

# 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) www elec state nj us/ FORM D-1

FOR STATE USE ONLY

MAR 3 1 2014

PLEASE TYPE OR PRINT		
Candidate Name EMIL (YITZ) STERN		
Candidate Committee Name STERN FOR COUNCIL 201	4	
Address (Number and Street, City, State, Zip Code) 309 Edgewood Ave., Te	aneck, NJ 07666	
*(Area) Day Telephone	*(Area) Evening Telephone	
County Bergen Legal Name of Election Teaneck 1	District or Municipality ownship	
Election Date 5/13/2014 Political Party, if any n/a	Office Sought Councilme	ember
Election Type: (CHECK ONE)  Primary General May Municipal Run-Off	School  Fire District  Special	Amendment No
CHAIRPERSON		
Name EMIL (YITZ) STERN		
Mailing Address 309 Edgewood Ave		
City Teaneck	State N J	Zip Code 07666
*(Area) Day Telephone	*(Area) Evening Telephone	
TREASURER		
Name GILLA STERN		
Mailing Address 309 Edgewood Ave.		
City Teaneck	State N J	Zip Code 07666
*(Area) Day Telephone	*(Area) Evening Telephone	
Resident Address same		
City	State	Zıp Code
DEPOSITORY INFORMATION		
Name of Bank or Depository LAKELANE BANK		
Mailing Address 417 Cedar Lane	_	
City Teaneck	State NJ	77 686
(Area) Day Telephone 201 836 7717		
Account Name STERN FOR COUNCIL 2014	Account Number 625413494	

Name GILLA S	TERN		
Mailing Address	ewood Ave.		
City Teaneck	St	ate NJ	Zip Code 07666
Area) Day Telephone		Area) Evening Telephone	07000
lame EMIL (Y	ITZ) STERN		
lailing Address 309 Ed g	gwood Ave.		
Teaneck	( St	ate NJ	Zip Code 07666
Area) Day Telephone	*(/	Area) Evening Telephone	
lame	<u>,</u>		
failing Address			
City	St	ate	Zıp Code
(Area) Day Talanhara	• • • • • • • • • • • • • • • • • • • •	Year Talashara	
(Alea) Day Telephone	CANDIDATE CERTIF	Area) Evening Telephone	
certify that the statement committee, establish, autoolitical committee or co	CANDIDATE CERTIF  its on this document are true I further certify that horize the establishment of, maintain, or participantinuing political committee I am aware that if a EMIL (YITZ) STERN	ICATION  I have not, and will not during the ate directly or indirectly in the mainly of the statements are willfully	nagement or control o
certify that the statement committee, establish, autopolitical committee or consistent and the statement of	CANDIDATE CERTIF  its on this document are true. I further certify that horize the establishment of, maintain, or participant in the stablishment of the stablishment	ICATION  I have not, and will not during the ate directly or indirectly in the mainty of the statements are willfully signature (CANDIDATE)	nagement or control of false, I may be subject
certify that the statemen ommittee, establish, auticultical committee or counishment  DATE  Certify that the statemen	CANDIDATE CERTIF  Its on this document are true. I further certify that horize the establishment of, maintain, or participant in the properties of the committee of the committe	ICATION  I have not, and will not during the ate directly or indirectly in the mainty of the statements are willfully signature (CANDIDATE)	nagement or control of false, I may be subject
certify that the statement committee, establish, autopolitical committee or consistent and a statement and a s	CANDIDATE CERTIF  Its on this document are true I further certify that horize the establishment of, maintain, or participant the establishment of, maintain, or participant the lam aware that if a EMIL (YITZ) STERN  PRINT FULL NAME (CANDIDATE)  CHAIRPERSON/TREASURER  Ints on this document are true I am aware that if  EMIL (YITZ) STERN  PRINT FULL NAME (CHAIRPERSON)  GILLA STERN	I have not, and will not during the ate directly or indirectly in the mainty of the statements are willfully SIGNATURE (CANDIDATE)  SIGNATURE (CHAIRAERSO WILL SIGNATURE WILL SIGNATURE (CHAIRAERSO WILL SIGNATURE WILL SIG	nagement or control of false, I may be subject
committee, establish, aut political committee or co punishment    3   27   14     Certify that the statement punishment	CANDIDATE CERTIF  Its on this document are true. I further certify that horize the establishment of, maintain, or participant in the establishment of, maintain, or participation.  EMIL (YITZ) STERN  EMIL (YITZ) STERN  EMIL (YITZ) STERN  PRINT FULL NAME (CHAIRPERSON)	I have not, and will not during the ate directly or indirectly in the mainty of the statements are willfully signature (CANDIDATE)  CERTIFICATION  any of the statements are willfully any of the statements are willfully	nagement or contro false, I may be su

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od lkes	UPPLEMEN	TAL CON	TRIB	UTOR INF	ORMAT		FORM C-1
* Sob * NEV	V JERSEY ELE	CTION I AV	NEN	FORCEMEN	LAM	Ech	FOR STATE USE ONLY
a intentional	PQ	Box 185, Tre	enton,	NJ 08625-0185	5		C. RECON-
The second second	(609) 292-8700	or Toll Free V www ele			ELEC (353	2)	MAY 1 4 2014
CONTRIBUTIONS REPO		K ONE)		<del></del>	********		" 1 9 2014
Committee spending un						CHICAGON IN	
excess of \$300 in the ap							Amendment?
day before the election				-		g ***ia1 (10 10	☐ Yes 🗗 No
SECTION I CANDIDATE	E, JOINT CANDI	ATES, OR F	OLIT	ICAL COMMI	TTEE INFO	ORMATION	
Candidate(s) Name	COEDI					Election Date	
	STERN					5/13/	
STERN FOR CO	IINCTI 201/	1		) (	TEAN	strict/Municij	pality
Candidate or Committee A			ly, Sta	ite, Zip Code)	I CAN	EUN	
309 Edgewood		neck, N	IJ O				
Office Sought Councilmember	County Berge	en			(Area) Day	/ Telephone	į
Political Party	<u></u> _a-				(Area) Eve	ening Telepho	ne
n/a			********				
SECTION II. CONTRIBU				pes. A = Cum	rency or C	heck, B = Ir	n-Kind; C = Loan)
Date Received 5 / 1 2 / 1 4		mbutor Name SCHAER F		ASSEMBLY	7		
Address (Number and Stro	eet, City, State, Zi	Code)		<del></del>	Aggrega	te Amount	Amount
511 Passaic A	ve., Passa				\$ 200		\$ 2000.
Occupation (if Individual)		Receipt Ty	'	Check If Currency 🔲	Descripti	on, if In-Kind	Contribution
Employer Name (If Individ	lual)		Empl	oyer Mailing Ad	idress (if in	idividual)	
Sate Received	[ Con	tributor Name	 )				
				<b>*</b>			
Address (Number and Str	eet, City, State, Zi	p Code)			Aggrega \$	te Amount	Amount \$
Occupation (If Individual)		Receipt Ty		Check if	Descript	ion, if In-Kind	Contribution
Employer Name (If Individ	1100			Currency oyer Mailing Ac	Idrope (If Is		
Eubloker Manue (ii lugivio	iuai)		Emp	Oyer Maling Ac	iniess (II II	iuividdai)	
Date Received	Con	เกษบtor Name	)		*******		
Address (Number and Str	ant City State 7	n Coda)			Aggraga	te Amount	Amount
Acciess (Hamber and Str	oot, City, State, 2	h conel			\$	ite Amount	\$
Occupation (If Individual)		Receipt Ty		Chack If	Descript	ion, if In-Kınd	Contribution
Employer Name (if Individ	duai)	_1		Currency loyer Mailing Ac	lidress (If Ir	ndividual)	
					``\ <u>\</u>		
Date Received	Cor	tributor Name	2			_	
Address (Number and Str	reet City State Z	n Code)			Aggrega	ite Amount	Amount
		·			\$		\$
Occupation (If Individual)		Receipt Ty	•	Check if Currency	Descrip	tion, if In-Kind	Contribution
Employer Name (If Individ	dual)			oyer Mailing A	ddress (If li	ndividual)	
			ļ			·	
(COMPLETE THIS LINE	FOR EVERY PA	GE USED)		TOTAL, THIS	PAGE	\$	2000.
COMPLETE THIS LINE	FOR LAST BAG	E USED)		GRAND	TOTAL		2000.
Candidate or Treasurer S	Bullyare X					Date	
	4/					5/	14/14

FORM R-1	REPORT	OF CONTR	REPORT (CHECK			
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION PO Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)						E-ELECTION
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)  www elec state nj us  CANDIDATE OR COMMITTEE NAME					Apr 15, July 15,	
	OMMITTEE NAME IN FOR COUNCE	I I,		ï	Oct 15,	
STREET ADDRESS	S Edgewood Av	e <b>.</b>			Jan 15, Amendment Yes	
CITY		STATE N J	ZIP CODE 07666			te Use Only
Teaned	···			,	ELEC REC	ElVED
BERG		TEAN	STRICT OR MUNICIPALITY ECK	ī		
POLITICAL PARTY, IF ANY OFFICE SOUGHT COUNCIL MEMBER			•	APR 1 4 2	1014	
ELECTION DATE   ELECTION TYPE   PRIMARY   MAY MUNIC (CHECK ONE)   GENERAL   RUN-OFF			IPA!	L SCHOOL FIRE DIS		
SUMMARY TABI			ETE TABLES I AND II UN IAVE BEEN COMPLETED			
TABLE I. RECEI	PTS				THIS REPORT	CUMULATIVE TO DATE
1 MONETARY CO	ONTRIBUTIONS / LO	ANS OF \$300 O	RLESS	\$	5077.00	\$ 5077.00
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			\$	1000.00	\$ 1000.00	
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$	-	<b>s</b> –	
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]			\$		\$	
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]			\$	<del>_</del>	s -	
6 SUB TOTAL			(ADD LINES 1 THRU 5)	\$	6077.00	\$ 6077.00
7 REFUND OF C	ONTRIBUTIONS [Adju	ustment Schedul	e] (-)	\$	-	\$ <u>-</u>
8 TOTAL CONTR	BUTIONS			\$	6077.00	\$ 6077.00
9 ADD FUNDS TE	RANSFERRED FROM	PRIOR CAMPA	IGN (+)	\$		\$
10 TOTAL RECEI	РТЅ		(ADD LINE 8 + LINE 9)	\$	6077.00	\$ 6077.00
TABLE II. EXPE	NDITURES					
1 DISBURSEME	NTS - CAMPAIGN EX	PENSES (Schee	dule 1(D)]	\$	2499.55	\$ 2499.55
	NTS - OTHER [Sched	* **		\$	-	\$
3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]			\$		\$ -	
CANDIDATES/COMMITTEES [Schedule 3(D)] 4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]			\$	-	<b>\$</b> _	
5 IN-KIND CONT	RIBUTIONS OF \$300	OR LESS (TAB	LE I, LINE 3)	\$	-	<b>5</b> –
6 IN-KIND CONT	RIBUTIONS IN EXCE	SS OF \$300 (TA	ABLE I, LINE 4)	\$	-	s –
7 SUB TOTAL			(ADD LINES 1 THRU 6)	\$	2499.55	\$ 2499.55
8 REFUNDED D	SBURSEMENTS (Sci	nedule F]	(-)	\$	-	\$ <del>-</del>
9 TOTAL EXPEN	NDITURES		(LINE 7 MINUS LINE 8)	\$	2499.55	\$ 2499.55

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

CONTRIBUTOR NAME	EMPLOYER NAME
Robert Lebovis	St. Luke's-Roosevelt Hospital
CONTRIBUTOR ADDRESS 156 Dwight P1.	EMPLOYER ADDRESS 425 W. 59th St.
Englewood NJ 07631	New York NY 10019
CHECK IF CURRENCY S 500.	DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD \$ 500.
CONTRIBUTOR NAME Michael Wildes	EMPLOYER NAME Wildes & Weinberg, PC
CONTRIBUTOR ADDRESS 515 Madison Ave.	EMPLOYER ADDRESS 515 Madison Ave.
New York NY 10022	New York NY 10022
CHECK IF AGGREGATE AMOUNT CURRENCY \$ 500.	DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD \$ 500.
CONTRIBUTOR NAME	EMPLOYER NAME
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
CHECK IF CURRENCY S	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 S	DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD \$
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	TAL, THIS PAGE \$ 1000.00
(COMPLETE THIS LINE FOR LAST PAGE USED) GF	1000.00 s

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

CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	s
OCCUPATION	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTI	RIBUTION(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 CONTI	RIBUTION(S)		·I
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	S
	LACORFOATE AMOUNT		Tanana na n
OCCUPATION	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
DESCRIPTION OF IN-KIND CONT	RIBUTION(S)		
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	s
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION		1	<b> </b>
DESCRIPTION OF IN-KIND CONTI	RIBUTION(S)	-l	
(COMPLETE THIS LINE FOR EVE	ERY PAGE USED) TO	TAL, THIS PAGE	<b>S</b> 0
(COMPLETE THIS LINE FOR LAS	ST PAGE USED) GI	RAND TOTAL	<b>\$</b> 0

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

LENDER NAME		EMPLOYER N	IAME		
LENDER ADDRESS		EMPLOYER A	DDRE	ESS	
_					
OCCUPATION					
CO-SIGNER NAME		EMPLOYER N	IAME		
CO-SIGNER ADDRESS		EMPLOYER A	DDRE	ESS	
OCCUPATION		\$	RECEI	IVED THIS PERIOD	
DATE(S) RECEIVED	AGGREGATE AMOU	UNT		CHECK IF CURRENCY	
LENDER NAME		EMPLOYER N	IAME		
LENDER ADDRESS		EMPLOYER A	NDDRI	ESS	
0001101==-11					
OCCUPATION					
CO-SIGNER NAME		EMPLOYER N	NAME		
CO-SIGNER ADDRESS		EMPLOYER A	NDDRI	ESS	
OCCUPATION					
OCCUPATION		\$	RECE	IVED THIS PERIOD	
DATE(S) RECEIVED	AGGREGATE AMOI	UNT		CHECK IF CURRENCY	
TOTAL AMOUNT OF LOANS RECEIVED	THIS REPORT PERIO	OC.		0	
			\$		

### **ADJUSTMENT SCHEDULE**

### **Refund of Contributions**

PAYMENT DATE	CHECK NO		PAYEE NAME AND ADD	RESS	REFUNDED AMOUNT
					\$
<del>-</del>					
,					
4:					
(COMPLETE THIS	LINE FOR EVERY PA	(GE USED)	TOTAL, THIS PAG	\$ <u> </u>	0
(COMPLETE THIS	LINE FOR LAST PAG	E USED)	GRAND TOTAL	\$	<u> </u>

# 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
				₩.	₩	₩.
4/4/14	101	Viccaro Printing Paramus NJ	printing	321.00	321.00	1
487/14	102	Royal Printing West New York NJ	printing	848.70	848.70	ı
4/9/14	103	Teaneck Southern Baseball League Teaneck NJ	fundraiser donation	160.00	160.00	ı
4/10/14	104	Staples Hackensack NJ	printing	385.85	385.85	ı
4/10/14	105	US Postal Service Teaneck NJ	postage	784.00	784.00	ı
COOKER ETE TE		COMBITE THE LINE COD ENGEN BAGE HEED!	TOTAL TURBACE	2499.55	\$ 2499.55	- \$
(COMPLETE TH	IIS LINE FOR	(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	2499.55	\$ 2499.55	<b>θ</b>

# 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
				₩	€	<del>⊌</del>
			TOTAL TURE DACE	0 \$	0 \$	0 \$
COMPLETE TH	IIS LINE FOR	(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	O #	O \$	O \$

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

PAYMENT DATE CHECK NO	IO RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
			<b>↔</b>
(COMPLETE THIS LINE FOR EVERY PAGE USED)	RY PAGE USED)	TOTAL, THIS PAGE	0 \$
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED	INES FOR LAST PAGE USED		1 \$ 0
ADD THE "PRO - RATA AMOUNT	ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)	(+)	2 \$ 0
GRAND TOTAL OF CONTRIBUTION	GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES		3 \$ 0

₩,

### SCHEDULE E

### **Outstanding Obligations**

Date(s)	Creditor's Name	Address	Description	Amount
				\$
			TOTAL OUTSTANDING OBLIGATIONS	\$ O

### SCHEDULE F

### **Refunded Disbursements**

(Date(s)	Check #	Full Name	Address	Description	Amount
					\$
<del></del>				SCHEDULE F TOTAL	\$ O

# SCHEDULE G Reciplents of In-Kind Contributions

NONE

E/COMMITTEE		
ELECTION DISTRICT OR MU	NICIPALITY	-
PAYMENT DATE	AMOUNT \$	<del></del>
E/COMMITTEE		
ELECTION DISTRICT OR MU	NICIPALITY	m+**
PAYMENT DATE	AMOUNT \$	
E/COMMITTEE		
ELECTION DISTRICT OR MU	NICIPALITY	
PAYMENT DATE	\$	
E/COMMITTEE		
ELECTION DISTRICT OR MU	NICIPALITY	
PAYMENT DATE	AMOUNT \$	
E/COMMITTEE	•	
ELECTION DISTRICT OR MU	NICIPALITY	
PAYMENT DATE	AMOUNT \$	
	ELECTION DISTRICT OR MU PAYMENT DATE  ELECTION DISTRICT OR MU ELECTION DISTRICT OR MU PAYMENT DATE  ELECTION DISTRICT OR MU	ELECTION DISTRICT OR MUNICIPALITY  PAYMENT DATE  ELECTION DISTRICT OR MUNICIPALITY  AMOUNT  AMOUNT  AMOUNT

STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER Opening Balance, this report 0 (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero ) 0 Funds Transferred from Prior Campaign 6077.00 Deposits (Include interest) 2499.55 Disbursements (Include bank charges) 3577.45 Closing Balance, this Report LAKELAND BANK STERN FOR COUNCIL NAME OF BANK OR DEPOSITORY NAME OF ACCOUNT 417 Cedar Lane, Teaneck, NJ 07666 ADDRESS OF BANK OR DEPOSITORY Gilla Stern TELEPHONE NUMBER (DAY) NAME OF TREASURER 309 Edgewood Ave., Teaneck, NJ 07666 ADDRESS OF TREASURER CERTIFICATION I certify that the statements on this document are true, and that the contribution amounts received conform with the limitations designated by law I am aware that if any of the statements are willfully false, I may be subject to punish the EMIL (YITZ) STERN SIGNATURE (CANDIDATE) PRINT FULL NAME (CANDIDATE) SIGNATURE (CANDIDATE) PRINT FULL NAME (CANDIDATE) DATE DATE PRINT FULL NAME (CANDIDATE) XNDIDATE) GILLA STERN PRINT FULL NAME (TREASURER) SIONA URE REASURER) Treasurers for Gubernatorial and Legislative candidates are required to receive training with the New Jersey Election Law Enforcement Commission Check here I if you have completed the training and enter your Treasurer Training ID# **DECLARATION OF FINAL REPORT** If this is the final report, sign applicable Declaration below as well as Certification above. Chapter 65 of the Laws of 1993 requires that all filing entities continue to file reports with the Commission until all campaign business is wound up and the fund is dissolved I certify that all contributions or other monies received by this election fund have been disbursed, that there are no outstanding loans or other obligations, and that the election fund has wound up its business and has been dissolved DATE SIGNATURE (CANDIDATE) PRINT FULL NAME (CANDIDATE) DATE PRINT FULL NAME (CANDIDATE) SIGNATURE (CANDIDATE) DATE PRINT FULL NAME (CANDIDATE) SIGNATURE (CANDIDATE) DATE PRINT FULL NAME (TREASURER) SIGNATURE (TREASURER)

New Jersey Election Law Enforcement Commission

FORM R-1	REPORT	OF CONTR	RIBUTIONS AND TURES		REPORT (CHECK 29 - DAY PR	•	
NEW JERS	SEY ELECTION LAV	V ENFORCEN	MENT COMMISSION		11 - DAY PRE-ELECTION		
(600) 3	P O Box 185, Tre 92-8700 or Toll Free V				20 - DAY PO		
(609) 2		vitilii NJ 1-000- ic state nj us	313-ELEC (3532)		Apr 15,		
CANDIDATE OR C STER	OMMITTEE NAME N FOR COUNCI	IL			July 15,		
STREET ADDRES	s Edgewood Ave	· ·			Amendment Yes No No		
CITY Teaned	.1-	STATE	ZIP CODE 07666		For Stat	e Us	e Only
	: K	<u></u>			ELEC RE	CE	rved
COUNTY BERG		TEAN		<b>,</b>	MAY 1	4 20	114
POLITICAL PARTY, IF ANY OFFICE SOUGHT COUNCIL MEMBER				<u> </u>	,		
ELECTION DATE ELECTION TYPE PRIMARY MAY MUNIC (CHECK ONE) GENERAL RUN-OFF			IPAI	L SCHOOL FIRE DIS	TRIC	SPECIAL T	
SUMMARY TABLES DO NOT ATTEMPT TO COMPLETE TABLES I AND II UN APPROPRIATE SCHEDULES HAVE BEEN COMPLETED				ΓIL			
TABLE I. RECEI	PTS	•			THIS REPORT	CI	UMULATIVE TO DATE
1 MONETARY CO	ONTRIBUTIONS / LOA	NS OF \$300 O	R LESS	\$	3373.00	\$	8450.00
		CESS OF \$300	AND ALL CURRENCY	\$	7700.00	\$	8700.00
CONTRIBUTIONS [Schedule A] 3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$		s		
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]			5		\$		
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS			\$		\$		
[Schedule C]			\$	11073.00	\$	17150.00	
6 SUB TOTAL (ADD LINES 1 THRU 5				110/3.00	<u> </u>	17170.00	
7 REFUND OF C	ONTRIBUTIONS [Adju	ıstment Schedu	le] (-)	\$		\$	
8 TOTAL CONTR	RIBUTIONS			\$	11073.00	\$	17150.00
9 ADD FUNDS T	RANSFERRED FROM	PRIOR CAMPA	AIGN (+)	\$	<b></b>	\$	
10 TOTAL RECEI	PTS		(ADD LINE 8 + LINE 9)	\$	11073.00	\$	17150.00
TABLE II EXPE	NDITURES						,
1 DISBURSEME	NTS - CAMPAIGN EX	PENSES [Sche	dule 1(D)]	\$	3257.41	\$	5756.96
	NTS - OTHER [Sched	` '-		\$		\$	
3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]			\$	-	\$		
CANDIDATES/COMMITTEES [Schedule 3(D)] 4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]			\$		\$		
5 IN-KIND CON	TRIBUTIONS OF \$300	OR LESS (TA	BLE I, LINE 3)	\$		\$	
6 IN-KIND CON	TRIBUTIONS IN EXCE	ESS OF \$300 (T	ABLE I, LINE 4)	\$		\$	
7 SUB TOTAL			(ADD LINES 1 THRU 6)	\$	3257.41	\$	5756.96
8 REFUNDED D	DISBURSEMENTS (Sc	hedule F]	(-)	\$		\$	
9 TOTAL EXPE	NDITURES		(LINE 7 MINUS LINE 8)	\$	3257.41	\$	5756.96

### **SCHEDULE A**

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

CONTRIBUTOR NAME Nathan Lindenbaum	EMPLOYER NAME n/	a
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
464 Winthrop Rd.		
Teaneck NJ 07666		
CHECK IF AGGREGATE AMOUNT CURRENCY (\$ 500.	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION retired	4/14/14	\$ 500.00
CONTRIBUTOR NAME David Carmel	EMPLOYER NAME self	
CONTRIBUTOR ADDRESS 1 Bridge Plaza	EMPLOYER ADDRESS same	
Fort Lee, NJ		<del></del>
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
CURRENCY LJ  \$ 500.	4/14/14	\$ 500.00
CONTRIBUTOR NAME	EMPLOYER NAME	
Jack Eizikovits	self	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
253 Frances St.	same	
Teaneck, NJ		
CHECK IF AGGREGATE AMOUNT		AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION financial consultant	4/14/14	\$ 500.00
CONTRIBUTOR NAME	EMPLOYER NAME	
Ben Sanzari	ALSAN REAL	TY
CONTRIBUTOR ADDRESS 25 Main St.	EMPLOYER ADDRESS 25 Main St	
Hackensack, NJ	Hackensack	, NJ
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION real estate management	4/14/14	\$ 2600.00
CONTRIBUTOR NAME	EMPLOYER NAME	
Richard Kurtz	KAMSON CORP	•
CONTRIBUTOR ADDRESS 270 Sylvan Ave.	EMPLOYER ADDRESS 270 Sylvan	Ave.
Englewood Cliffs, NJ	Englewood C	liffs, NJ
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION real estate management	4/14/14	\$ 1000.00
		\$ 5100.00
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	OTAL, THIS PAGE	\$ 5100.00
(COMPLETE THIS LINE FOR LAST PAGE USED) G	RAND TOTAL	\$

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

CONTRIBUTOR NAME	EMPLOYER NAME	
David Sanzari	ALSAN REALTY	
CONTRIBUTOR ADDRESS 25 Main St.	EMPLOYER ADDRESS 25 Main St.	
Hackensack, NJ	Hackensack,	NJ
CHECK IF AGGREGATE AMOUNT CURRENCY \$ 2600.	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION real estate management	4/14/14	\$ 2600.00
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
CURRENCY S	Director Reserves	\$
CONTRIBUTOR NAME	EMPLOYER NAME	<u></u>
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	
TACCRECATE ANOTHER	DATE(S) BECENTED	TAMOUNT(O) DEGENCES VINO DEGICA
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 \$
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	OTAL, THIS PAGE	\$ 2600.00
	RAND TOTAL	\$ 7700.00
NO. 1. 51 No. 1. Colonia Colon		

### SCHEDULE B

### In-Kind Contributions in Excess of \$300

CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	5
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	3
OCCUPATION	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
DESCRIPTION OF IN-KIND CONTRIBU	TION(S)		
CONTRIBUTOR NAME	<del> </del>	EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	S
OCCUPATION	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
DESCRIPTION OF IN-KIND CONTRIBU	ITION(S)	<u> </u>	
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	S
	AGGREGATE AMOUNT	DATE(S) BECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION	\$	- DATE(S) RECEIVED	\$
DESCRIPTION OF IN-KIND CONTRIBL	JTION(S)		
(COMPLETE THIS LINE FOR EVERY	PAGE USED) TO	OTAL, THIS PAGE	<b>\$</b>
(COMPLETE THIS LINE FOR LAST P	AGE USED) G	RAND TOTAL	<b>s</b> 0

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

LENDER NAME		EMPLOYER NA	AME		
LENDER ADDRESS		EMPLOYER AL	DDRE	SS	
OCCUPATION					
CO-SIGNER NAME		EMPLOYER N	AME		
CO-SIGNER ADDRESS		EMPLOYER A	DDRE	SS	
OCCUPATION		AMOUNT(S) P	FCEN	VED THIS PERIOD	
OCCUPATION		\$	LOLI	VED MISTERIOD	
DATE(S) RECEIVED	AGGREGATE AMOU	JNT		CHECK IF CURRENCY	
LENDER NAME		EMPLOYER N	AME		<del>, , , , , , , , , , , , , , , , , , , </del>
LENDER ADDRESS		EMPLOYER A	DDRE	ESS	
OCCUPATION					
CO-SIGNER NAME		EMPLOYER N	IAME		
CO-SIGNER ADDRESS		EMPLOYER A	DDRI	ESS	
OCCUPATION		\$	RECE	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 Contributions

PAYMENT DATE	CHECK NO	P	AYEE NAME AND ADD	DRESS	,	REFUNDED AMOUNT
		* ************************************	'	, ,		\$
, , , , , , , , , , , , , , , , , , ,						
*** ** 1 1k		ė			!	
				x*,	٠,	4
(COMPLETE THIS	LINE FOR EVERY P	AGE USED)	TOTAL, THIS PAG	GE .	\$	0
(COMPLETE THIS	LINE FOR LAST PA	GE USED)	GRAND TOTAL		\$	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
4/12	debit	AGE GRAPHICS Long Bottom, OH	lawn signs	\$ 1165.00	\$ 1165.00	<b>ч</b>
4/12	debit	CANDIDATE ONLINE Montgomery, NY	website	149.00	149.00	ţ
4/16	106	APPLIED AESTHETIC MEDI. Philadelphia, PA	[A graphic design	50.00	20.00	ı
4/17	debit	US POSTAL SERVICE	postage	245.00	245.00	ı
4/18	debit	STAPLES Paramus, NJ	printing	16.05	16.05	ı
4/18	debit	US POSTAL SERVICE	postage	95.20	95.20	ŧ
4/23	debit	MAADAN Teaneck, NJ	food - volunteers	127.87	127.87	1
4/25	107	ROTARY CLUB Teaneck, NJ 07666	donation	200.00	200.00	ı
4/28	debıt	POSTCARDS R US Fort Lee, NJ	printing	1209.29	1209.29	l
			S SPECIAL TATOL	3257.41	\$ 3257.41	ا چ
(COMPLETE TH	HIS LINE FOR	(COMPLETE THIS LINE FOR EVERT PAGE USED) (COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	3257.41	\$ 3257.41	ι •
New Jersey Election Law Enforcement Commission	Enforcement Commis	uoss	9			FORM R-1 Revised 03/07/2013

SCHEDULE 2(D) - DISBURSEMENTS
Other

FORM R-1 Revised 03/07/2013

New Jersey Election Law Enforcement Commission

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

PAYMENT DATE	CHECK NO	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
				<del>(1</del>
(COMPLETE THIS LINE FOR EVERY PAGE USED)	INE FOR EVERY PA	GE USED)	TOTAL, THIS PAGE	0 \$
COMPLETE THE F	OLLOWING LINES F	COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED		
SCHEDULE 3(D) GRAND TOTAL	INANO TOTAL	SCHEDULE 3(D) GRAND TOTAL ADD THE "DBO - RATA AMOLINT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)	•	2 \$ 0
GRAND TOTAL OF	CONTRIBUTIONS	GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES	*	3 \$
New Jersey Election Law Enforcement Commission	ement Commission	ω		FORM R-1 Revised 03/07/2013

### SCHEDULE E

### **Outstanding Obligations**

Date(s)	Creditor's Name	Address	Description	Amount
				\$
			TOTAL OUTSTANDING OBLIGATIONS	<u> </u>

### SCHEDULE F

### **Refunded Disbursements**

Date(s)	Check #	Full Name	Address	Description	Amount
					\$
	<u> </u>				
			I	SCHEDULE F TOTAL	\$ O

# SCHEDULE G Recipients of In-Kind Contributions

NONE

NAME OF RECIPIENT CANDIDA	TE/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	NICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDIDA	TE/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	NICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDIDA	ATE/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR ML	NICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	<u></u>
NAME OF RECIPIENT CANDIDA	ATE/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MI	UNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDID.	ATE/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MI	JNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	<del> </del>

	STATEMEN	T OF CAMPAIGN DEPOSI	TORY AND CAMPAIC	N TRI	EASURER
		port report, or, if this is the first report filed	by this entity for this election	<u>\$</u>	3577.45
Funds	Transferred from F	Prior Campaign		<u>\$</u>	
Depos	sits (Include interest)			<u>\$</u>	11073.00
Disbu	rsements (Include ba	nk charges)		<u>\$</u>	3257.41
Closin	g Balance, this Re	port		<u>\$</u> _	11393.04
I	AKELAND BAN	ζ	STE	N FO	R COUNCIL
•	OF BANK OR DEPOS	ITORY ne, Teaneck, NJ 0766			NAME OF ACCOUNT
l ——		ADDRESS OF BANK			
l	Gilla Stern				
	OF TREASURER 309 Edgewood	Ave., Teaneck, NJ (	)7666	*TELE	EPHONE NUMBER (DAY)
		ADDRESS OF	TREASURER		
		CERTIFI	CATION		
l certify designa	that the statements and bylaw I am awar	on this document are true, and the that if any of the statements are will EMIL (YITZ) STERN	at the contribution amounts r Ifully false, I may be subject to	ecewed punshn	conform with the limitations
_	DATE -	PRINT FULL NAME (CANDIDA	TE) SIGN	ATURE (	CANDIDATE)
	D/ (12	THAT I GET HAME (CANDIDA	(12)		,
_	DATE	PRINT FULL NAME (CANDIDA	TE) SIGN	ÄTURE (	(CANDIDATE)
	IDATE	PRINT FULL NAME (CANDIDA	TE) SIGN	ATURE (	(CANDIDATE)
	1101.	GILLA STERN	,	in III	XX
	nr/gilly			Mary.	<u>//)                                   </u>
	<b>WATE</b>	PRINT FULL NAME (TREASUF	RER) SIGN	TURE (	TREASURER)
		and Legislative candidates are requir neck here  if you have completed t			
		DECLARATION C	F FINAL REPORT		
that all	filing entities continue ertify that all contribution	applicable Declaration below as well to file reports with the Commission upons or other monies received by this , and that the election fund has would	intil all campaign business is velection fund have been disbu	vound up	and the fund is dissolved it there are no outstanding
-	DATE	PRINT FULL NAME (CANDID)	ATE) SIGI	IATURE	(CANDIDATE)
-	DATE	PRINT FULL NAME (CANDID)	ATE) SIGI	IATURE	(CANDIDATE)
-	DATE	PRINT FULL NAME (CANDID	ATE) SIGI	ATURE	(CANDIDATE)
-	DATE	PRINT FULL NAME (TREASU	RER) SIGN	IATURE	(TREASURER)

FORM R-1	REPORT	OF CONTRIBUTIONS . EXPENDITURES	AND	F	REPORT (CHECK 29 - DAY PR	ONE) E-ELECTION
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION PO Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)  www elec state nj us						E-ELECTION ST-ELECTION
(609) 2	92-8700 or Toll Free V	Vithin NJ 1-888-313-ELEC (3532	2)		Apr 15,	
	OMMITTEE NAME N FOR COUNCE	IL			Oct 15,	·
STREET ADDRES	s Edgewood Ave	· .		┧	Jan 15, mendment Yes	
CITY Teaned	· k	STATE ZIP CODE 07666	<u> </u>	+		te Use Only
COUNTY		ELECTION DISTRICT OR MU		4	ELEC REC	EIVFN
BERG		TEANECK			JUL 14 ;	
POLITICAL PARTY, IF ANY OFFICE SOUGHT COUNCIL MEMBER			}		301 14	2U1 <del>4</del>
ELECTION DATE   ELECTION TYPE   PRIMARY   MAY MUNIC (CHECK ONE)   GENERAL   RUN-OFF				PAL	SCHOOL FIRE DIS	
SUMMARY TAB		MPT TO COMPLETE TABLES I. SCHEDULES HAVE BEEN CO		L		
TABLE I RECEI	PTS			T	HIS REPORT	CUMULATIVE TO DATE
1 MONETARY CO	ONTRIBUTIONS / LOA	NS OF \$300 OR LESS		\$	780.00	\$ 13873.38
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			RENCY	\$		\$ 11700.00
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS				\$		\$
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]				\$		\$
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS				\$		\$
[Schedule C] 6 SUB TOTAL (ADD LINES 1 THRU 5			1 THRU 5)	\$	780.00	\$ 25573.38
7 REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-			(-)	\$		\$
8 TOTAL CONTR	RIBUTIONS			\$	780.00	\$ 25573.38
9 ADD FUNDS TI	RANSFERRED FROM	PRIOR CAMPAIGN	(+)	\$		s
10 TOTAL RECEI	PTS	(ADD LINE 8	3 + LINE 9)	\$	780.00	\$ 25573.38
TABLE II EXPE	NDITURES					
1 DISBURSEME	NTS - CAMPAIGN EX	PENSES [Schedule 1(D)]		\$	1053.89	\$ 24993.14
i .	NTS - OTHER (Sched	· ·-		\$	580.24	\$ 580.24
3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER				\$		\$
CANDIDATES/COMMITTEES [Schedule 3(D)] 4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]				\$		\$
5 IN-KIND CONT	TRIBUTIONS OF \$300	OR LESS (TABLE I, LINE 3)		\$		\$
6 IN-KIND CONT	TRIBUTIONS IN EXCE	SS OF \$300 (TABLE I, LINE 4)	Ī	\$		\$
7 SUB TOTAL		(ADD LINES	1 THRU 6)	\$	1634.13	\$ 25573.38
8 REFUNDED D	ISBURSEMENTS (Sch	nedule F]	(-)	\$		\$
9 TOTAL EXPE	NDITURE\$	(LINE 7 MIN	US LINE 8)	\$	1634.13	\$ 25573.38

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

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 CURRENCY S AGGREGATE AMOUNT \$	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	
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	<b>s</b> 0
(COMPLETE THIS LINE FOR LAST PAGE USED) GF	RAND TOTAL	<b>s</b> 0

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

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

LENDER NAME		EMPLOYER N	AME		
LENDER ADDRESS		EMPLOYER A	DDRE	SS	
OCCUPATION			<u>.</u> -		
CO-SIGNER NAMÉ		EMPLOYER N	IAME	<del>.</del>	
CO-SIGNER ADDRESS		EMPLOYER A	DDRE	SS	
OCCUPATION		AMOUNT(S) F	RECEI	VED THIS PERIOD	
DATE(S) RECEIVED	AGGREGATE AMO	TNUC		CHECK IF CURRENCY	
LENDER NAME		EMPLOYER N	NAME		
LENDER ADDRESS		EMPLOYER A	ADDRE	ESS	
OCCUPATION					
CO-SIGNER NAME		EMPLOYER N	NAME		
CO-SIGNER ADDRESS		EMPLOYER A	ADDRE	ESS	
OCCUPATION		AMOUNT(S) E	RECEI	VED THIS PERIOD	
DATE(S) RECEIVED	AGGREGATE AMO	TNUC		CHECK IF CURRENCY	
TOTAL AMOUNT OF LOANS RECEIV	ED THIS REPORT PERI	IOD	\$		0

### **ADJUSTMENT SCHEDULE**

### **Refund of Contributions**

PAYMENT DATE	CHECK NO	P	YAYEE NAME AND ADDRES	SS	REFUNDED AMOUNT
					\$
ĺ					
1					
					:
<u>.</u> !					
J					
·					
(COMPLETE THIS	LINE FOR EVERY PA	AGE USED)	TOTAL, THIS PAGE	\$	0
(COMPLETE THIS	LINE FOR LAST PAG	GE USED)	GRAND TOTAL	\$	0
ew Jersey Election Law Enfo				<del></del>	EODM P. 1. Payread 03/07/201

# 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
				\$	₩	₩.
6/10/14	debit	Y. STERN Teaneck, NJ	auto expense	53.28	53.28	0
6/19	debit	NOAH'S ARK Teaneck, NJ	food	280.61	280.61	0
6/23	119	JEWISH LINK Teaneck, NJ	advertising	720.00	720.00	0
i i			S SAG SILL INTOF	1053.89	\$ 1053.89	0 \$
(COMPLETE IF	IIS LINE FOR	(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	1053.89	\$ 1053.89	\$ 0

# 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
6/30/14	120	Y. STERN Teaneck, NJ	future charitable/ community donations	\$ 580.24	<b>\$</b> 580 <b>.</b> 24	<u>С</u>
LT 3T3 IGMOON		COMBIETE THE LINE FOR EVERY DAGE HEED)	TOTAL THIS PAGE	\$ 580.24	\$ 580.24	0 \$
(COMPLETE TH	IS LINE FOR		GRAND TOTAL	\$ 580.24	\$ 580.24	O 9

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

PAYMENT DATE CHECK NO RECIPIEN				
	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT	-NU
			↔	
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	€ .	0
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED	ED			
SCHEDULE 3(D) GRAND TOTAL			\$ ←	0
ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)	OM SCHEDULES 1(D) AND 2(D)	<del>(+)</del>	2	0
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON B	BEHALF OF CANDIDATES/COMMITTEES		<b>₩</b>	0

**~** 

### SCHEDULE E

### **Outstanding Obligations**

Date(\$)	Creditor's Name	Address	Description	Amount
				\$
				i
·  -				
			TOTAL OUTSTANDING OBLIGATIONS	, ,

### SCHEDULE F

### **Refunded Disbursements**

Date(s)	Check #	Full Name	Address	Description	Amount
					\$
		eart Commission		SCHEDULE F TOTAL	\$ 0

## SCHEDULE G Recipients of In-Kind Contributions

NONE

		<del></del>	<del>" '</del>		
NAME OF RECIPIENT CANDIDA	ATE/COMMITTEE				
MAILING ADDRESS					
OFFICE SOUGHT	ELECTION DISTRICT OR MU	ELECTION DISTRICT OR MUNICIPALITY			
CHECK NUMBER	PAYMENT DATE	AMOUNT \$			
NAME OF RECIPIENT CANDIDA	I NTE/COMMITTEE				
MAILING ADDRESS					
OFFICE SOUGHT	ELECTION DISTRICT OR MU	NICIPALITY			
CHECK NUMBER	PAYMENT DATE	AMOUNT \$			
NAME OF RECIPIENT CANDIDA	ATE/COMMITTEE	T*			
MAILING ADDRESS		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	ELECTION DISTRICT OR MUNICIPALITY			
CHECK NUMBER	PAYMENT DATE	AMOUNT \$			
NAME OF RECIPIENT CANDIDA	ATE/COMMITTEE		<del>_</del>		
MAILING ADDRESS					
OFFICE SOUGHT	ELECTION DISTRICT OR MU	INICIPALITY			
CHECK NUMBER	PAYMENT DATE	AMOUNT \$			
NAME OF RECIPIENT CANDID	ATE/COMMITTEE				
MAILING ADDRESS		<u>.                                    </u>	,		
OFFICE SOUGHT	ELECTION DISTRICT OR MI	JNICIPALITY			
CHECK NUMBER	PAYMENT DATE	AMOUNT			
<u></u>		\$			

STATE	MENT OF CAMPAIGN DEPOSITORY AND CAMPA	AIGN TREASURER
Opening Balance, th (Insert closing balance consert zero)	is report  If last report, or, if this is the first report filed by this entity for this elec-	etion, \$ 854.13
Funds Transferred fi	rom Prior Campaign	<u> -                                   </u>
Deposits (Include inte	rest)	\$ 780.00
Disbursements (inclu	ude bank charges)	\$ 1634.13
Closing Balance, thi	s Report	\$ O
LAKELAND	BANK	TERN FOR COUNCIL
NAME OF BANK OR D 417 Cedar	EPOSITORY Lane, Teaneck, NJ 07666  ADDRESS OF BANK OR DEPOSITORY	NAME OF ACCOUNT
Gilla Ste	rn	
NAME OF TREASURE 309 Edgew	R ood Ave., Teaneck, NJ 07666	*TELEPHONE NUMBER (DAY)
	ADDRESS OF TREASURER	
designated by law I am	CERTIFICATION  nents on this document are true, and that the contribution amoun aware that if any of the statements are willfully false, I may be subje	ect to punishment
7/11/14 DATE	EMIL (YITZ) STERN	IGNATURE (CANDIDATE)
DATE		IGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	GNATURE (CANDIDATE)
7/11/14	GILLA STERN	mc 07
DATE	PRINT FULL NAME (TREASURER)	IGNATURE (TREASURER)
	torial and Legislative candidates are required to receive training with on. Check here [] if you have completed the training and enter your	
	DECLARATION OF FINAL REPORT	
that all filing entities cor	sign applicable Declaration below as well as Certification above. Chatinue to file reports with the Commission until all campaign business ributions or other monies received by this election fund have been diations, and that the election fund has wound up its business and has	s is wound up and the fund is dissolved isbursed, that there are no outstanding
7/11/14	EMIL (YITZ) STERN	ain &
DATE	PRINT FULL NAME (CANDIDATE) S	GIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	GIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
7/11/14	GILLA STERN	Direct 1
DATE	PRINT FULL NAME (TREASURER) S	SIGNATURE (TREASURER)

New Jersey Election Law Enforcement Commission

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FORM R 1 Revised 03/07/2013

\*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	REPORT	OF CONTRIBUTIONS AND EXPENDITURES	כ	REPORT (CHECK	,
	P O Box 185, Tre 292-8700 or Toll Free V	N ENFORCEMENT COMMISSIC enton, NJ 08625-0185 Vithin NJ 1-888-313-ELEC (3532) ic state nj us	N	11 - DAY PRI 20 - DAY PO Apr 15, July 15,	ST-ELECTION
	OMMITTEE NAME RN FOR COUNCI	I.		Oct 15,	
STREET ADDRES 309	s Edgewood Ave	2.		Amendment Yes	
CITY Teaned	ck	STATE ZIP CODE 07666		For Stat	e Use Only
COUNTY		ELECTION DISTRICT OR MUNICI	PALITY	ELEC RI	ECEIVED
BERO POLITICAL PART		TEANECK OFFICE SOUGHT COUNCIL MEMBER		JUN 1	1 2014
N/A		COUNCILMEMBER			
ELECTION DATE	(CHECK ONE)	PRIMARY MAY GENERAL RUN	MUNICIP OFF	AL SCHOOL FIRE DIS	SPECIAL   TRICT
SUMMARY TAB		MPT TO COMPLETE TABLES I AND SCHEDULES HAVE BEEN COMPL			
TABLE   RECE	PTS			THIS REPORT	CUMULATIVE TO DATE
1 MONETARY C	ONTRIBUTIONS / LOA	UTIONS / LOANS OF \$300 OR LESS UTIONS IN EXCESS OF \$300 AND ALL CURRENCY edule A]		4643.38	1 7
CONTRIBUTIO	NS [Schedule A]		CY 5	3000.00	\$ 11/00.00
3 IN-KIND CONT	RIBUTIONS OF \$300	OR LESS	\$		\$
4 IN-KIND CONT	RIBUTIONS IN EXCE	SS OF \$300 [Schedule B]		<del></del>	\$
5 LOANS RECEI [Schedule C]	VED IN EXCESS OF \$	300 AND ALL CURRENCY LOANS	\$	; 	\$
6 SUB TOTAL		(ADD LINES 1 TH	RU 5)	7643.38	\$ 24793.38
7 REFUND OF C	ONTRIBUTIONS [Adju	ustment Schedule]	(-)		\$
8 TOTAL CONTI	RIBUTIONS		\$	7643.38	\$ 24793.38
9 ADD FUNDS T	RANSFERRED FROM	PRIOR CAMPAIGN	(+) \$		\$
10 TOTAL RECE	PTS	(ADD LINE 8 + L	INE 9) \$	7643.38	\$ 24793.38
TABLE II EXPE	NDITURES				
1 DISBURSEME	ENTS - CAMPAIGN EX	PENSES [Schedule 1(D)]		18182.29	\$ 23939.25
	ENTS - OTHER [Sched	• ••		<u> </u>	\$
	ENTS - CONTRIBUTIO 5/COMMITTEES [Sche	NS MADE TO OTHER dule 3(D)]	Ŀ	<b>5</b>	\$
	ONS MADE ON BEHA ount Schedules 1(D) ar		3	3	\$
5 IN-KIND CON	TRIBUTIONS OF \$300	OR LESS (TABLE I, LINE 3)		<u> </u>	\$
6 IN-KIND CON	TRIBUTIONS IN EXC	ESS OF \$300 (TABLE I, LINE 4)	[:	\$	\$
7 SUB TOTAL		(ADD LINES 1 TI	IRU 6)	18182.29	\$ 23939.25
8 REFUNDED	DISBURSEMENTS (Sc	hedule F]	(-)	<b>.</b>	\$
9 TOTAL EXPE	NDITURES	(LINE 7 MINUS	.INE 8)	18182.29	\$ 23939.25

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

CONTRIBUTOR NAME	EMPLOYER NAME	
MICHAEL GERVIS	self	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
785 W. 254th St.		
Bronx, NY 10471		
CHECK IF AGGREGATE AMOUNT CURRENCY \$ 500.	DATE(S) RECEIVED 5/10/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 500.
OCCUPATION real estate management		
CONTRIBUTOR NAME JOSEPH MONAGHAN	EMPLOYER NAME self	
CONTRIBUTOR ADDRESS 11 State St.	EMPLOYER ADDRESS	
Hackensack, NJ 07601		·
CHECK IF AGGREGATE AMOUNT CURRENCY (1)	DATE(S) RECEIVED 5/12/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 500.
OCCUPATION attorney		
CONTRIBUTOR NAME SCHAER FOR ASSEMBLY	EMPLOYER NAME n/a	
CONTRIBUTOR ADDRESS 511 Passaic Ave.	EMPLOYER ADDRESS	
Passaic, NJ 07055		
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION -	5/12/14	\$ 2000.
OCCUPATION n/a	<sup>2</sup>	
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR APPRESS	EMPLOYED APPRECE	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
CURRENCY L  \$	_	\$
OCCUPATION		
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
CURRENCY LJ  \$	-	\$
		2000
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	OTAL, THIS PAGE	<b>\$</b> 3000.
(COMPLETE THIS LINE FOR LAST PAGE USED) G	RAND TOTAL	<b>\$</b> 3000.
Million Issuer Plant 1 M C		

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

CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	3
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTR	BUTION(S)	L.,	
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	3
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTR	RIBUTION(S)		<u> </u>
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	S
OCCUPATION	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
DESCRIPTION OF IN-KIND CONTE	PIRLITION(S)		<u> </u>
	(IBUTION(S)	<del></del>	<del></del>
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	s
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION	<b>\$</b>	-	\$
DESCRIPTION OF IN-KIND CONTR	RIBUTION(S)	<u> </u>	<u> </u>
(COMPLETE THIS LINE FOR EVE	RY PAGE USED) TO	OTAL, THIS PAGE	\$ 0
(COMPLETE THIS LINE FOR LAS	ST PAGE USED) GI	RAND TOTAL	<b>s</b> 0

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

LENDER NAME		EMPLOYER NA	AME		
LENDER ADDRESS		EMPLOYER AL	ODRES	SS	
OCCUPATION		· · · · · · · · · · · · · · · · · · ·			
CO-SIGNER NAME		EMPLOYER NA	AME		
CO-SIGNER ADDRESS		EMPLOYER AI	DDRE	ss	
OCCUPATION	,	AMOUNT(S) R	ECEIV	/ED THIS PERIOD	<b> </b>
DATE(S) RECEIVED	AGGREGATE AMOU	JNT		CHECK IF CURRENCY	
LENDER NAME		EMPLOYER N	AME		
LENDER ADDRESS		EMPLOYER A	DDRE	SS	
OCCUPATION			<del></del>		
CO-SIGNER NAME		EMPLOYER N	IAME	<del></del>	_
CO-SIGNER ADDRESS		EMPLOYER A	DDRE	ess	
OCCUPATION			RECEI	VED THIS PERIOD	
DATE(S) RECEIVED	AGGREGATE AMO	UNT	,	CHECK IF CURRENCY	
TOTAL AMOUNT OF LOANS RECEIVED	THIS REPORT PERIO	סכ	\$	0	

### **ADJUSTMENT SCHEDULE**

### Refund of Contributions

PAYMENT DATE	CHECK NO	P	AYEE NAME AND ADDRES	S	REFUNDED AMOUNT
					\$
		i			
(COMPLETE THIS	LINE FOR EVERY P	AGE USED)	TOTAL, THIS PAGE	\$	0
(COMPLETE THIS	LINE FOR LAST PA	GE USED)	GRAND TOTAL	\$	0
Naw Jersey Election Law Ent	orcement Commission		5	<del></del>	FORM R-1 Revised 03/07/2013

### New Jersey Election Law Enforcement Commission

### SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

FORM R-1 Revised 03/07/2013			6 a	UOISS	inforcement Commis	New Jersey Election Law Enforcement Commission
						(COMPLETE II
₩	<del>⇔</del>		GRAND TOTAL	(COMPLETE THIS LINE FOR LAST PAGE USED)	IS I INF FOR	(COMBI ETE TE
ı	\$ 7711.04	7711.04	TOTAL, THIS PAGE \$	(COMDI ETE THIS LINE FOR EVERY PAGE USED)	IS I INF FOR	(COMBLETE TH
ı	675.15	675.15	postage	USPS	debit	
ı	863.10	863.10	postage	USPS	debit	
1	857.85	857.85	postage	USPS	debit	
1	59.67	59.67	supplies	STAPLES Bergenfield NJ	debit	
ı	37.45	37.45	service	VERIZON WIRELESS	debit	5/5
1	100.00	100.00	donation	J E S C River Edge NJ	109	5/4
ı	500.00	500.00	graphic artıst	AKIVA FISCHMAN Deerfield Beach Fl	debit	5/2
1	1772.11	1772.11	printing	POSTCARDS R US Fort Lee NJ	debit	
ı	1211.42	1211.42	printing	POSTCARDS R US	debit	5/1
1	425.00	425.00	printing	PRINTING FACTORY Brooklyn NY	108	
₩ Î	\$ 1209.29	\$ 1209.29	printing	POSTCARDS R US Fort Lee NJ	debit	4/30
PRO-RATA AMOUNT OTHERS	PRO-RATA AMOUNT THIS REPORTING ENTITY	FULL AMOUNT	PURPOSE	PAYEE NAME AND ADDRESS	CHECK	PAYMENT DATE

## SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

						•
\$	₩		GRAND TOTAL		IIS LINE FOR	(COMPLETE TH
₩ 1	\$ 7152.26	7152.26	TOTAL THIS PAGE \$	(COMPLETE THIS LINE FOR EVERY PAGE USED)	IS LINE FOR	(COMPLETE TH
ı	179.00	179.00	ad	MISHPACHA Lakewood NJ	debit	
ı	85.01	85.01	food	SMOKEY JOE'S Teaneck NJ	debit	
1	1614.21	1614.21	postage	USPS	110	5/8
ı	781.90	781.90	postage	USPS	debit	
1	243.83	243.83	printing	STAPLES Bergenfield NJ	debit	
ı	19.24	19.24	envelopes	STAPLES Hackensack NJ	debit	
ı	616.35	616.35	postage	USPS	debit	
ı	347.38	347.38	postage	USPS	debit	5/7
ı	795.03	795.03	postage	USPS	debit	
ı	819.18	819,18	postage	USPS	debit	5/6
ŧ	856.10	856.10	postage	USPS	debit	
<b>⇔</b>	\$ 795.03	\$ 795.03	postage	USPS	debit	5/5
PRO-RATA AMOUNT OTHERS	PRO-RATA AMOUNT THIS REPORTING ENTITY	FULL AMOUNT	PURPOSE	PAYEE NAME AND ADDRESS	CHECK	PAYMENT DATE

New Jersey Election Law Enforcement Commission

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FORM R-1 Revised 03/07/2013

## SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

	,					
\$	\$		GRAND TOTAL		IS I INF FOR	COMPLETE TH
\$	\$ 2089.34	2089.34	TOTAL THIS PAGE	(COMDI ETE THIS I INE EOR EVERY PAGE USED)	IS - INE FOR	COMBLETE TH
,						
1	63.67	63.67	food	CEDAR MARKET Teaneck NJ	debit	·
1	490.00	490.00	postage	USPS · ··	117	
1	102.00	102.00	postage	USPS	debit	
•	200.00	200.00	ad	CONG. BNAI YESHURUN	116	
,	180.00	180.00	donation	CONG. BNAI YESHURUN Teaneck NJ	114	
•	754.06	754.06	robocalls	ROBOCENTRAL Ft. Lauderdale FL	114	5/11
1	20.54	20.54	printing	STAPLES Bergenfield NJ	debit	
1	189.04	189.04	door bangers	JOHNSON COPY CENTER Teaneck NJ	113	
ı	25.00	25.00	donation	SHAAREI TEFILLAH Teaneck NJ	112	_
<b>.</b>	\$ 65.03	\$ 65.03	labels ,	W. MCCLINTOCK Scotch Plains NJ	111	5/9
PRO-RATA AMOUNT OTHERS	PRO-RATA AMOUNT THIS REPORTING ENTITY	FULL AMOUNT	PURPOSE	PAYEE NAME AND ADDRESS	CHECK	PAYMENT DATE
			-			

New Jersey Election Law Enforcement Commission

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### SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

		,				•
ı	\$ 18182.29	18182.29	GRAND TOTAL	(COMPLETE THIS LINE FOR LAST PAGE USED)	HIS LINE FOR	(COMPLETE T
ı	\$ 1229.65	1229.65	TOTAL THIS PAGE	EVERY DAGE ISED)	IIIS I INIE EOD	COMBI ETE TI
•	27.65	27.65	check printing	LAKELAND BANK		
1	980.00	980.00	postage	USPS (reimburse to E. STERN)	118	
t t	\$ 222.00	\$ 222.00	printer/toner	AMAZON	debit	5/12
PRO-RATA AMOUNT OTHERS	PRO-RATA AMOUNT THIS REPORTING ENTITY	FULL AMOUNT	PURPOSE	PAYEE NAME AND ADDRESS	CHECK	PAYMENT DATE

秋峰 1

New Jersey Election Law Enforcement Commission

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New Jersey Election Law Enforcement Commission

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FORM R-1 Revised 03/07/2013

### SCHEDULE 2(D) - DISBURSEMENTS Other

	<del>                                     </del>
COMPLETE TH	PAYMENT DATE
IS LINE FOR	CHECK
(COMPLETE THIS LINE FOR EVERY PAGE USED)	PAYEE NAME AND ADDRESS
TOTAL, THIS PAGE	PURPOSE
φ φ 0	FULL AMOUNT
φ φ Ο Ο	AMOUNT THIS REPORTING ENTITY
я <del>н</del> О О	PRO-RATA AMOUNT OTHERS

### New Jersey Election Law Enforcement Commission

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

		Contributions made to other candinates com	ates/Collillitudes	
PAYMENT DATE	CHECK NO	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
				ss.
(COMPLETE THIS LI	(COMPLETE THIS LINE FOR EVERY PAGE USED)	E USED)	TOTAL, THIS PAGE	\$ 0
COMPLETE THE F	OLLOWING LINES FO	COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED		,
SCHEDULE 3(D) GRAND TOTAL	RAND TOTAL			1 \$ 0
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	EES	3 \$ 0

### SCHEDULE E

### **Outstanding Obligations**

Date(s)	Creditor's Name	Address	Description	Amount
				\$
<u></u>				
			TOTAL OUTSTANDING OBLIGATIONS	0

### SCHEDULE F

### **Refunded Disbursements**

Date(s)	Check #	Full Name	Address	Description	Amount
					\$
			i		
	<u></u>		<u> </u>	SCHEDULE F TOTAL	\$ O

### SCHEDULE G Recipients of In-Kind Contributions

NONE

NAME OF RECIPIENT CANDIDA	ATE/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY		
CHECK NUMBER	PAYMENT DATE AMOUNT \$		
NAME OF RECIPIENT CANDIDA	ATE/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDIDA	ATE/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY		
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDID,	ATE/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR ML	NICIPALITY	<del> </del>
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDID	ATE/COMMITTEE	<u></u>	
MAILING ADDRESS			*
OFFICE SOUGHT	ELECTION DISTRICT OR MU	INICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT	
		) \$	

STATEM	ENT OF CAMPAIGN DEPOSITORY AND CA	MPAIGN	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,	<u>\$ 11393.04</u>
Funds Transferred fro	m Prior Campaign		<u>-</u>
Deposits (Include Intere	st)		\$ 7643.38
Disbursements (Includ	e bank charges)		<u>\$ 18182.29</u>
Closing Balance, this	Report		<u>\$ 854.13 </u>
LAKELAND B	ANK	STERN	FOR COUNCIL
NAME OF BANK OR DE	POSITORY		NAME OF ACCOUNT
417 Cedar	Lane, Teaneck, NJ 07666		
Gilla Ster	ADDRESS OF BANK OR DEPOSITORY		
NAME OF TREASURER	<u></u>		*TELEPHONE NUMBER (DAY)
	od Ave., Teaneck, NJ 07666		,,
	ADDRESS OF TREASURER		
	CERTIFICATION		
I certify that the statemed designated by law I am a	ents on this document are true, and that the contribution are sware that if any of the statements are willfully false, I may be s	nounts receively	eived conform with the limitations
6/5/14	EMIL (YITZ) STERN	W	WXU
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATU	URE (CANDIDATE)
	· ·		
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATI	URE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATI	URE (CANDIDATE)
6/5/14	GILLA STERN	Piu	
DATE		OI CNATI	JRE (TREASURER)
DATE	PRINT FULL NAME (TREASURER)	SIGNATO	/ / //REASURER)
	onal and Legislative candidates are required to receive training in Check here if you have completed the training and enter	your Treasu	
	DECLARATION OF FINAL REPO	KI	
that all filing entities cont	sign applicable Declaration below as well as Certification above inue to file reports with the Commission until all campaign bus butions or other monies received by this election fund have be tions, and that the election fund has wound up its business and	iness is wou en disburse	and up and the fund is dissolved d, that there are no outstanding
DATE	PRINT FULL NAME (CANDIDATE)	SIGNAT	TURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNAT	TURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNAT	TURE (CANDIDATE)
DATE	PRINT FULL NAME (TREASURER)	SIGNAT	URE (TREASURER)