
Treasurers for Gubernatorial and Legislative candidates are requi	-	y Election Law Enforcement
Commission Check here [] if you have completed the training a	no enter your Treasurer Training ID#	<u>.</u>

F	ORM R-1	REPORT	OF CONTR	RIBUTIONS AN	ID		REPORT (CHECK 29 - DAY PR		
		PO Box 185, Tre PO Box 185, Tre 92-8700 or Toll Free V Web site http://v	inton, NJ 08625 Vithin NJ 1-888-	-0185 313-ELEC (3532)	ON		1 =		
L	. .	OMMITTEE NAME FOR COUNCIL	•				Oct 15, Jan 15,		
	REET ADDRESS	s ERLAND AVĒNU	E				Amendment Yes		
CIT			STATE N T	ZIP CODE 07666				te Use Only	
CO	UNTY BERGEN			STRICT OR MUNIC	IPALIT`	Y	ELEC RE	CEIVED	
POI	LITICAL PARTY 10N-PARTI	=	OFFICE SOUC	GHT COUNCIL			APR 1 (2012	
	CTION DATE) 5 08 2017	ELECTION TYPE (CHECK ONE)	PRIM GENI		ICIPAL I-OFF	,	SCHOOL FIRE DISTRICT	SPECIAL	
รบ	MMARY TABL			ETE TABLES I AN IAVE BEEN COMP		ΓIL			
ΤA	BLE I. RECEIF	≥TS					THIS REPORT	CUMULATIVE DATE	TO
		ONTRIBUTIONS OF \$3				\$	350	\$ 3	50
		ONTRIBUTIONS IN EX NS [Schedule A]	CESS OF \$300	AND ALL CURRE	VCY	\$	O	\$	0
3	IN-KIND CONTE	RIBUTIONS OF \$300 (OR LESS			\$	0	\$	O
İ		RIBUTIONS IN EXCES	- -	_		\$	0	\$	0
	LOANS RECEIV [Schedule C]	/ED IN EXCESS OF \$	300 AND ALL C	URRENCY LOANS		\$	0	\$	0
6	SUB TOTAL			(ADD LINES 1 T	HRU 5)	\$	350	\$	<i>-</i> 0
7	REFUND OF EX	CESSIVE CONTRIBU	JTIONS [Adjusti	ment Schedule]	(-)	\$	Ó	\$	Ó
8	TOTAL CONTR	IBUTIONS				s	350	\$ >	50
9 .	ADD FUNDS TR	RANSFERRED FROM	PRIOR CAMPA	AIGN	(+)	\$	O	\$	O
10	TOTAL RECEIP	PTS		(ADD LINE 8 +	LINE 9)	\$	350	\$ 35	٥
TΑ	BLE II EXPEN	IDITURES							
1	DISBURSEMEN	NTS - CAMPAIGN EXI	PENSES [Sched	dule 1(D)]		\$	0	\$	0
		NTS - OTHER [Schedu				\$	0	\$	0
3		NTS - CONTRIBUTION COMMITTEES (Sched		ITHER		\$	0	\$	0
		NS MADE ON BEHAL int Schedules 1(D) and				\$	O	\$	O
5	IN-KIND CONT	RIBUTIONS OF \$300	OR LESS (TAB	LE I, LINE 3)		\$	Ø	\$	0
6	IN-KIND CONT	RIBUTIONS IN EXCE	SS OF \$300 (T/	ABLE I, LINE 4)		\$	O	\$	O
7	SUB TOTAL			(ADD LINES 1 T	HRU 6)	\$	0	\$	0
8	REFUNDED DI	SBURSEMENTS (Sch	edule F]		(-)	\$	0	\$	0
9	TOTAL EXPEN	IDITURES		(LINE 7 MINUS	LINE 8)	\$	0	\$	Ó

SCHEDULE A

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

CONTRIBUTOR NAME	EMPLOYER NAME
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
CONTRIBUTOR ADDRESS	EMPLOTER ADDRESS
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 \$
OCCUPATION	
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
1	
CHECK IF AGGREGATE AMOUNT CURRENCY \$	DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION	
CONTRIBUTOR NAME	EMPLOYER NAME
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
CHECK IF AGGREGATE AMOUNT CURRENCY \$	DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD \$
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(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	TAL, THIS PAGE \$
(COMPLETE THIS LINE FOR LAST PAGE USED) GR	AND TOTAL \$

SCHEDULE B

In-Kind Contributions in Excess of \$300

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

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

LENDER NAME		EMPLOYER (NAME	•	 -
LENDER ADDRESS		EMPLOYER /	ADDRE	SS	
				<u> </u>	
OCCUPATION					
CO-SIGNER NAME		EMPLOYER	NAME		
CO-SIGNER ADDRESS		EMPLOYER A	ADDRE	SS	
OCCUPATION		\$	RECEIV	VED THIS PERIOD	
DATE(S) RECEIVED	AGGREGAT# AMO	UNT	/	CHECK IF CURRENCY	
LENDER NAME	$\overline{}$	EMPLOYER			
LENDER ADDRESS		BMPLOYER A	MODRE	SS	
OCCUPATION					
					<u></u>
CO-SIGNER NAME		EMPLOYER 1	NAME		
CO-SIGNER ADDRESS		EMPLOYER	ADDRE	SS	
OCCUPATION	_	AMOUNT(S) I	RECEI\	VED THIS PERIOD	
DATE(S) RECEIVED	AGGREGATE AMO	UNT		CHECK IF CURRENCY	
TOTAL AMOUNT OF LOANS RECEIVED T	THIS REPORT PERIO)D	e		
			\$		<u></u>

ADJUSTMENT SCHEDULE

Refund of Excessive Contributions

PAYMENT DATE	CHECK NO	F	PAYEE NAM	E AND ADDRESS	REFUNDED AMOUNT
					\$
(COMPLETE THIS	LINE FOR EVERY PA	GE USED)	TOTAL,	THIS PAGE	\$
(COMPLETE THIS	LINE FOR LAST PAG	E USED)	GRAND	TOTAL	\$
New Jersey Election Law Enfor	cement Commission		5		 FORM R-1 Revised 01/2011

					_
	PRO-RATA AMOUNT OTHERS	υ	\$	<i>y</i>	
	PRO-RATA AMOUNT THIS REPORTING ENTITY	₩	\$	\$	
	FULL AMOUNT	6)	
Campaign Expenses	PURPOSE		S STAIL THIS PAGE	GRAND TOTAL	
	PAYEE NAME AND ADDRESS		COMPLETE THIS LINE FOR EVERY PAGE LISED!		
	CHECK		OH HAIT IS SE	IS LINE FO	
	PAYMENT DATE		HI SIE ETE TH	COMPLETE TH	!

SCHEDULE 2(D) - DISBURSEMENTS
Other

] E
	PRO-RATA AMOUNT OTHERS		-)	FORM R 1 Revised 01/2011
	-	φ	\$	₩	- For
	PRO-RATA AMOUNT THIS REPORTING ENTITY	€9	\$	\$	
			-		-
	FULL AMOUNT)		
	FU.	υ	()	σ	
Other	PURPOSE	MA	TOTAL THIS PAGE	GRAND TOTAL	7
	PAYEE NAME AND ADDRESS		(COMPLETE THIS LINE FOR EVERY PAGE USED)	(COMPLETE THIS LINE FOR LAST PAGE USED)	LOISS
	CHECK		IS LINE FOR	IIS LINE FOF	inforcement Comm
	PAYMENT DATE		COMPLETE TH	(COMPLETE TH	New Jarsey Election Law Enforcement Commission

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

TIMICONN	AMOOIN	₩	GE S	1 \$	(+)	
Spander	ADDRESS		TOTAL, THIS PAGE			G U
BECIDIENT CANDIDATED	RECIPIENT CANDIDATE/COMMITTEE		SE USED)	COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED SCHEDULE 3(D) GRAND TOTAL	ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)	CTTERED AND CONTRACTOR TO THE PART OF THE
CN	כשבכע ועכ		(COMPLETE THIS LINE FOR EVERY PAGE USED)	OLLOWING LINES FC	ATA AMOUNT OTHEF	A SHOIFT GLOTHOO
PAYMENT DATE	באנווורוון האוב		(COMPLETE THIS L	COMPLETE THE FOLLOWING LI	ADD THE "PRO - R	

FORM R-1 Raysed 01/2011

SCHEDULE E

Outstanding Obligations

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

SCHEDULE F Refunded Disbursements

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

SCHEDULE G Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE/COMMI	ITEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMIT	TTEE	· · · · · · · · · · · · · · · · · · ·
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMIT	TTEE /	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	\$
NAME OF RECIPIENT CANDIDATE/COMMIT	TEE	
MAILING 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	
CHECK NUMBER	PAYMENT DATE	\$

STATEM	ENT OF CAMPAIGN DEPOSITORY	AND CAMPAIGN	TREASURER
Opening Balance, this (Insert closing balance of I insert zero)	s report last report, or, if this is the first report filed by this e	entity for this election,	s <u>0</u>
Funds Transferred fro	m Prior Campaign		<u>\$</u>
Deposits (Include intere	st)		<u>s 350</u>
Disbursements (Include	e bank charges)		<u>\$</u>
Closing Balance, this	Report		<u>s</u> 350
CHASE		SCHLARTZ	FOR COUNCIL NAME OF ACCOUNT
NAME OF DAME OF DEC	POSITORY	-1(0/1/(0-1	NAME OF ACCOUNT
170 THE PLA	AZA TEANECK NJ07666 ADDRESS OF BANK OR DEP		
KEVIE FEIT	' ADDRESS OF BANK OR DEP	rository 7.a.1	-747-8595
NAME OF TREASURER		*	TELEPHONE NUMBER (DAY)
545 WEST ENGL	LEWOOD AVENUE, TEANECK NJ 076	66	
	ADDRESS OF TREASU		· · · · · · · · · · · · · · · · · · ·
land the control	CERTIFICATIO		t e de de la la cala
	nts on this document are true, and that the coi ware that if any of the statements are willfully false		
1.1			
416117 DATE	MARY SCHUARTZ PRINT FULL NAME (CANDIDATE)	SIGNATI	IRE (CANDIDATE)
UATE -	PRINT FUEL NAME (CANDIDATE)	·SIGNATO	THE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATI	JRE (CANDIDATE)
	FINITI POLE NAME (CANDIDATE)	المالاتان	
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATU	IRE (CANDIDATE)
ulilia		4.7	/
U 6/12 DATE	LEVIE FEIT PRINT FULL NAME (TREASURER)	SIGNATU	RE (TREASURER)
	,		,
	rial and Legislative candidates are required to reco Check here if you have completed the training		
	DECLARATION OF FINA	L REPORT	
		· · · · · · · · · · · · · · · · · · ·	
If this is the final report, si that all filing entities contir	gn applicable Declaration below as well as Certific nue to file reports with the Commission until all car	cation above. Chapter 65 mpaign business is wour	of the Laws of 1993 requires and up and the fund is dissolved
	outions or other monies received by this election full ons, and that the election fund has wound up its b		
	1		
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATU	JRE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATI	JRE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATU	JRE (CANDIDATE)
DATE	PRINT FULL NAME (TREASURER)	SIGNATU	JRE (TREASURER)

New Jersey Election Law Enforcement Commission

11 FORM R 1 Revised 01/2011

*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.

	FORM R-1	ORM R-1 REPORT OF CONTRIBUTIONS AND EXPENDITURES					REPORT (CHECK		
		SEY ELECTION LAN PO Box 185, Tre 192-8700 or Toll Free Web site http://	enton, NJ 08625 Vithin NJ 1-888-	5-0185 -313-ELE			11 - DAY PR 20 - DAY PC Apr 15, July 15,	OST-	ELECTION
	Schwartz						Oct 15,		
S	STREET ADDRESS 641 Cumberland Avenue					Amendment Yes			
CITY STATE ZIP CODE								ise Only	
Teaneck NJ 07666 COUNTY ELECTION DISTRICT OR MUNICIPALIT					ELEC	RE	CEIVED		
Bergen Teaneck				r	ADD) j	7 2012		
POLITICAL PARTY, IF ANY OFFICE SOUGHT Non-Partisan Town Council				AFN		I ZUIZ			
				MUNICIPAL RUN-OFF	-	SCHOOL FIRE DISTRIC	ŢĹ	SPECIAL	
sı	UMMARY TABL				BLES I AND II UN EN COMPLETED				
T/	ABLE I RECEIP	?TS					THIS REPORT	C	UMULATIVE TO
1	MONETARY CC	ONTRIBUTIONS OF \$3	300 OR LESS		·	\$	50	\$	400
2	MONETARY CO	ONTRIBUTIONS IN EX	CESS OF \$300	AND AL	L CURRENCY	\$	1000	\$	1000
3		RIBUTIONS OF \$300 (OR LESS			\$	Ø	\$	
4	IN-KIND CONTF	RIBUTIONS IN EXCES	S OF \$300 [Sc!	hedule B]	\$	0	\$	0
5	LOANS RECEIV [Schedule C]	'ED IN EXCESS OF \$	300 AND ALL C	URREN	CY LOANS	\$	1155_	\$	1155
6	SUB TOTAL			(ADD	LINES 1 THRU 5)	\$	2205	\$	2555
7	REFUND OF EX	CESSIVE CONTRIBU	ITIONS [Adjustr	ment Sch	nedule] (-)	\$	0	\$	U
8	TOTAL CONTRI	BUTIONS				\$	2205	\$	2555
9	ADD FUNDS TR	ANSFERRED FROM	PRIOR CAMPA	IGN	(+)	\$	Ô	\$	0
10	TOTAL RECEIP	тѕ		(ADD	LINE 8 + LINE 9)	\$	2205	\$	2555
TA	ABLE II EXPEN	DITURES							
1	DISBURSEMEN	TS - CAMPAIGN EXF	PENSES [Sched	lule 1(D)]		\$	118653	\$	1186.53
		ITS - OTHER [Schedu	*			\$	O	\$	0
3	3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]					\$	0	\$	0
4		NS MADE ON BEHALI nt Schedules 1(D) and				\$	0	\$	0
5	IN-KIND CONTI	RIBUTIONS OF \$300	OR LESS (TABI	LE I, LINI	E 3)	\$	0	\$	0
6	IN-KIND CONTE	RIBUTIONS IN EXCES	SS OF \$300 (TA	BLE I, L	INE 4)	\$	0	\$. 0
7	SUB TOTAL			(ADD I	LINES 1 THRU 6)	\$	118653	\$	1186.53
8	REFUNDED DIS	SBURSEMENTS [Sche	edule F]		(-)	\$	b	\$	ð
9	TOTAL EXPEND	DITURES		(LINE	7 MINUS LINE 8)	\$	118 6.53	\$	118653

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

EMPLOYED ADDRESS	<u> </u>
EWIF EOTEN ADDITESS	
T DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
4/17/12	1000 00
EMPLOYER NAME	
EMPLOYER ADDRESS	
DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
EMPLOYER NAME	
EMPLOYER ADDRESS	-
DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
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EMPLOYER NAME	
EMPLOYER ADDRESS	
1	
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DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
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EMPLOYER NAME	
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EMPLOYER NAME EMPLOYER ADDRESS	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER NAME EMPLOYER ADDRESS	AMOUNT(S) RECEIVED THIS PERIOD
	EMPLOYER ADDRESS DATE(S) RECEIVED EMPLOYER ADDRESS DATE(S) RECEIVED DATE(S) RECEIVED

SCHEDULE B

In-Kind Contributions in Excess of \$300

CONTRIBUTOR NAME		EMPLOYER NAME			
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS			
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD		
OCCUPATION		1 /			
DESCRIPTION OF IN-KIND CONTRIB	UTION(S)	'			
CONTRIBUTOR NAME		EMPLOYER NAME			
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	S		
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$		
OCCUPATION					
DESCRIPTION OF IN-KIND CONTRIB	UTION(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 CONTRIBL	JTION(S)				
CONTRIBUTOR NAME		EMPLOYER NAME			
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	3		
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$		
OCCUPATION/	·				
DESCRIPTIÓN OF IN-KIND CONTRIBU	iTION(S)				
(COMPLETE THIS LINE FOR EVERY	PAGE USED) TO	TAL, THIS PAGE	s <i>O</i>		
(COMPLETE THIS LINE FOR LAST PA	AGE USED) GR	AND TOTAL	<u>s</u>		

SCHEDULE C

Loans Received in Excess of \$300 and All Currency Loans LENDER NAME EMPLOYER NAME Murk Schwartz LENDER ADDRESS New York Water Management 641 Cunberland Avenue POBOX 190727 Teaneck NJ 07666 OCCUPATION Brooklyn NY 11219 Real Estate Manager CO-SIGNER NAME EMPLOYER NAME CO-SIGNER ADDRESS EMPLOYER ADDRESS OCCUPATION AMOUNT(S) RECEIVED THIS PERIOD \$ 1155.00 DATE(S) RECEIVED AGGREGATE AMOUNT CHECK IF CURRENCY 4/6/12 \$ 1155.00 LENDER NAME **EMPLOYER NAME** LENDER ADDRESS EMPLOYER ADDRESS OCCUPATION **CO-SIGNER NAME EMPLOYER NAME** CO-SIGNER ADDRESS EMPLOYER ADDRESS OCCUPATION AMOUNT(S) RECEIVED THIS PERIOD DATE(S) RECEIVED CHECK IF CURRENCY AGGREGATE AMOUNT **TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD**

\$ 1155.00

ADJUSTMENT SCHEDULE

Refund of Excessive Contributions

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
			\$
(COMPLETE THIS L	INE FOR EVERY PA	GE USED) TOTAL, THIS PAGE \$	0
(COMPLETE THIS L	INE FOR LAST PAG	USED) GRAND TOTAL \$	0

PAYMENT DATE	CHECK	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
71/87/12	Debit Card 0001	The UPS Store 492C Cebar Lane 492C Cebar Lane Teancelk, NJ 07666 Cabett Marketing, Inc. 183 Market St Sabble Brook, NJ 07663	Mailing R-1 to ELEC Brochures, trinkets	\$ 23.23	\$ 23 23	\$
(COMPLETE TE	IS LINE FOR	(COMPLETE THIS LINE FOR EVERY PAGE USED)	TOTAL, THIS PAGE	11 86.53	\$ 1186.53	S)
(COMPLETE TH	IIS LINE FOR	(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	118653	\$ 118653	0

SCHEDULE 2(D) - DISBURSEMENTS

Other	PAYEE NAME AND ADDRESS PURPOSE FULL AMOUNT THIS AMOUNT THIS AMOUNT THIS AMOUNT REPORTING OTHERS	69 99	(COMPLETE THIS LINE FOR EVERY PAGE USED) TOTA! THIS PAGE \$ 0 \$ 0		
	CHECK		IS LINE FOR	IS LINE FOR	
	PAYMENT DATE		(COMPLETE THI	(COMPLETE THI	

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

	AMOUNT		0	0	0	0
	,	69	<i>ъ</i>	€	% 2	ы М
ates/Committees	ADDRESS		TOTAL, THIS PAGE		(+)	ES
Contributions made to other Candidates/Committees	RECIPIENT CANDIDATE/COMMITTEE		SE USED)	COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED SCHEDULE 3(D) GRAND TOTAL	ADD THE "PRO • RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)	IADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES
	CHECK NO		(COMPLETE THIS LINE FOR EVERY PAGE USED)	OLLOWING LINES FOR	ATA AMOUNT OTHE	GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON
	PAYMENT DATE		(COMPLETE THIS L	COMPLETE THE FOLLOWING LI SCHEDULE 3(D) GRAND TOTAL	ADD THE "PRO - F	GRAND TOTAL OF

SCHEDULE E

Outstanding Obligations

Date Incurred	Creditor's Name	Address	Description	Amount
4/6/12	Mark Schuntz	GUI (umberland Ave Teaneck N3 07666	loan (campaign) signs	\$ 1155.00
			TOTAL OUTSTANDING OBLIGATIONS	\$ 55.00

SCHEDULE F

Refunded Disbursements

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

SCHEDULE G Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE/COM	MITTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALI	тү
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COM	MITTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPAL	TY
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMM	MITTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALIT	ΤΥ
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMM	MITTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALIT	ΓΥ
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMM	MITTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALIT	Ϋ́
CHECK NUMBER	PAYMENT DATE	\$
		1

STATEM	ENT OF CAMPAIGN DEPOSITORY AND CAMPA	IGN TREASURER
Opening Balance, this (Insert closing balance of la insert zero)	report ast report, or, if this is the first report filed by this entity for this election	on, <u>s</u> 350
Funds Transferred from	m Prior Campalgn	<u>s </u>
Deposits (Include interes	et)	<u>s 1050</u>
Disbursements (Include	e bank charges)	s 1186.53
Closing Balance, this i	Report	<u>s</u> 21347
Chase		Schwartz For Council
NAME OF BANK OR DEP		NAME OF ACCOUNT
170 The Plaza	Teaneck NJ 07666 ADDRESS OF BANK OR DEPOSITORY	
Kevie Feit	ADDRESS OF BANK OR DEPOSITORY	201-747-8595
NAME OF TREASURER		*TELEPHONE NUMBER (DAY)
545 West Engle	ADDRESS OF TREASURER	
	ADDRESS OF TREASURER	
	CERTIFICATION its on this document are true, and that the contribution amounts ware that if any of the statements are willfully false, I may be subject to the statements are willfully false.	
	· · · · · · · · · · · · · · · · · · ·	
4/26/12 DATE	PRINT FULL NAME (CANDIDATE)	NATURE (CANDIDATE)
	Thirt I de la mar (d'indistrite)	
DATE	PRINT FULL NAME (CANDIDATE) SIG	NATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE) SIGI	NATURE (CANDIDATE)
4/26/12	Kevie Feit Ker	- 7 -1
DATE		NATURE (TREASURER)
	al and Legislative candidates are required to receive training with the Check here if you have completed the training and enter your Training and ECLARATION OF FINAL REPORT	
	DECLARATION OF FINAL REPORT	
	in applicable Declaration below as well as Certification above. Chapt ue to file reports with the Commission until all campaign business is	
	utions or other monies received by this election fund have been disbuins, and that the election fund has wound up its business and has be	
DATE	PRINT FULL NAME (CANDIDATE) SIG	NATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE) SIG	NATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE) SIG	NATURE (CANDIDATE)
DATE	PRINT FULL NAME (TREASURER) SIGN	NATURE (TREASURER)

FORM R-1	REPORT	OF CONTR	RIBUTIONS AND URES		REPORT (CHECK	ONE) E-ELECTION
NEW JERS	SEY ELECTION LAV		MENT COMMISSION		11 - DAY PR	E-ELECTION
(600) 2	P O Box 185, Tre				20 - DAY PC	
(609) 2	92-8700 or Toll Free V! Web site http://v				Apr 15,	
CANDIDATE OR C	OMMITTEE NAME				July 15, Oct 15,	
Schuartz					Jan 15,	
STREET ADDRES	s and Ave				Amendment Yes	
CITY		STATE	ZIP CODE		For Sta	te Use Only
Teaneck	The latest and the la	NZ	07666		FIECE	RECEIVED
COUNTY		Teaneck	STRICT OR MUNICIPAL	LITY		COLIATA
Bergen POLITICAL PARTY	/. IF ANY	OFFICE SOU			MAY:	3 0 2012
Non-Partisa		Tour Co	4			_
ELECTION DATE	ELECTION TYPE (CHECK ONE)		ARY MUNICIP		SCHOOL FIRE DISTRIC	SPECIAL
SUMMARY TAB			ETE TABLES I AND II (HAVE BEEN COMPLET		<u> </u>	
TABLE I RECEI			WITH BELLIT COMPLETE		THIS REPORT	CUMULATIVE TO DATE
1 MONETARY CO	ONTRIBUTIONS OF \$	300 OR LESS		s	350 00	\$ 150.00
2 MONETARY CO			AND ALL CURRENCY	\$	3000 00	\$ 4000 00
	RIBUTIONS OF \$300	OR LESS		\$	0	\$ 0
4 IN-KIND CONT	RIBUTIONS IN EXCES	SS OF \$300 [Sc	hedule B]	\$	0	\$ <i>O</i>
5 LOANS RECEIV [Schedule C]	VED IN EXCESS OF \$	300 AND ALL C	URRENCY LOANS	\$	0	\$ 1155.00
6 SUB TOTAL			(ADD LINES 1 THRU	5) \$	3350 00	\$ 5405.00
7 REFUND OF E	XCESSIVE CONTRIBU	JTIONS [Adjustr	ment Schedule]	(-) \$	0	\$ 0
8 TOTAL CONTR	BUTIONS			\$	335000	\$ 590500
9 ADD FUNDS TE	RANSFERRED FROM	PRIOR CAMPA	IGN	(+) \$	0	\$ <i>O</i>
10 TOTAL RECEIF	PTS		(ADD LINE 8 + LINE	9) s	3 35 0.00	\$ 590500
TABLE II EXPE	NDITURES					
1 DISBURSEME	NTS - CAMPAIGN EXI	PENSES [Sched	dule 1(D)]	\$	3068.41	\$ 4254,94
2 DISBURSEME	NTS - OTHER [Schedu	ıle 2(D)]		\$	0	\$ 0
	NTS - CONTRIBUTION		THER	\$	0	\$ <i>O</i>
4 CONTRIBUTIO	NS MADE ON BEHAL unt Schedules 1(D) and	F OF OTHERS		\$	0	\$ 0
5 IN-KIND CONT	RIBUTIONS OF \$300	OR LESS (TAB	LE I, LINE 3)	\$	0	\$ <i>O</i>
6 IN-KIND CONT	RIBUTIONS IN EXCE	SS OF \$300 (TA	ABLE I, LINE 4)	\$	0	\$ 0
7 SUB TOTAL			(ADD LINES 1 THRU	6) \$	3068.41	^{\$} ५८५५, १ ५
8 REFUNDED DI	SBURSEMENTS (Sch	edule F]		(-) \$	0	\$ <i>O</i>
9 TOTAL EXPEN	IDITURES		(LINE 7 MINUS LINE	8) \$	306041	\$ 4254 44

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

CONTRIBUTOR NAME	EMPLOYER NAME	
Mark Schwartz CONTRIBUTOR ADDRESS	New York Wat	er Maragement
CONTRIBUTOR ADDRESS 641 Combertand Ave	EMPLOYER ADDRESS POBOX 19072	, .7
Teaneck NJ 07666 CHECKIF - AGGREGATE AMOUNT	Brooklyn, NY	1/219 AMOUNT(S) RECEIVED THIS PERIOD
CURRENCY \$ 3000.00 OCCUPATION Real Estate Manager	5/8/12	\$ 3000.00
CONTRIBUTOR NAME	EMPLOYER NAME	7000.00
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	
CHECK IF AGGREGATE AMOUNT CURRENCY \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION	<u> </u>	
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CURRENCY 📙 💲	DATE(S) RECEIVED \	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION		
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION		
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	TAL, THIS PAGE	\$ 3000.00
(COMPLETE THIS LINE FOR LAST PAGE USED) GF	RAND TOTAL	\$ 3000.00

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

CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	s /
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION	Ψ		*
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 CONTRIL	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 CONTRIE	BUTION(S)		
(COMPLETE THIS LINE FOR EVER	Y PAGE USED) TO	TAL, THIS PAGE	\$ 0
(COMPLETE THIS LINE FOR LAST	PAGE USED) GF	AND TOTAL	<u>s</u> 0

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

LENDER NAME		EMPLOYER	NAME	
LENDER ADDRESS		EMPLOYER A	ADDRI	ESS
OCCUPATION				
CO-SIGNER NAME		EMPLOYER I	NAME	<i>,</i>
CO-SIGNER ADDRESS		EMPLOYER	ADDRI	ESS
OCCUPATION	/	ÁMOUNT(S) \$	RECE	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO	JNT		CHECK IF CURRENCY
LENDER NAME		EMPLOYER I	VAME	
LENDER ADDRESS		EMPLOYER /	ADDRI	ESS
OCCUPATION				
CO-SIGNER NAME		EMPLOYER I	VAME	
CO-SIGNER ADDRESS		EMPLOYER /	ADDRE	ESS
OCCUPATION		AMOUNT(S) I	RECEI	VED THIS PERIOD
DATE(S) ŘECEIVED	AGGREGATE AMOU	TAL		CHECK IF CURRENCY
TOTAL AMOUNT OF LOANS RECEIVED T	HIS REPORT PERIO	D	\$	0

ADJUSTMENT SCHEDULE

Refund of Excessive Contributions

PAYMENT DATE	CHECK NO	PA	/EE NAME AND ADDRESS	REFUNDED AMOUNT
				\$
	LINE FOR EVERY PA		TOTAL, THIS PAGE	\$ 0

		;			ATAG-ORG	
CHECK PAYEE NAME AND ADDRESS NO	PAYEE NAME AND ADD	RESS	PURPOSE	FULL AMOUNT	AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
Debit The UPS Store Gard 492c Cedarlane Teaneck, NJ 0766	The UPS Stare 492c Cedor Lane Teaneck, NJ 0766		Mailing R-1 to ELEC	\$ 21.06	\$ 21.06	9
9720200 Sorban Ellerbee 035 141 Griggs Ave Teanecil, N3 07666			Distribution of compaign Literature	00 09	00.09	0
972020 Victoria Wilkerson 0036 1778 Lilbet RJ Teneck, NS07666	Victoria Willerson 1778 Lilbet RJ Teaneck, NS07666		Oistubution of campuign Literature	00 58)	00'581	0
972020 Vanessa Gonez 0027 200 Shernas Ave Teaneck, NS 07666	· · · · · · · · · · · · · · · · · · ·		Distultion of Carpaign Literature	50.00	5000	Ö
972020 Alexia Sheals 0038 Tenneck, NS07666	•		Distribution of argain literature	45.00	45.00	0
(COMPLETE THIS LINE FOR EVERY PAGE USED)	REVERY PAGE USED)		TOTAL. THIS PAGE	361.06	\$ 361,06	0 \$
(COMPLETE THIS LINE FOR LAST PAGE USED)	R LAST PAGE USED)		\$ GRAND TOTAL	361.06	\$ 361,06	0

New Jersey Election Law Enforcement Commission

PAYMENT DATE	CHECK	PAYEE NAME AND ADDRESS	PURPOSE	FUEL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
2 8 5	972020 0039	Indiana Suriel 694 CedarLane Teaneck, NJ 0766	Distribution of Comparing of Interature	\$ 210 00	\$ 22000	6
21/8/5	97200 02010	Ethan Allbas 1171 Anna St Teaneck, NJ07666	Distribution of Confaign literature	00 01	a0'0h1	0
21/8/5	9702CP	Indiga Arbas 1171 Anna St Teaneck, NJ 07666	Distribution of comparison Literature	00 01	00 011	0
21/0/5	2400 2400	Keoko Patterson 1155 Arlington Rd Teaneck, NJ 07666	Distribution of comparign Literature	95.00	45.00	0
5/8/12	672020 02020	Aziza Patterson 1155 Arlington Rd Tearch, NS 07666	Distribution of enpuin	00 021	130.00	Q
(COMPLETE THI	S LINE FOR	(COMPLETE THIS LINE FOR EVERY PAGE USED)	TOTAL, THIS PAGE	00.227	\$ 725.00	8
(COMPLETE TH	IS LINE FOR	(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	909801	\$ (08606	9
New Jersey Election Law Enforcement Commission	forcement Commis	Stock	Q			FORM R-1 Revised 01/2011

PAYMENT DATE	CHECK	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
21/8/5	hhao ozazch	Sarantha Willuson 1778 Libet Rd Teanecil, NJO7666	Distolution of campaign Literature	\$ 150.00	\$ 150.00	6
21/8/5	472020	Cabett Marlleting 183 Market Street	Tri-Fold brochures	695.50	05'209	0
5/4/12	9 ha 0 0 2 0 2 L b	Reith Wilhelmson DS Service Entertainmet 130 Gle-brook Pillury	Entertainment on Elector Day puning	300 00	300,00	Đ
2/122/15	972620 CH00	All Carty Media 77 Hodan St Hackacack, NJ 07601	Palm Cards, Robo call	186.85	54 %h	0
(COMPLETE TH	IS LINE FOR	(COMPLETE THIS LINE FOR EVERY PAGE USED)	TOTAL. THIS PAGE	1632.35	\$ 1672.35	0
(COMPLETE TH	IIS LINE FOR	(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	14.8172	(h'8122 \$	0
New Jersey Election Law Enforcement Commission	Enforcement Commit	ssion	9			FORM R-1 Revised 01/2011

				ı		
PAYMENT DATE	CHECK	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
5/22/12	\$ haa 020218	GE Renovations, Inc. 655 Suffern Rd Teane CL, NJ 07666	Laur Sán bistributur	350 00	35000	€
(COMPLETE TH	IIS LINE FOR	(COMPLETE THIS LINE FOR EVERY PAGE USED)	TOTAL THIS PAGE	350.00	\$ 350,00	\$
(COMPLETE TH	IIS LINE FOR		\$ GRAND TOTAL	3068 41	8 3068 ull	1173904 \$

SCHEDULE 2(D) - DISBURSEMENTS
Other

			Onei			
PAYMENT DATE	CHECK	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
				₩	⊕`∖	₩
COMPLETE TH	IS I INF FOR	(COMPLETE THIS LINE FOR EVERY PAGE LISED)	TOTAL THIS PAGE	Q s	0 s	0 \$
(COMPLETE THE	IS LINE FOR	(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	0 \$	0 \$	0 \$

New Jersey Election Law Enforcement Commission

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
				45
(COMPLETE THIS LINE FOR EVERY PAGE USED)	NE FOR EVERY PAC	SE USED)	TOTAL, THIS PAGE	\$
COMPLETE THE FOLLOWING LINES FOR LAST PAGE (SCHEDULE 3(D) GRAND TOTAL	DLLOWING LINES F	OR LAST PAGE USED		1 \$ D
ADD THE "PRO - R∤	ATA AMOUNT OTHE	ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)	(+)	2 \$ 0
GRAND TOTAL OF	CONTRIBUTIONS M	GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES	ES	3 \$ 0

SCHEDULE E

Outstanding Obligations

Date Incurred	Creditor's Name	Address	Description	Amount
4/6/12	Marik Schwartz	641 Cunberland Ave Teaneck, NJ 07666	loan (cun paign)	\$ 1155.00
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 CANDIDATE/COMMI	ITEE	/
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	/
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMI	TTEE /	· · · · · · · · · · · · · · · · · · ·
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMI	TEE /	
MAILING 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	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMIT	TEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT
		\$

STATEM	IENT OF CAMPAIGN DEPOSITORY AN	D CAMPAIGN TREASURER
Opening Balance, this (Insert closing balance of insert zero)	s report last report, or, if this is the first report filed by this entity	for this election, \$ 213,47
Funds Transferred fro	om Prior Campaign	<u>s</u> 0
Deposits (Include intere	est)	\$ 3350 00
Disbursements (Includ	le bank charges)	s 3068.41
Closing Balance, this	Report	s 495.06
Chuse		Schrartz For Council
	POSITORY	
170 The Plaza	POSITORY TEANICK NJ 07666 ADDRESS OF BANK OR DEPOSIT	
Levie Feit	ADDRESS OF BANK OK DEPOSIT	201-747-8595
NAME OF TREASURER		*TELEPHONE NUMBER (DAY)
545 West Engle	WOOD AMMY, TEANELL NJ 07666 ADDRESS OF TREASURER	
	ADDRESS OF TREASURER	
	CERTIFICATION ents on this document are true, and that the contributivare that if any of the statements are willfully false, I m	
<u>5/25/12</u>	Mary Churtz	/ \
DATE	Murk Schwatz PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
5/25/12	hevie feit	then 7 not
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)
	rial and Legislative candidates are required to receive to Check here if you have completed the training and	d enter your Treasurer Training ID#
	DECLARATION OF FINAL R	REPORT
that all filing entities contin	ign applicable Declaration below as well as Certification nue to file reports with the Commission until all campaig outions or other monies received by this election fund he	gn business is wound up and the fund is dissolved
	outlons or other monies received by this election fund ha	
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		ONS AND	į	REPORT (CHECK 29 - DAY PR		-
	P O Box 185, Tre 192-8700 or Toll Free V Web site http://v	enton, NJ 08625 Vithin NJ 1-888-	5-0185 -313-ELE			11 - DAY PRI 20 - DAY PO Apr 15, July 15,	ST-E	LECTION
CANDIDATE OR C Schwartz F	or Council					Oct 15, Jan 15,		<u></u>
STREET ADDRES						Amendment Yes		
CITY	11-5	STATE	ZIP COI			For Stat	_	
TEANECK COUNTY		N 3	076 STRICT (66 OR MUNICIPALITY	$\overline{}$	ELEC RE	ÇE!	VED.
Bergen		Transck	SINCI	ON MONICIPALITY				
POLITICAL PARTY	· ·	OFFICE SOU				JAN 1 7	20	13
NON-PUNTISA ELECTION DATE 5/8/12	ELECTION TYPE (CHECK ONE)			MUNICIPAL RUN-OFF		SCHOOL FIRE DISTRICT		SPECIAL
SUMMARY TAB	DO NOT ATTEM	ирт то сомрі	LETE TAI	BLES I AND II UNT	ΓIL	L JAIKE DISTRICT	1	
TABLE I. RECEI				LIT OOM ELTED		THIS REPORT	С	UMULATIVE TO DATE
1 MONETARY C	ONTRIBUTIONS OF \$	300 OR LESS			\$	U	\$	75000
	ONTRIBUTIONS IN EX	CESS OF \$300	0 AND AL	L CURRENCY	\$	733 27	\$	4733,27
	RIBUTIONS OF \$300	OR LESS			\$	Ö	\$	0
4 IN-KIND CONT	RIBUTIONS IN EXCE	SS OF \$300 [Sc	chedule B]	\$	Ö	\$	0
	VED IN EXCESS OF \$	300 AND ALL (CURREN	CY LOANS	\$	0	\$	115500
[Schedule C]			(ADD	LINES 1 THRU 5)	\$	733.27	\$	6638.27
7 REFUND OF E	XCESSIVE CONTRIB	UTIONS [Adjust	tment Sch	nedule] (-)	\$	0	S	Ō
8 TOTAL CONTR	RIBUTIONS				\$	733,27	\$	6638.27
9 ADD FUNDS T	RANSFERRED FROM	PRIOR CAMP	AIGN	(+)	\$	Ø	\$	0
10 TOTAL RECEI	PTS	<u></u>	(ADD	LINE 8 + LINE 9)	\$	733 27	\$	6638 27
TABLE II. EXPE	NDITURES							
	NTS - CAMPAIGN EX	=	edule 1(D)]	\$	1228.33	\$	5483 27
	NTS - OTHER [Sched	• •=			\$	0	\$	0
CANDIDATES	ENTS - CONTRIBUTIO /COMMITTEES [Sche	dule 3(D)]			\$	Ó	\$	0
	ONS MADE ON BEHA unt Schedules 1(D) an		8		\$	O	\$	0
5 IN-KIND CON	TRIBUTIONS OF \$300	OR LESS (TAI	BLE I, LIN	IE 3)	\$	0	\$	0
6 IN-KIND CON	TRIBUTIONS IN EXCE	SS OF \$300 (T	ABLE 1, L	-INE 4)	\$	0	\$	0
7 SUB TOTAL			(ADD	LINES 1 THRU 6)	\$	1228,33	\$	5483 27
8 REFUNDED D	ISBURSEMENTS (Sc	hedule F]		(-)	\$	0	\$	0
9 TOTAL EXPE	NDITURES		(LINE	7 MINUS LINE 8)	\$	(278,33	\$	5483 27

SCHEDULE A

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

CONTRIBUTOR NAME	EMPLOYER NAME	1
Mark Schurtz	NIL YORK WATE	- Management
CONTRIBUTOR ADDRESS 641 (un bestim) Ave	POBOX (907	27
Teaneck NT 07666 CHECK IF CURRENCY S 3733 27	Brooklyn NY	2 9 AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION Real Estate Manager	111112	\$ 733 27
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT CURRENCY \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
	EMPLOYED MANA	<u> </u>
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	
CHECK IF AGGREGATE AMOUNT CURRENCY \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION		
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)	OTAL, THIS PAGE	\$ 73327
(COMPLETE THIS LINE FOR LAST PAGE USED) GI	RAND TOTAL	s 733 2 7

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

(COMPLETE THIS LINE FOR LAST PA	AGE USED) GF	RAND TOTAL	<u>s 0</u>
(COMPLETE THIS LINE FOR EVERY	PAGE USED) TO	TAL, THIS PAGE	<u>s</u> 0
DESCRIPTION OF IN-KIND CONTRIBU	JTION(S)		****
OCCUPATION			
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
CONTRIBUTOR ADDRESS	· · · · · · · · · · · · · · · · · · ·	EMPLOYER ADDRES	S
CONTRIBUTOR NAME		EMPLOYER NAME	
DESCRIPTION OF IN-KIND CONTRIBU	TION(S)		
OCCUPATION			
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
	- " , , , , , , , , , , , , , , , , , , 		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	3
CONTRIBUTOR NAME		EMPLOYER NAME	 -
DESCRIPTION OF IN-KIND CONTRIBU	TION(S)		
OCCUPATION	'		_
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
CONTRIBUTOR ADDRESS	·	EMPLOYER ADDRESS	3
CONTRIBUTOR NAME		EMPLOYER NAME	
DESCRIPTION OF IN-KIND CONTRIBU	TION(S)		
OCCUPATION	<u> </u>	,	
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
CONTRIBUTOR ADDRESS	-	EMPLOYER ADDRESS	3
CONTRIBUTOR NAME		EMPLOYER NAME	

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

LENDER NAME		EMPLOYER N	AME	·	
LENDER ADDRESS		EMPLOYER A	DDRE	ESS	
			_		
OCCUPATION					
CO-SIGNER NAME		EMPLOYER N	IAMÉ		
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	-	
LENDER ADDRESS		EMPLOYER A	ADDRÉ	ESS	
OCCUPATION				,	· · · · · · · · · · · · · · · · · · ·
CO-SIGNER NAME		EMPLOYER N	IAME		
CO-SIGNER ADDRESS		EMPLOYER A	ADDRE	ESS	
OCCUPATION		AMOUNT(S) F	RECEI	IVED THIS PERIOD	
DATE(S) RECEIVED	AGGREGATE AMO	UNT		CHECK IF CURRENCY	
TOTAL AMOUNT OF LOANS RECEIVED	THIS REPORT PERIO	מכ	\$		0

ADJUSTMENT SCHEDULE

Refund of Excessive Contributions

PAYMENT DATE	CHECK NO		PAYEE NAME AND ADDRESS	 REFUNDED AMOUNT
				\$
		/		
		/		
(COMPLETE THIS	LINE FOR EVERY PA	GE USED)	TOTAL, THIS PAGE	\$ 0
	LINE FOR LAST PAG		GRAND TOTAL	\$ 0
Jew Jersey Election Law Enf	Ornament Commission		5	 FORM R-1 Revised 01/201

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
21/15/21	47202 2027P	Mark Schuartz bul Cuberland Ace Traneck, NJO7666	Loan repayment (Compaign Signs)	\$ 1155,00	\$ 1155 00	\$
	000050	545 Vist Englewood Ave Traneck NS 07666	mailing R-1, gift and for compaign)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	₩ ~ ~	0
		COMPLETE TURE INE EDE EVERY BACE LISED!	TOTAL THIS PAGE	1228.33	\$ 122833	<i>○</i> \$
COMPLETE	HIS LINE FO	(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	1228.33	\$ 122833	8

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SCHEDULE 2(D) - DISBURSEMENTS
Other

	PRO-RATA AMOUNT OTHERS		0	0	
	40	θ	€	υ	
	PRO-RATA AMOUNT THIS REPORTING ENTITY	\$	<i>O</i> s	O \$	-
	FULL AMOUNT	6 7	0 \$	<i>(</i>) \$	
Other	PURPOSE		TOTAL TUIS BAGE	GRAND TOTAL	
	PAYEE NAME AND ADDRESS			(COMPLETE THIS LINE FOR LAST PAGE USED)	
	CHECK			IIS LINE FOR	
	PAYMENT DATE			(COMPLETE TH	•

FORM R-1 Revised 01/2011

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

PAYMENT DATE	CHECK NO	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
				₩
(COMPLETE THIS LIN	(COMPLETE THIS LINE FOR EVERY PAGE USED)	USED)	TOTAL, THIS PAGE	
COMPLETE THE FO	COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED	LAST PAGE USED		
SCHEDULE 3(D) GRAND TOTAL	AND TOTAL			A
ADD THE "PRO - RA	TA AMOUNT OTHERS'	ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)	£	2 \$ 0
GRAND TOTAL OF C	GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON I	E TO AND ON BEHALF OF CANDIDATES/COMMITTEES		3 \$

FORM R-1 Revised 01/2011

SCHEDULE E Outstanding Obligations

Date Incurred	Creditor's Name	Address	Description	Amount
				\$
]				
			TOTAL OUTSTANDING OBLIGATIONS	s (C)

SCHEDULE F Refunded Disbursements

\$ Date	Full Name	Address	Description	Amount
				\$

SCHEDULE G Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE/	COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY		
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDIDATE	COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	NCIPALITY	
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			<u> </u>
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY		
CHECK NUMBER	PAYMENT DATE	\$	

STATEME	ENT OF CAMPAIGN DEPOSITORY AND CA	MPAIGN TREASURER
Opening Balance, this (Insert closing balance of la insert zero)	report st report, or, if this is the first report filed by this entity for this	s election, <u>\$</u> 445.06
Funds Transferred from	n Prior Campaign	<u>\$</u>
Deposits (Include interest)		<u>\$ 733.27</u>
Disbursements (Include bank charges)		<u>s</u> 1228.33
Closing Balance, this Report		<u>\$</u>
Chase		Schraftz For Councy) NAME OF ACCOUNT
Chase NAME OF BANK OR DEP	OSITORY	NAME OF ACCOUNT
1/0 The Plaza	Teaneck NSD7666 ADDRESS OF BANK OR DEPOSITORY	
t hene teil	ABORESO OF BANK OR BELLOOMORY	20\ 747-8595 *TELEPHONE NUMBER (DAY)
NAME OF TREASURER	A Tames V NIT A7///	*TELEPHONE NUMBER (DAY)
54) WEST BAI	euro d Arnue Teaneck NJ 07666 ADDRESS OF TREASURER	
	CERTIFICATION	
	ts on this document are true, and that the contribution a	
-	vare that if any of the statements are willfully false, I may be	subject to punishment
17 31 12	Mark Schwartz PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (ÇANDIDATE)
12/3//12	The do feet	he 7ct
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)
	al and Legislative candidates are required to receive training Check here ☐ if you have completed the training and enter	
	DECLARATION OF FINAL REPO	DRT
that all filing entities contin	n applicable Declaration below as well as Certification abovue to file reports with the Commission until all campaign bus	siness is wound up and the fund is dissolved
loans or other obligation	utions or other monies received by this election fund have beens, and that the election fund has wound up its business an	een disbursed, that there are no outstanding dhas been dissolved
12 11/12 DATE	Mark Schuatz PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
12/3//12	Kevic Fert	he 7st
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)