



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

ELEC RECEIVED
APR 05 2016

PLEASE TYPE OR PRINT

Candidate Name Mohammed Hameeduddin

Candidate Committee Name Friends of Mohammed Hameeduddin

Address (Number and Street, City, State, Zip Code) 799 Redmond St Teaneck NJ 07666 *P.O. Box 2030 Teaneck NJ 07666

*(Area) Day Telephone 201-362-5863 *(Area) Evening Telephone 201-362-5863

County Bergen Legal Name of Election District or Municipality TEANECK TOWNSHIP

Election Date MAY 10, 2014 Political Party, if any NONE Office Sought Councilman

Election Type: (CHECK ONE)
 Primary General May Municipal Run-Off School Fire District Special Yes No

CHAIRPERSON

Name Fatima Vasmeeen Alshehab

Mailing Address 260 Herrick Ave

City Teaneck State New Jersey Zip Code 07666

*(Area) Day Telephone 201-248-1531 *(Area) Evening Telephone 201-248-1531

TREASURER

Name Kenneth Robert Hoffman

Mailing Address 956 Phelps Road

City Teaneck State New Jersey Zip Code 07666

*(Area) Day Telephone 201-837-0117 *(Area) Evening Telephone 201-294-3118

Resident Address 956 Phelps Road

City Teaneck State New Jersey Zip Code 07666

DEPOSITORY INFORMATION

Name of Bank or Depository First Commerce Bank

Mailing Address 105 River Ave, Lakewood

City Lakewood State New Jersey Zip Code 08701

(Area) Day Telephone 800-747-7084

Account Name Friends of Mohammed Hameeduddin Account Number XXX XXX 8864

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

Name Mohammed Hameeduddin

Mailing Address 799 Redwood St

City Teaneck State NJ Zip Code 07666

*(Area) Day Telephone 201-362-5863 *(Area) Evening Telephone 201-362-5863

Name Kenneth Robert Hoffman

Mailing Address 456 Phelps Road

City Teaneck State New Jersey Zip Code 07666

*(Area) Day Telephone 201-837-0117 *(Area) Evening Telephone 201-294-3948

Name Fatima Yasmeen Al-Shehab

Mailing Address 260 Herrick Ave

City Teaneck State NJ Zip Code 07666

*(Area) Day Telephone 201-248-1531 *(Area) Evening Telephone 201-248-1531

CANDIDATE CERTIFICATION

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

3-16-2016
DATE

Mohammed Hameeduddin
PRINT FULL NAME (CANDIDATE)

[Signature]
SIGNATURE (CANDIDATE)

CHAIRPERSON/TREASURER CERTIFICATION

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

3/16/2016
DATE

Fatima Yasmeen Al-Shehab
PRINT FULL NAME (CHAIRPERSON)

[Signature]
SIGNATURE (CHAIRPERSON)

03/16/2016
DATE

Kenneth Robert Hoffman
PRINT FULL NAME (TREASURER)

[Signature]
SIGNATURE (TREASURER)

Treasurers for Governorial and Legislative candidates are required to receive training with the New Jersey Election Law Enforcement Commission. Check here if you have completed the training and enter your Treasurer Training ID# _____



CANDIDATE - SWORN STATEMENT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P O Box 185, Trenton, NJ 08625-0185
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FORM A-1

FOR STATE USE ONLY

ELEC RECEIVED

JUL 06 2015

PLEASE TYPE OR PRINT

Candidate Name

Mohammed Hameeduddin

Candidate Committee Name

Friends of Mohammed Hameeduddin

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

799 Redmond Street NJ 07666

*(Area) Day Telephone

*(Area) Evening Telephone

County

Bergen

Legal Name of Election District or Municipality

TEANECK

Election Date

MAY 12 2016

Political Party, if any

N/A

Office Sought

Election Type (CHECK ONE)

Primary

General

May Municipal

Run-Off

Fire District

Special

Amendment

Yes No

I, the undersigned, do hereby certify as follows

- 1 The total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person, or committee shall be zero, or shall not, in the aggregate, exceed \$4,500 for this election
2 I am aware that in the event the total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person or committee shall, in the aggregate, exceed \$4,500, I am required to file a "Report of Contributions and Expenditures," Form R-1, on each subsequent reporting date
3 I am aware that if I receive a contribution in excess of \$300 in the aggregate from one source in an election or a currency (cash) contribution in any amount, I am required to report the contribution to the Commission on "Supplemental Contributor Information," Form C-1, including the identity of the source and the aggregate total of contributions therefrom, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer
4 I am aware that if I receive a contribution in excess of \$1,400 in the aggregate from one source starting with the 13th day before the election up to, and including, the day of the election, I am required to notify the Commission in writing on the "Supplemental Contributor Information," Form C-1, within 48 hours of receipt of the contribution and to identify the source and the aggregate amount received therefrom during the period, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer
5 I am aware that if I make, incur, or authorize an expenditure of money or other thing of value in excess of \$1,400 in the aggregate to support or defeat a candidate or public question, starting with the 13th day before the election up to and including the day of the election, I am required to notify the Commission in writing within 48 hours of the expenditure on the Form E-1, "Supplemental Expenditure Information "
6 I am aware that I, as a candidate, am required to designate a campaign treasurer and a campaign depository and that I am required to file with the Commission a "Certificate of Organization and Designation of Campaign Treasurer and Depository," Form D-1, no later than 10 days after receipt of any contribution on behalf of my candidacy or 10 days after making any expenditure on behalf of my candidacy, whichever comes first

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

[Handwritten Signature]

Candidate Signature

Date

6-29-2015

FORM R-1	REPORT OF CONTRIBUTIONS AND EXPENDITURES		REPORT (CHECK ONE): <input checked="" type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr. 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct. 15, _____ <input type="checkbox"/> Jan. 15, _____	
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				
CANDIDATE OR COMMITTEE NAME <i>Friends of Mohammed Hameeduddin</i>			Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS <i>P.O. Box 2030</i>			For State Use Only ELEC RECEIVED APR 15 2016	
CITY <i>TEANECK</i>	STATE <i>NJ</i>	ZIP CODE <i>07666</i>		
COUNTY <i>Bergen</i>	ELECTION DISTRICT OR MUNICIPALITY <i>TEANECK</i>			
POLITICAL PARTY, IF ANY <i>NONE</i>	OFFICE SOUGHT <i>Council Member</i>			
ELECTION DATE <i>5-10-2016</i>	ELECTION TYPE (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT		

SUMMARY TABLES DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED

TABLE I. RECEIPTS	THIS REPORT	CUMULATIVE TO DATE
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS	\$ 4,610.00/100	\$ 4,610.00/100
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 11,800.00/100	\$ 11,800.00/100
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ 250.00/100	\$ 250.00/100
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ 0	\$ 0
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ 0	\$ 0
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$ 16,660.00/100	\$ 16,660.00/100
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ 0	\$ 0
8. TOTAL CONTRIBUTIONS	\$ 16,660.00/100	\$ 16,660.00/100
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ 0	\$ 0
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 16,660.00/100	\$ 16,660.00/100

TABLE II. EXPENDITURES	THIS REPORT	CUMULATIVE TO DATE
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 275.00/100	\$ 275.00/100
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ 0	\$ 0
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ 0	\$ 0
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ 0	\$ 0
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ 0	\$ 0
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ 0	\$ 0
7. SUB TOTAL (ADD LINES 1 THRU 6)	\$ 275.00/100	\$ 275.00/100
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ 0	\$ 0
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 275.00/100	\$ 275.00/100

SCHEDULE A

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

CONTRIBUTOR NAME <i>Steven R. Rothman</i>		EMPLOYER NAME <i>Retired N/A</i>	
CONTRIBUTOR ADDRESS <i>P.O. Box 710</i>		EMPLOYER ADDRESS	
<i>Englewood NJ 07631</i>			
<input type="checkbox"/> CHECK IF CURRENCY	<input type="checkbox"/> AGGREGATE AMOUNT \$	DATE(S) RECEIVED <i>3-7-16</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>1,000.00/100</i>
OCCUPATION <i>Retired</i>			
CONTRIBUTOR NAME <i>Mohammed Sadigulla</i>		EMPLOYER NAME <i>Revise Clothing</i>	
CONTRIBUTOR ADDRESS <i>94 JACKSON Drive</i>		EMPLOYER ADDRESS <i>1466 Broadway</i>	
<i>Cresskill NJ 07626</i>		<i>New York, NY 10036</i>	
<input type="checkbox"/> CHECK IF CURRENCY	<input type="checkbox"/> AGGREGATE AMOUNT \$	DATE(S) RECEIVED <i>4-6-2016</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>2,600.00/100</i>
OCCUPATION <i>Business Owner</i>			
CONTRIBUTOR NAME <i>Khaya Khateeb</i>		EMPLOYER NAME <i>Thomas Drugs</i>	
CONTRIBUTOR ADDRESS <i>724 PASCACK Rd</i>		EMPLOYER ADDRESS <i>171 Columbus Drive</i>	
<i>Paramus NJ 07652</i>		<i>New York NY 10023</i>	
<input type="checkbox"/> CHECK IF CURRENCY	<input type="checkbox"/> AGGREGATE AMOUNT \$	DATE(S) RECEIVED <i>4-6-2016</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>\$1,000.00/100</i>
OCCUPATION <i>Pharmacist/owner</i>			
CONTRIBUTOR NAME <i>Vincent Prieto</i>		EMPLOYER NAME <i>Town of Secaucus</i>	
CONTRIBUTOR ADDRESS <i>753 9th Street</i>		EMPLOYER ADDRESS <i>1203 Paterson Plank Rd 4th Floor</i>	
<i>Secaucus NJ 07094</i>		<i>Secaucus NJ 07094</i>	
<input type="checkbox"/> CHECK IF CURRENCY	<input type="checkbox"/> AGGREGATE AMOUNT \$	DATE(S) RECEIVED <i>3-28-2016</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>1,500.00/100</i>
OCCUPATION			
CONTRIBUTOR NAME <i>Ali Siddiqui</i>		EMPLOYER NAME <i>Vship</i>	
CONTRIBUTOR ADDRESS <i>991 Alpine Drive</i>		EMPLOYER ADDRESS <i>36-36 33rd Street</i>	
<i>Teaneck NJ 07666</i>		<i>Astoria 11106</i>	
<input type="checkbox"/> CHECK IF CURRENCY	<input type="checkbox"/> AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>2,600.00/100</i>
OCCUPATION <i>Freight Forwarder/owner.</i>			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ <i>8,700.00/100</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$

SCHEDULE A

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

CONTRIBUTOR NAME <i>MAHMUD BANGASH, M.D.</i>		EMPLOYER NAME <i>Self Employed / Doctor</i>	
CONTRIBUTOR ADDRESS <i>10-14 Saddle River Rd</i>		EMPLOYER ADDRESS <i>10-14 Saddle River Rd</i>	
<i>Fair Lawn, NJ 07410</i>		<i>Fair Lawn, NJ 07410</i>	
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$	DATE(S) RECEIVED <i>4-5-2016</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>500.00/100</i>
OCCUPATION <i>Doctor</i>			
CONTRIBUTOR NAME <i>Khaleq Vahia</i>		EMPLOYER NAME <i>HARIMAR HEALTH</i>	
CONTRIBUTOR ADDRESS <i>3 Joseph Comee Rd</i>		EMPLOYER ADDRESS <i>178 SALVIN ST #100</i>	
<i>Lexington, MA 02420</i>		<i>MAIDEN MA 02148</i>	
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$	DATE(S) RECEIVED <i>3/14/16</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>2600.00/100</i>
OCCUPATION <i>Doctor / Surgeon</i>			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ <i>3,100.00/100</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ <i>11,800.00/100</i>

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			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$

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

LENDER NAME		EMPLOYER NAME	
LENDER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
DATE(S) RECEIVED		AGGREGATE AMOUNT \$	CHECK IF CURRENCY <input type="checkbox"/>
LENDER NAME		EMPLOYER NAME	
LENDER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
DATE(S) RECEIVED		AGGREGATE AMOUNT \$	CHECK IF CURRENCY <input type="checkbox"/>
TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD		\$	

ADJUSTMENT SCHEDULE

Refund of Contributions

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
			\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 0
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 0

SCHEDULE 1(D) - DISBURSEMENTS

Campaign Expenses

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
3-22-2016	001	Tower Copy East 115 West 45th St Suite 502, New York NY 10036.	Printed Campaign Materials.	\$ 271.00/100	\$ 0	\$ 0
TOTAL, THIS PAGE				\$ 271.00/100	\$ 0	\$ 0
GRAND TOTAL				\$ 271.00/100	\$ 0	\$ 0
(COMPLETE THIS LINE FOR EVERY PAGE USED)						
(COMPLETE THIS LINE FOR LAST PAGE USED)						

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

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

SCHEDULE E
Outstanding Obligations

Date(s)	Creditor's Name	Address	Description	Amount
3/26/2016	Mohammed Hameedullah	799 Redmond St Teaneck NJ	Stamps	\$ 245.00/100
4/3/2016	Mohammed Hameedullah	799 Redmond St Teaneck NJ	Kick off Party	\$ 52.00/100
4/4/2016	Mohammed Hameedullah	799 Redmond St Teaneck NJ	Supplies Announcing SAVINGS	
4-1-2016	All County Media	77 Hudson St Hackensack NJ 07601	Moose Lodge Rental.	250.00/100
3-29-2016	Jewish Link of NJ	Insert full color Ad P.O. Box 3131 Teaneck NJ 07606	LAWN SIGNS Insert Full Color Ad	2,175.00/100 375.00/100
TOTAL OUTSTANDING OBLIGATIONS				\$ 3,447.00/100

SCHEDULE F
Refunded Disbursements

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

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

STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

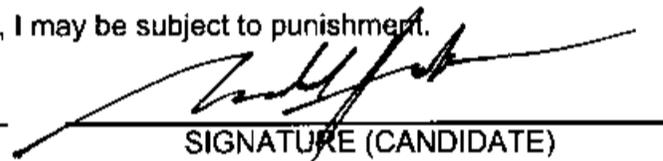
Opening Balance, this report (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero.)	\$ <u>0</u>
Funds Transferred from Prior Campaign	\$ <u>0</u>
Deposits (Include interest)	\$ <u>16,660.⁰⁰/₁₀₀</u>
Disbursements (Include bank charges)	\$ <u>271.⁰⁰/₁₀₀</u>
Closing Balance, this Report	\$ <u>16,389.⁰⁰/₁₀₀</u>
<u>First Commerce Bank</u> NAME OF BANK OR DEPOSITORY	<u>Friends of Mohammed Hameeduddin</u> NAME OF ACCOUNT
<u>105 River Ave, Lakewood NJ 08701</u> ADDRESS OF BANK OR DEPOSITORY	
<u>Kenneth Robert Hoffman</u> NAME OF TREASURER	<u>201-837-0117</u> *TELEPHONE NUMBER (DAY)
<u>956 Phelps Road Teaneck NJ 07666</u> 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 punishment.

4-11-2016
DATE

Mohammed Hameeduddin
PRINT FULL NAME (CANDIDATE)


SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

4-11-2016
DATE

Kenneth Robert Hoffman
PRINT FULL NAME (TREASURER)

Kenneth R. Hoffman
SIGNATURE (TREASURER)

Treasurers for Gubernatorial and Legislative candidates are required to receive training with the New Jersey Election Law Enforcement Commission. Check here 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

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 CONTRIBUTIONS AND EXPENDITURES	REPORT (CHECK ONE): <input type="checkbox"/> 29 - DAY PRE-ELECTION <input checked="" type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr. 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct. 15, _____ <input type="checkbox"/> Jan. 15, _____	
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			
CANDIDATE OR COMMITTEE NAME <i>Friends of Mohammed Hameeduddin</i>			
STREET ADDRESS <i>P.O. Box 2030</i>		Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>	
CITY <i>TEANECK</i>	STATE <i>NJ</i>	ZIP CODE <i>07666</i>	
COUNTY <i>Bergen</i>	ELECTION DISTRICT OR MUNICIPALITY <i>TEANECK</i>		
POLITICAL PARTY, IF ANY <i>NONE</i>	OFFICE SOUGHT <i>Councilmen</i>		
ELECTION DATE <i>5-10-2016</i>	ELECTION TYPE (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT <input type="checkbox"/> SPECIAL	
SUMMARY TABLES DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED			
TABLE I. RECEIPTS		THIS REPORT	CUMULATIVE TO DATE
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS		\$ 2,295. ⁰⁰ /100	\$ 6,905. ⁰⁰ /100
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]		\$ 5,600. ⁰⁰ /100	\$ 17,400. ⁰⁰ /100
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS		\$ 0	\$ 250. ⁰⁰ /100
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]		\$ 0	\$ 0
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]		\$ 0	\$ 0
6. SUB TOTAL (ADD LINES 1 THRU 5)		\$ 7,895. ⁰⁰ /100	\$ 24,305. ⁰⁰ /100
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)		\$ 0	\$ 0
8. TOTAL CONTRIBUTIONS		\$ 7,895. ⁰⁰ /100	\$ 24,305. ⁰⁰ /100
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)		\$ 0	\$ 0
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)		\$ 7,895. ⁰⁰ /100	\$ 24,305. ⁰⁰ /100
TABLE II. EXPENDITURES			
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]		\$ 6,885. ⁰⁰ /100	\$ 7,160. ⁰⁰ /100
2. DISBURSEMENTS - OTHER [Schedule 2(D)]		\$ 0	\$ 0
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]		\$ 0	\$ 0
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]		\$ 0	\$ 0
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)		\$ 0	\$ 250. ⁰⁰ /100
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)		\$ 0	\$ 0
7. SUB TOTAL (ADD LINES 1 THRU 6)		\$ 6,885. ⁰⁰ /100	\$ 7,160. ⁰⁰ /100
8. REFUNDED DISBURSEMENTS [Schedule F] (-)		\$ 0	\$ 0
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)		\$ 6,885. ⁰⁰ /100	\$ 7,160. ⁰⁰ /100

SCHEDULE A

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

CONTRIBUTOR NAME <i>SCHAFFER for Assembly - GARY SCHAFER</i>		EMPLOYER NAME <i>State of NJ</i>	
CONTRIBUTOR ADDRESS <i>511 Passaic Ave</i>		EMPLOYER ADDRESS <i>1 Howe Ave Suite 401</i>	
<i>Passaic NJ 07055</i>		<i>Passaic, NJ 07055</i>	
<input type="checkbox"/> CHECK IF CURRENCY	<input type="checkbox"/> AGGREGATE AMOUNT <i>\$ 2,500.00</i>	DATE(S) RECEIVED <i>4-28-16</i>	AMOUNT(S) RECEIVED THIS PERIOD <i>\$ 2,500.00/100</i>
OCCUPATION <i>Assemblymen</i>			
CONTRIBUTOR NAME <i>Ammar Atani</i>		EMPLOYER NAME <i>Spirits Sportswear.</i>	
CONTRIBUTOR ADDRESS <i>52 Fyche Lane</i>		EMPLOYER ADDRESS <i>52 Fyche Ln</i>	
<i>Teaneck NJ 07666</i>		<i>Teaneck NJ</i>	
<input type="checkbox"/> CHECK IF CURRENCY	<input type="checkbox"/> AGGREGATE AMOUNT \$	DATE(S) RECEIVED <i>4-28-16</i>	AMOUNT(S) RECEIVED THIS PERIOD <i>\$ 1,000.00/100</i>
OCCUPATION <i>Business Owner</i>			
CONTRIBUTOR NAME <i>Nadeem Saleem</i>		EMPLOYER NAME <i>ADS Financial</i>	
CONTRIBUTOR ADDRESS <i>20 Beckman Rd</i>		EMPLOYER ADDRESS <i>31 Jefferson Plaza</i>	
<i>Franklin Park, NJ 08823</i>		<i>Princeton NJ 08540</i>	
<input type="checkbox"/> CHECK IF CURRENCY	<input type="checkbox"/> AGGREGATE AMOUNT \$	DATE(S) RECEIVED <i>4-8-16</i>	AMOUNT(S) RECEIVED THIS PERIOD <i>\$ 1,000.00/100</i>
OCCUPATION <i>FINANCIAL PLANNER</i>			
CONTRIBUTOR NAME <i>Shama BAKENWALA</i>		EMPLOYER NAME <i>Amplis Funding</i>	
CONTRIBUTOR ADDRESS <i>19 Setter Place</i>		EMPLOYER ADDRESS <i>475 Wall St</i>	
<i>Kendall Park NJ 08824</i>		<i>Princeton NJ 08540</i>	
<input type="checkbox"/> CHECK IF CURRENCY	<input type="checkbox"/> AGGREGATE AMOUNT \$	DATE(S) RECEIVED <i>4/9/16</i>	AMOUNT(S) RECEIVED THIS PERIOD <i>\$ 500.00/100</i>
OCCUPATION <i>Business Owner.</i>			
CONTRIBUTOR NAME <i>CARL CASSAZA</i>		EMPLOYER NAME <i>CBA Industries</i>	
CONTRIBUTOR ADDRESS <i>P.O. Box 1717</i>		EMPLOYER ADDRESS <i>649 River Drive, Center Two</i>	
<i>Elmwood Pk NJ 07407</i>		<i>Elmwood Park NJ 07407</i>	
<input type="checkbox"/> CHECK IF CURRENCY	<input type="checkbox"/> AGGREGATE AMOUNT \$	DATE(S) RECEIVED <i>4-15-2016</i>	AMOUNT(S) RECEIVED THIS PERIOD <i>\$ 600.00/100</i>
OCCUPATION <i>Business Owner</i>			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	<i>\$ 5600.00/100</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	<i>\$ 5600.00/100</i>

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			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 0
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 0

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

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	AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>	
	\$		
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	AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>	
	\$		
TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD		\$ 0	

SCHEDULE 1(D) - DISBURSEMENTS

Campaign Expenses

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
4-20-2016	004	Cadott Marketing Inc 183 Market St Saddle Brook NJ 07663	Water Bottle, Signs Campaign Tumbler	\$ 1,535.19/100	\$	\$
4-20-2016	005	ACM 174 Hudson St Hackensack NJ 07601	LAWN SIGNS INVITES WALKING PIECE	5,350.00/100		
TOTAL, THIS PAGE				\$ 6,885.19/100	\$	\$
GRAND TOTAL				\$ 6,885.19/100	\$	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)						
(COMPLETE THIS LINE FOR LAST PAGE USED)						

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

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

SCHEDULE E
Outstanding Obligations

Date(s)	Creditor's Name	Address	Description	Amount
4-11-2016	ACM Media	71 Hudson St Hackensack NJ 07601	2 Mailings & Door Hangers	\$ TBD estimate \$10,000.00/100
			TOTAL OUTSTANDING OBLIGATIONS	\$ Estimate 10,000.00/100

SCHEDULE F
Refunded Disbursements

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

SCHEDULE G
Recipients of In-Kind Contributions

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

STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

Opening Balance, this report

(Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero.) \$ _____

Funds Transferred from Prior Campaign \$ _____

Deposits (Include interest) \$ _____

Disbursements (Include bank charges) \$ _____

Closing Balance, this Report \$ _____

NAME OF BANK OR DEPOSITORY _____ NAME OF ACCOUNT _____

ADDRESS OF BANK OR DEPOSITORY

NAME OF TREASURER _____ *TELEPHONE NUMBER (DAY) _____

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 punishment.

4-19-2016
DATE

Mohammed Hamzeuddin
PRINT FULL NAME (CANDIDATE)

[Signature]
SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

4-19-2016
DATE

Kenneth R. Hoffman
PRINT FULL NAME (TREASURER)

Kenneth R. Hoffman
SIGNATURE (TREASURER)

Treasurers for gubernatorial and legislative candidates are required to receive training with the New Jersey Election Law Enforcement Commission. Check here 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

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 CONTRIBUTIONS AND EXPENDITURES		REPORT (CHECK ONE): <input type="checkbox"/> 29 - DAY PRE-ELECTION <input checked="" type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr. 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct. 15, _____ <input type="checkbox"/> Jan. 15, _____	
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			<input type="checkbox"/> Amendment Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
CANDIDATE OR COMMITTEE NAME <i>Friends of Mohammed Hameeduddin</i>			ELECTED STATE USE ONLY JUN 01 2016	
STREET ADDRESS <i>P.O. Box 2030</i>				
CITY <i>TEANECK</i>	STATE <i>NJ</i>	ZIP CODE <i>07666</i>		
COUNTY <i>Bergen</i>	ELECTION DISTRICT OR MUNICIPALITY <i>TEANECK</i>			
POLITICAL PARTY, IF ANY <i>NONE</i>		OFFICE SOUGHT <i>COUNCILMAN</i>		
ELECTION DATE	ELECTION TYPE (CHECK ONE) <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> GENERAL <input type="checkbox"/> RUN-OFF		<input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> FIRE DISTRICT	

SUMMARY TABLES DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED

TABLE I. RECEIPTS	THIS REPORT	CUMULATIVE TO DATE
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS	\$ 2,295. ⁰⁰ / ₁₀₀	\$ 6,905. ⁰⁰ / ₁₀₀
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 5,600. ⁰⁰ / ₁₀₀	\$ 14,400. ⁰⁰ / ₁₀₀
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ 0	\$ 250. ⁰⁰ / ₁₀₀
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ 0	\$ 0
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ 0	\$ 0
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$ 7,895. ⁰⁰ / ₁₀₀	\$ 24,305. ⁰⁰ / ₁₀₀
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ 0	\$ 0
8. TOTAL CONTRIBUTIONS	\$ 7,895. ⁰⁰ / ₁₀₀	\$ 24,305. ⁰⁰ / ₁₀₀
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ 0	\$ 0
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 7,895. ⁰⁰ / ₁₀₀	\$ 24,305. ⁰⁰ / ₁₀₀

TABLE II. EXPENDITURES	THIS REPORT	CUMULATIVE TO DATE
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 6,885. ⁰⁰ / ₁₀₀	\$ 9,160. ⁰⁰ / ₁₀₀
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ 0	\$ 0
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ 0	\$ 0
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ 0	\$ 0
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ 0	\$ 250. ⁰⁰ / ₁₀₀
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ 0	\$ 0
7. SUB TOTAL (ADD LINES 1 THRU 6)	\$ 6,885. ⁰⁰ / ₁₀₀	\$ 17,140. ⁰⁰ / ₁₀₀
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ 0	\$ 0
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 6,885. ⁰⁰ / ₁₀₀	\$ 17,140. ⁰⁰ / ₁₀₀

SCHEDULE A

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

CONTRIBUTOR NAME Schaer for Assembly - Gary Schae		EMPLOYER NAME State of NJ	
CONTRIBUTOR ADDRESS 511 Passaic Ave		EMPLOYER ADDRESS 1 Howe Ave Suite 401	
Passaic NJ 07055		Passaic NJ 07055	
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED
			9-28-16
OCCUPATION Assemblyman			AMOUNT(S) RECEIVED THIS PERIOD \$ 2,500.00/100
CONTRIBUTOR NAME Ammar Alhawi		EMPLOYER NAME Spirits Sportswear	
CONTRIBUTOR ADDRESS 52 Fuchs Lane		EMPLOYER ADDRESS 52 Fuchs Ln	
Teaneck NJ 07666		Teaneck NJ 07666	
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED
			9-28-16
OCCUPATION Business Owner			AMOUNT(S) RECEIVED THIS PERIOD \$ 1,000.00/100
CONTRIBUTOR NAME Nadeen Sakeen		EMPLOYER NAME ADS Financial	
CONTRIBUTOR ADDRESS 20 Beekman Road		EMPLOYER ADDRESS 31 Jefferson Plaza	
Franklin Park NJ 08823		Princeton NJ 08540	
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED
			4-8-16
OCCUPATION Financial Planner			AMOUNT(S) RECEIVED THIS PERIOD \$ 1,000.00/100
CONTRIBUTOR NAME Shama Bakerywala		EMPLOYER NAME Amplus Funding	
CONTRIBUTOR ADDRESS 19 Setton Place		EMPLOYER ADDRESS 475 Wall St	
Kendall Park NJ 08824		Princeton NJ 08540	
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED
			4/9/16
OCCUPATION			AMOUNT(S) RECEIVED THIS PERIOD \$ 500.00/100
CONTRIBUTOR NAME CARL CASSAZA		EMPLOYER NAME CBA Industries	
CONTRIBUTOR ADDRESS P.O. Box 1717		EMPLOYER ADDRESS 669 River Drive, Center Two	
Elmwood Pk NJ 07407		Elmwood Park NJ 07407	
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED
			4-15-2016
OCCUPATION			AMOUNT(S) RECEIVED THIS PERIOD \$ 600.00/100
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 5600.00/100
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 5600.00/100

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			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ <u>0</u>
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ <u>0</u>

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

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	AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>	
	\$		
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	AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>	
	\$		
TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD		\$ 0	

ADJUSTMENT SCHEDULE
Refund of Contributions

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
 			\$

(COMPLETE THIS LINE FOR EVERY PAGE USED)	TOTAL, THIS PAGE	\$ <u>8</u>
(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	\$ <u>0</u>

SCHEDULE 1(D) - DISBURSEMENTS
Campaign Expenses

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
9-20-2016	004	Cadett Marketing Inc 183 Market St Saddle Brook NJ 07663	WATER Bottles, Hand SAWITZERS, CAMPAIGN TRINKETS,	\$ 1,535.19/100	\$	\$
4-20-2016	005	ACM 77 Hudson St. Hackensack NJ 07601	LAWN Signs, JUNKIES, WALKING PIECE.	5,380.00/100		
TOTAL, THIS PAGE				\$ 6,885.19/100	\$	\$
GRAND TOTAL				\$ 6,885.19/100	\$	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)						
(COMPLETE THIS LINE FOR LAST PAGE USED)						

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
 				
(COMPLETE THIS LINE FOR EVERY PAGE USED)				
TOTAL, THIS PAGE				
\$				
(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)				
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				
				1. \$ <u>0</u>
				2. \$ <u>0</u>
				3. \$ <u>0</u>

SCHEDULE E
Outstanding Obligations

Date(s)	Creditor's Name	Address	Description	Amount
4-11-2016	ACM Media	77 Hudson St Hackensack NJ 07601	2 Mailings & Door Hangers	\$ TPD Estimate 10,000.00/100
TOTAL OUTSTANDING OBLIGATIONS				\$ Estimate 10,000.00/100

SCHEDULE F
Refunded Disbursements

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

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

STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

Opening Balance, this report

(Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero.)

\$ 16,389.00/100

Funds Transferred from Prior Campaign

\$ 0

Deposits (Include interest)

\$ 7,895.00/100

Disbursements (Include bank charges)

\$ 6,885.00/100

Closing Balance, this Report

\$ 17,399.00/100

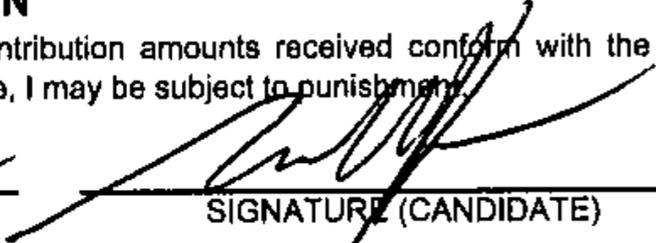
<u>First Commerce Bank</u>	<u>Friends of Mohamed Hameeduddin</u>
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
<u>105 River Ave, Lakewood NJ 08701</u>	
ADDRESS OF BANK OR DEPOSITORY	
<u>Kenneth Robert Hoffman</u>	<u>201-837-0117</u>
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
<u>956 Phelps Rd Teaneck NJ 07666</u>	
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 punishment.

5-31-2016
DATE

Mohamed Hameeduddin
PRINT FULL NAME (CANDIDATE)


SIGNATURE (CANDIDATE)

DATE

Kenneth RHF
PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

5-31-2016
DATE

Kenneth Robert Hoffman
PRINT FULL NAME (TREASURER)

Kenneth R Hoffman
SIGNATURE (TREASURER)

Treasurers for Gubernatorial and Legislative candidates are required to receive training with the New Jersey Election Law Enforcement Commission. Check here if you have completed the training and enter your Treasurer Training ID# _____

DECLARATION OF FINAL REPORT

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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	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 CONTRIBUTIONS AND EXPENDITURES** **REPORT (CHECK ONE):**

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

- 29 - DAY PRE-ELECTION
- 11 - DAY PRE-ELECTION
- 20 - DAY POST-ELECTION
- Apr. 15, _____
- July 15, _____
- Oct. 15, _____
- Jan. 15, _____

CANDIDATE OR COMMITTEE NAME
Friends of Mohammed Hamedullah

STREET ADDRESS
P.O. Box 2030

Amendment Yes No

CITY *TEANECK* STATE *NJ* ZIP CODE *07606*

ELECTION RECEIVED

COUNTY *Bergen* ELECTION DISTRICT OR MUNICIPALITY *TEANECK*

JUN 01 2016

POLITICAL PARTY, IF ANY *NONE* OFFICE SOUGHT *Councilmember*

ELECTION DATE _____ ELECTION TYPE (CHECK ONE) PRIMARY MAY MUNICIPAL SCHOOL SPECIAL GENERAL RUN-OFF FIRE DISTRICT

SUMMARY TABLES DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED

TABLE I. RECEIPTS	THIS REPORT	CUMULATIVE TO DATE
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS	\$ 0	\$ 6,905. ⁰⁰ / ₁₀₀
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 0	\$ 14,400. ⁰⁰ / ₁₀₀
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ 0	\$ 250. ⁰⁰ / ₁₀₀
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ 0	\$ 0
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ 0	\$ 0
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$ 0	\$ 24,305. ⁰⁰ / ₁₀₀
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ 0	\$ 0
8. TOTAL CONTRIBUTIONS	\$ 0	\$ 24,305. ⁰⁰ / ₁₀₀
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ 0	\$ 0
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 0	\$ 24,305. ⁰⁰ / ₁₀₀

TABLE II. EXPENDITURES	THIS REPORT	CUMULATIVE TO DATE
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 13,252. ⁹³ / ₁₀₀	\$ 20,412. ⁴³ / ₁₀₀
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ 0	\$ 0
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ 0	\$ 0
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ 0	\$ 0
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ 0	\$ 0
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ 0	\$ 0
7. SUB TOTAL (ADD LINES 1 THRU 6)	\$ 13,252. ⁹³ / ₁₀₀	\$ 20,412. ⁴³ / ₁₀₀
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ 0	\$ 0
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 13,252. ⁹³ / ₁₀₀	\$ 20,412. ⁴³ / ₁₀₀

SCHEDULE A

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

CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ <u> 3 </u>
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ <u> 0 </u>

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

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

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	AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>	
	\$		
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	AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>	
	\$		
TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD		\$ 0	

ADJUSTMENT SCHEDULE
Refund of Contributions

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
			\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 0
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 0

SCHEDULE 1(D) - DISBURSEMENTS

Campaign Expenses

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
5-15-2016	006	ACM 77 Hudson St Hackensack NJ 07601	Hourly Rate for Employee for Phone CALLS or Laser Sign	\$ 562.00/100	\$	\$
5-23-2016	007	ACM 77 Hudson St Hackensack NJ	GOTV Palm Camp, Printing, Robocalls, Door Hangers, Print Ads Newspaper	3,194.50/100		
5-25-2016	008	Royal Printing Service P.O. Box 1000 West NY NJ 07093	3,000 Postcard Mailing Printing + Postage	2,675.00/100		
5-25-2016	009	Jewish Link P.O. Box	Print Ads in Paper	445.00/100		
5-25-2016	010	ACM 77 Hudson St Hackensack NJ 07601	2 Mailers Door Hanger Postage ACM Fee	5,949.93/100		
5-25-2016	011	MAGNETIC SIGNS 951 Tenack Rd Tenack NJ 07606	48x48 Election Sign	\$ 96.00/100		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 13,252.43/100	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 13,252.43/100	\$

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
 				
(COMPLETE THIS LINE FOR EVERY PAGE USED)				
TOTAL, THIS PAGE				
\$				
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:				
SCHEDULE 3(D) GRAND TOTAL				
				1. \$ 0
				2. \$ 0
				3. \$ 0
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES (+)				

SCHEDULE E
Outstanding Obligations

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

SCHEDULE F
Refunded Disbursements

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

SCHEDULE G
Recipients of In-Kind Contributions

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

SCHEDULE G
Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE/COMMITTEE		
Pmt for Township Council		
MAILING ADDRESS		
113 Voorhees St Teaneck NJ 07666		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
Council member	Teaneck	
CHECK NUMBER	PAYMENT DATE	AMOUNT
N/A	N/A	\$ 3,154.20/100
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 MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT
		\$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT
		\$ 0

STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

Opening Balance, this report (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero.)	\$ <u>14,399.⁰⁰/₁₀₀</u>
Funds Transferred from Prior Campaign	\$ <u>0</u>
Deposits (Include interest)	\$ <u>0</u>
Disbursements (Include bank charges)	\$ <u>13,252.⁹³/₁₀₀</u>
Closing Balance, this Report	\$ <u>4,146.⁵⁷/₁₀₀</u>
<u>First Commerce Bank</u> NAME OF BANK OR DEPOSITORY	<u>Friends of Mohammed Hameeduddin</u> NAME OF ACCOUNT
<u>105 River Ave Lakewood NJ 08701</u> ADDRESS OF BANK OR DEPOSITORY	
<u>Kenneth Robert Hoffman</u> NAME OF TREASURER	<u>201-837-0117</u> *TELEPHONE NUMBER (DAY)
<u>956 Phelps Rd Teaneck NJ 07666</u> ADDRESS OF TREASURER	

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<u>5-31-2016</u> DATE	<u>Mohammed Hameeduddin</u> PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>8</u> DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>5-31-2016</u> DATE	<u>Kenneth Robert Hoffman</u> PRINT FULL NAME (TREASURER)	<u>Kenneth R Hoffman</u> SIGNATURE (TREASURER)

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<u> </u> DATE	<u> </u> PRINT FULL NAME (CANDIDATE)	<u> </u> SIGNATURE (CANDIDATE)
<u> </u> DATE	<u> </u> PRINT FULL NAME (CANDIDATE)	<u> </u> SIGNATURE (CANDIDATE)
<u> </u> DATE	<u> </u> PRINT FULL NAME (CANDIDATE)	<u> </u> SIGNATURE (CANDIDATE)
<u> </u> DATE	<u> </u> PRINT FULL NAME (TREASURER)	<u> </u> SIGNATURE (TREASURER)