

CONTINUING POLITICAL COMMITTEE - REGISTRATION STATEMENT AND DESIGNATION OF ORGANIZATIONAL DEPOSITORY

FORM D-4

New Jersey Election Law Enforcement Commission
 P O Box 185, Trenton, NJ 08625-0185 - (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
 Web site [http //www.elec.state.nj.us/](http://www.elec.state.nj.us/)

PLEASE TYPE OR PRINT

COMMITTEE NAME REAL TEANECK DEMOCRATS		FOR STATE USE ONLY ELEC RECEIVED APR 07 2008
IDENTIFYING TITLE OR ACRONYM, IF ANY		
ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE) PO BOX 3178 TEANECK, NJ 07666		
*(AREA) DAY TELEPHONE	*(AREA) EVENING TELEPHONE	
COUNTY BERGEN	MUNICIPALITY TEANECK	
IDENTIFICATION NUMBER		POLITICAL PARTY, IF ANY DEMOCRAT
TYPE OF FILING <input checked="" type="checkbox"/> Initial Registration Statement <input type="checkbox"/> Amendment (please specify below)		FOR STATE USE ONLY Acronym Approval Yes _____ No _____
<input type="checkbox"/> Additional Depository <input type="checkbox"/> Deputy Treasurer		

1. CHAIRPERSON

NAME EMIL (YITZ) STERN		
MAILING ADDRESS PO BOX 3178		
CITY TEANECK	STATE NJ	ZIP CODE 07666
*(AREA) DAY TELEPHONE	*(AREA) EVENING TELEPHONE	OCCUPATION Program Analyst
EMPLOYER NAME AND ADDRESS COUNTY OF BERGEN, One Bergen County Plaza, Hackensack, NJ 07601		

2. TREASURER

NAME MARK SCHWARTZ		
MAILING ADDRESS 641 Cumberland		
CITY Teaneck	STATE NJ	ZIP CODE 07666
RESIDENT ADDRESS, IF DIFFERENT FROM MAILING ADDRESS		
CITY	STATE	ZIP CODE
*(AREA) DAY TELEPHONE	*(AREA) EVENING TELEPHONE	OCCUPATION Manager
EMPLOYER NAME AND ADDRESS NEW YORK WATER MANAGEMENT, 641 Cumberland Ave., Teaneck, NJ 07666		

3. DEPOSITORY INFORMATION

NAME OF BANK OR DEPOSITORY LAKELAND BANK		
MAILING ADDRESS 417 Cedar Lane		
CITY Teaneck	STATE NJ	ZIP CODE 07666
(AREA) DAY TELEPHONE 201-836-8300		
ACCOUNT NAME REAL TEANECK DEMOCRATS		ACCOUNT NUMBER 625405113

3. DEPOSITORY INFORMATION (continued)

NAME OF BANK OR DEPOSITORY

MAILING ADDRESS

CITY STATE ZIP CODE

(AREA) DAY TELEPHONE

ACCOUNT NAME ACCOUNT NUMBER

4. List the name(s), mailing address(es) and telephone number(s) of any person(s) authorized to sign checks or otherwise make transactions.

NAME **EMIL (YITZ) STERN**

MAILING ADDRESS **PO Box 3178**

CITY **Teaneck** STATE **NJ** ZIP CODE **07666**

*(AREA) DAY TELEPHONE *(AREA) EVENING TELEPHONE

NAME **MARK SCHWARTZ**

MAILING ADDRESS **641 Cumberland**

CITY **Teaneck** STATE **NJ** ZIP CODE **07666**

*(AREA) DAY TELEPHONE *(AREA) EVENING TELEPHONE

NAME

MAILING ADDRESS

CITY STATE ZIP CODE

*(AREA) DAY TELEPHONE *(AREA) EVENING TELEPHONE

5 General Organizational Category or Affiliation: (CHECK ONE)

- | | | |
|---|---|--|
| <input type="checkbox"/> BUSINESS | <input checked="" type="checkbox"/> IDEOLOGICAL GROUP | <input type="checkbox"/> PUBLIC QUESTION |
| <input type="checkbox"/> LABOR UNION | <input type="checkbox"/> CIVIC ASSOCIATION | <input type="checkbox"/> SUPPORT |
| <input type="checkbox"/> PROFESSIONAL ASSOCIATION | <input type="checkbox"/> TRADE ASSOCIATION | <input type="checkbox"/> OPPOSE |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> INDEPENDENT COMMITTEE IN SUPPORT OF, OR OPPOSITION TO, A CANDIDATE OR OFFICEHOLDER | |

6. List the names/ mailing addresses of the persons (other than chairperson) or entities having direct or indirect control over the affairs of the continuing political committee. (This includes, but is not limited to persons in whose name or at whose direction or suggestion the committee solicits funds or makes contributions) none

Name of Person or Entity	Mailing Address
	City
	State, Zip
Occupation	Employer Name
	Employer Mailing Address
	City, State, Zip

*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.

6. (Continued)

Name of Person or Entity	Mailing Address
	City
	State, Zip
Occupation	Employer Name
	Employer Mailing Address
	City, State, Zip

7. List the names/ mailing addresses of the persons or entities not already listed in question #6 who, directly or through an agent, participated in the initial organization of the continuing political committee none

Name of Person or Entity	Mailing Address
	City
	State, Zip
Occupation	Employer Name
	Employer Mailing Address
	City, State, Zip

Name of Person or Entity	Mailing Address
	City
	State, Zip
Occupation	Employer Name
	Employer Mailing Address
	City, State, Zip

Use Additional Sheets if Necessary

8 Describe the economic, political or other particular interests and objectives to be advanced by the continuing political committee

To foster and promote the traditional democratic values to which Teaneck has always aspired. To support candidates for office who have a similar vision.

9 List the name and resident address of a New Jersey resident who has been designated by the continuing political committee as the agent of the continuing political committee to accept service of legal process

NAME EMIL (YITZ) STERN

RESIDENT ADDRESS 309 Edgewood Avenue

CITY Teaneck

STATE NJ

ZIP CODE 07666

10 Has any New Jersey candidate (other than a federal candidate) established, authorized the establishment of, maintained or participated directly or indirectly in the management or control of this continuing political committee, or will any New Jersey candidate do so in the future?

YES

NO

11 What is the total amount of money this continuing political committee estimates it will raise (Please estimate to the best of your ability)

This calendar year? \$ 1,000.

Next calendar year? \$ 1,000.

12 How much of the total amount of money raised is expected to be spent for New Jersey election-related activity during (Please estimate to the best of your ability)

This calendar year? \$ 1,000.

Next calendar year? \$ 1,000.

13 What percentage of the total amount of money raised will be used for New Jersey election-related activity during (Please estimate to the best of your ability)

This calendar year? 100 %

Next calendar year? 100 %

14 Is making contributions to New Jersey candidates or committees, or otherwise engaging in New Jersey election-related activity expected to be a major purpose of this continuing political committee?

YES

NO

15 Besides engaging in election-related activity, what other types of expenditures will be made by this continuing political committee?

undetermined

16 Will this continuing political committee solicit any of its funds from the public for New Jersey election-related activity

inside New Jersey
 outside New Jersey
 *both inside and outside New Jersey

* If "both," what percentage of the funds are expected to be raised outside New Jersey?

_____ %

17 Will this continuing political committee solicit contributions with the stated or principal purpose of making contributions to New Jersey candidates or committees?

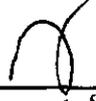
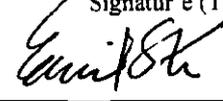
YES NO

18 Does this continuing political committee file with the Federal Election Commission?

YES NO

TREASURER/CHAIRPERSON CERTIFICATION

I certify that the statements on this document are true and correct. I further certify that no candidate has established, authorized the establishment of, maintained or participated directly or indirectly in the management or control of the continuing political committee, and no candidate shall be permitted to do so during the existence of the continuing political committee. I am aware that if any of the statements are willfully false, I am subject to punishment.

<u>4/2/08</u> Date	<u>MARK SCHWARTZ</u> Print Full Name (Treasurer)	<u></u> Signature (Treasurer)
<u>4/2/08</u> Date	<u>EMIL (YITZ) STERN</u> Print Full Name (Chairperson)	<u></u> Signature (Chairperson)



COMMITTEE - SWORN STATEMENT

To be used only by a continuing political committee, political party committee, or a legislative leadership committee

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P O Box 185, Trenton, NJ 08625-0185
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
Web site http //www elec state nj us/

FORM A-3

FOR STATE USE ONLY

ELEC RECEIVED
MAY 22 2008

PLEASE TYPE OR PRINT

Full Committee Name, Address (Number & Street, City, State, Zip Code)

REAL TEANECK DEMOCRATS
POB 3178
Teaneck, NJ 07666

Calendar Year Period
Jan 1st to Dec 31st, 2008

First Report Filed?
Yes No

Committee Type (CHECK ONE) [X] Continuing Political [] Political Party [] Legislative Leadership

ELEC Identification Number

J 0260 0001 11 Q2008

[] "X" If address is different from address previously reported

Amendment?
Yes No

Committee Chairperson and Treasurer Certification

I, the undersigned, do hereby certify as follows

The total amount to be expended by this committee shall be zero, or shall not, in the aggregate, exceed \$4,300 during the calendar year period indicated above. I have read the additional filing information on this form. I certify that my statements on this document are true. I am aware that if any of the statements are willfully false, I may be subject to punishment.

5/9/08

DATE

COMMITTEE CHAIRPERSON SIGNATURE

EMIL STERN

*DAY TELEPHONE

PRINT COMMITTEE CHAIRPERSON'S NAME

POB 3178

*EVENING TELEPHONE

ADDRESS

Teaneck, NJ 07666

5/9/08

DATE

CITY, STATE ZIP

COMMITTEE TREASURER SIGNATURE

MARK SCHWARTZ

*DAY TELEPHONE

PRINT COMMITTEE TREASURER'S NAME

641 Cumberland

*EVENING TELEPHONE

ADDRESS

Teaneck, NJ 07666

CITY STATE ZIP

Additional Filing Information

In the event the total expended by this committee, in the aggregate, exceeds \$4,300 at any point in the calendar year, this committee is required to file a "Receipts and Expenditures Quarterly Report," Form R-3, on each subsequent quarterly filing date. The first of such reports shall include all activity dating back to January 1st of the current calendar year. The filing dates are April 15, July 15, October 15, and January 15.

If contributions from any one source during the calendar year aggregate more than \$300, or the committee receives currency (cash) contributions in any amount, the committee is required to report the contributions to the Commission on "Supplemental Contributor Information," Form C-3, on the next quarterly reporting date. Note that currency (cash) contributions cannot be accepted in excess of \$200.

If the committee receives a contribution in excess of \$1,000 in the aggregate from any one source during the period between the closing date of the last quarterly report through the date of an election in which the committee is contributing or otherwise participating, the committee is required to notify the Commission in writing within 48 hours of the receipt of the contribution. It is permissible for a committee to file a cumulative report on the 11th day prior to an election of contributions in excess of \$1,000 received up to the 13th day before an election. Thereafter, each contribution in excess of \$1,000 must be reported within 48 hours of receipt. Please use the Form C-3, "Supplemental Contributor Information."

If the committee makes, incurs, or authorizes an expenditure of money or other thing of value in excess of \$1,000 in the aggregate from April 1 up to and including the day of any primary election in which the committee is participating, or from October 1 up to and including the day of any general election in which the committee is participating, the committee is required to notify the Commission in writing within 48 hours. It is permissible for a committee to file a cumulative report on the 11th day prior to the primary or general election of expenditures made, incurred, or authorized in excess of \$1,000 up to the 13th day before the election, thereafter, each expenditure in excess of \$1,000 must be reported within 48 hours. Please use the Form E-3, "Supplemental Expenditure Information."



SUPPLEMENTAL CONTRIBUTOR INFORMATION

FORM C-3

FOR STATE USE ONLY

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P O Box 185, Trenton, NJ 08625-0185
 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
 Web site <http://www.elec.state.nj.us/>

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 MAY 27 2008

CONTRIBUTIONS REPORT TYPE (CHECK ONE)

- Committee filing "Sworn Statement," Form A-3, and receiving a contribution in excess of \$300 in the aggregate from one source, or currency (cash) contributions in any amount
- Committee receiving a contribution in excess of \$1,000 in the aggregate from one source between the closing date of the last quarterly report through the date of an election in which the committee is contributing or otherwise participating (48-Hour Notice)

Amendment?
 Yes No

REPORT QUARTER

APRIL 15 JULY 15 OCTOBER 15 JANUARY 15

ELEC Identification Number

J 0260 0001 11 Q2008

SECTION I PLEASE TYPE OR PRINT

"X" if address is different from address previously reported

Full Committee Name, Address (Number and Street, City, State, Zip Code)

REAL TEANECK DEMOCRATS
 POB 3178
 Teaneck, NJ 07666

SECTION II CONTRIBUTION INFORMATION (Receipt Types A = Currency or Check, B = In-Kind, C = Loan)

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

BIRDSALL SERVICES GROUP, INC.
 2100 Old Mill Plaza
 Sea Girt, NJ 08750

Date(s) Received

5/19/08

Amount(s) Received This Period

\$ 7800.

Receipt Type

A

Description, if In-Kind Contribution

Aggregate Year to Date

\$ 7800.

Occupation (If Individual)

Employer Name, Address (If Individual)

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

Date(s) Received

Amount(s) Received This Period

Receipt Type

Description, if In-Kind Contribution

Aggregate Year to Date

Occupation (If Individual)

Employer Name, Address (If Individual)

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

Date(s) Received

Amount(s) Received This Period

Receipt Type

Description, if In-Kind Contribution

Aggregate Year to Date

Occupation (If Individual)

Employer Name, Address (If Individual)

(COMPLETE THIS LINE FOR EVERY PAGE USED)

TOTAL, THIS PAGE

\$ 7800.

(COMPLETE THIS LINE FOR LAST PAGE USED)

GRAND TOTAL

\$ 7800.

Treasurer Signature

Date

5/20/08



SUPPLEMENTAL EXPENDITURE INFORMATION

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P O Box 185, Trenton, NJ 08625-0185
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
Web site <http://www.elec.state.nj.us/>

FORM E-3
FOR STATE USE ONLY

ELEC RECEIVED
MAY 30 2008

To be filed by a committee within 48 hours of any expenditure of money or other thing of value in excess of \$1,000 in the aggregate made, incurred, or authorized from April 1 up to and including the day of any primary election in which the committee is participating, or from October 1 up to and including the day of any general election in which the committee is participating

Filing Period (CHECK ONE)

- From April 1ST up to and including the Primary Election Date
- From October 1ST up to and including the General Election Date

Amendment?
 Yes No

Full Committee Name, Address (Number and Street, City, State, Zip Code)

REAL TEANECK DEMOCRATS
POB 3178
Teaneck, NJ 07666

*(Area) Day Telephone

*(Area) Evening Telephone

ELEC Identification Number

J 0260 0001 11 Q2008

EXPENDITURE INFORMATION

Payment Date 5/28/08	Check No 1803	Purpose Consulting	Amount Incurred/Not Paid \$2000.	Amount Disbursed \$2000.
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Full Name of Payee
A. LALUCES

Full Mailing Address
477 Clark Pl., Union, NJ

Expenditures on Behalf of Candidate(s)/Committee(s) (Identify Recipient)

Candidate/Committee Full Name	Election Date	Election District or Municipality	Prorated Amount

Payment Date	Check No	Purpose	Amount Incurred/Not Paid	Amount Disbursed
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Full Name of Payee

Full Mailing Address

Expenditures on Behalf of Candidate(s)/Committee(s) (Identify Recipient)

Candidate/Committee Full Name	Election Date	Election District or Municipality	Prorated Amount

(COMPLETE THIS LINE FOR EVERY PAGE USED)	TOTAL, THIS PAGE	\$ 2000.
(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	\$ 2000.

Treasurer Signature

Date 5/29/08

RECEIPTS AND EXPENDITURES QUARTERLY REPORT NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P O Box 185, Trenton, NJ 08625-0185 (609)292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site http://www.elec.state.nj.us/		FOR STATE USE ONLY ELEC RECEIVED JUL 21 2008
COMMITTEE NAME OR APPROVED ACRONYM REAL TEANECK DEMOCRATS		
ADDRESS (number and street) <input type="checkbox"/> CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED PO BOX 3178		
CITY, STATE and ZIP CODE TEANECK, NJ 07666		ELEC IDENTIFICATION NUMBER J 0260 0001 11 Q2008
COMMITTEE TYPE <input checked="" type="checkbox"/> CPC <input type="checkbox"/> PPC <input type="checkbox"/> LLC	CHECK IF <input type="checkbox"/> AMENDMENT <input checked="" type="checkbox"/> FIRST REPORT FILED	REPORT QUARTER <input type="checkbox"/> APR 15 <input checked="" type="checkbox"/> JUL 15 <input type="checkbox"/> OCT 15 <input type="checkbox"/> JAN 15 YEAR 2008

Do not attempt to complete the "Depository Information" or the "Net Financial Summary" until the appropriate schedules have been completed.

DEPOSITORY INFORMATION		COLUMN A	COLUMN B
PERIOD COVERED	FROM <u>4/1/08</u> THROUGH <u>7/15/08</u>	THIS REPORT	CALENDAR YEAR-TO-DATE
1. CASH ON HAND, JANUARY 1, <u>2008</u>			0
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD		0	
3. MONETARY RECEIPTS (+)		9536.00	9536.00
4. SUBTOTAL		9536.00	9536.00
5. MONETARY EXPENDITURES (-)		3120.81	3120.81
6. CASH ON HAND, CLOSE OF REPORTING PERIOD		6415.19	6415.19

NET FINANCIAL SUMMARY		
7. CASH ON HAND, CLOSE OF REPORTING PERIOD		6415.19
8. DEBT OWED TO COMMITTEE (+)		-
9. SUBTOTAL		6415.19
10. DEBT OWED BY COMMITTEE (-)		-
11. TOTAL (Net Worth)		6415.19

TREASURER'S 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.	
7/14/08 DATE	MARK SCHWARTZ PRINT NAME
641 Cumberland ADDRESS	 SIGNATURE
Teaneck, NJ 07666 ADDRESS	*(AREA CODE) DAY TELEPHONE NUMBER
	*(AREA CODE) EVENING TELEPHONE NUMBER

New Jersey Election Law Enforcement Commission, January, 2005

*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-3

Do not attempt to complete Tables I and II until the appropriate schedules have been completed.

TABLE I RECEIPTS		COLUMN A	COLUMN B
	MONETARY RECEIPTS	THIS REPORT	CALENDAR YEAR-TO-DATE
1	CONTRIBUTIONS, \$300 OR LESS	236.00	236.00
2	CONTRIBUTIONS, MORE THAN \$300	9300.00	9300.00
2a	CURRENCY CONTRIBUTIONS	-	-
3	TOTAL (Add lines 1, 2 and 2a)	9536.00	9536.00
4	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)	-	-
5	SUBTOTAL (Subtract line 4 from line 3)	9536.00	9536.00
	OTHER RECEIPTS		
6	REIMBURSEMENTS/REFUNDS	-	-
7	DIVIDENDS/INTEREST	-	-
8	LOANS RECEIVED BY COMMITTEE, \$300 OR LESS	-	-
9	LOANS RECEIVED BY COMMITTEE MORE THAN \$300 AND ALL CURRENCY LOANS	-	-
10	TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	9536.00	9536.00
11	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	-
12	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-
13	GROSS RECEIPTS (Add lines 10, 11 and 12)	9536.00	9536.00
	TABLE II EXPENDITURES		
14	OPERATING DISBURSEMENTS	3120.81	3120.81
	CONTRIBUTIONS (FROM THIS COMMITTEE) TO		
15a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	-	-
15b	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-	-
15c	ALL OTHER CANDIDATES/COMMITTEES	-	-
	EXPENDITURES MADE ON BEHALF OF		
16a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	-	-
16b	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-	-
16c	ALL OTHER CANDIDATES/COMMITTEES	-	-
17	LOAN PAYMENTS	-	-
18	TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	3120.81	3120.81
19	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	-
20	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-
21	GROSS EXPENDITURES (Add lines 18 through 20)	3120.81	3120.81

DEPOSITORY SUMMARY

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED

COMMITTEE NAME: REAL TEANECK DEMOCRATS

BANK ACCOUNT INFORMATION

1 NAME OF BANK LAKELAND BANK		(AREA CODE) TELEPHONE NUMBER (201) 836-8300	
MAILING ADDRESS 417 Cedar Lane			
CITY STATE ZIP CODE Teaneck, NJ 07666			
ACCOUNT NAME REAL TEANECK DEMOCRATS		ACCOUNT NUMBER 625405113	
OPENING BALANCE THIS PERIOD 0	DEPOSITS THIS PERIOD 9536.00	DISBURSEMENTS THIS PERIOD 3120.81	CLOSING BALANCE THIS PERIOD 6415.19

If the committee has more than one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD
2 NAME OF BANK		(AREA CODE) TELEPHONE NUMBER	
MAILING ADDRESS			
CITY STATE ZIP CODE			
ACCOUNT NAME		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD

If the committee has more than one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD

OTHER ASSETS

Other than the bank account(s) listed above, does this committee hold any of the following (please X):

- | | | | |
|--------------------------|---|--------------------------|---------------|
| <input type="checkbox"/> | Investment Institution Money Market Account | <input type="checkbox"/> | Bonds |
| <input type="checkbox"/> | Certificate of Deposit (C.D.) | <input type="checkbox"/> | Stocks |
| <input type="checkbox"/> | Mutual Fund Account | <input type="checkbox"/> | Real Property |
| <input type="checkbox"/> | Other (please specify) _____ | | |

For each item checked ("X") above (other than real property), please complete the following information. If real property is held, a Real Property Schedule must be filed as part of the Form R-3. Contact the Commission for a Real Property Schedule and instructions.

1 NAME OF DEPOSITORY OR ISSUER		(AREA CODE) TELEPHONE NUMBER									
MAILING ADDRESS											
CITY STATE ZIP CODE											
ACCOUNT NAME		ACCOUNT NUMBER									
TYPE OF ASSET											
<input type="checkbox"/>	MONEY MARKET	<input type="checkbox"/>	CD	<input type="checkbox"/>	MUTUAL FUND	<input type="checkbox"/>	BONDS	<input type="checkbox"/>	STOCKS	<input type="checkbox"/>	OTHER (specify) _____
VALUE OF ASSET AT PURCHASE IF APPLICABLE						DATE OF MATURITY IF APPLICABLE					
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD								

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

CURRENCY
 ALL OTHER MONETARY CONTRIBUTIONS
 IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS
 REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS
 DIVIDENDS/ INTEREST

COMMITTEE NAME REAL TEANECK DEMOCRATS

ACCOUNT NAME and NUMBER REAL TEANECK DEMOCRATS - 625405113

CONTRIBUTOR NAME JOANNE ZAYAT		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 598 Warwick	
OCCUPATION homemaker		STATE USE ONLY	(CITY STATE AND ZIP CODE) Teaneck NJ 07666	
EMPLOYER NAME n/a		DATE(S) RECEIVED THIS PERIOD 5/14/08		AMOUNT(S) RECEIVED THIS PERIOD 1000.00
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY STATE AND ZIP CODE)				
RECEIPT DESCRIPTION (if in kind)		AGGREGATE YEAR-TO-DATE 1000.00		

CONTRIBUTOR NAME BIRDSALL SERVICES GROUP		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 2100 Old Mill Plaza	
OCCUPATION engineering services		STATE USE ONLY	(CITY STATE AND ZIP CODE) Sea Girt NJ 08750	
EMPLOYER NAME n/a		DATE(S) RECEIVED THIS PERIOD 5/19/08		AMOUNT(S) RECEIVED THIS PERIOD 7800.00
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY STATE AND ZIP CODE)				
RECEIPT DESCRIPTION (if in kind)		AGGREGATE YEAR-TO-DATE 7800.00		

CONTRIBUTOR NAME GILLES GADE		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 385 Arbuckle	
OCCUPATION mortgage banking		STATE USE ONLY	(CITY STATE AND ZIP CODE) Cedarhurst NY 11516	
EMPLOYER NAME CROSS RIVER		DATE(S) RECEIVED THIS PERIOD 5/20/08		AMOUNT(S) RECEIVED THIS PERIOD 500.00
EMPLOYER ADDRESS (NUMBER AND STREET) 885 Teaneck Road				
(CITY STATE AND ZIP CODE) Teaneck NJ 07666				
RECEIPT DESCRIPTION (if in kind)		AGGREGATE YEAR-TO-DATE 500.00		

CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION		STATE USE ONLY	(CITY STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD		AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY STATE AND ZIP CODE)				
RECEIPT DESCRIPTION (if in kind)		AGGREGATE YEAR-TO-DATE		

1. SUBTOTAL (Add all receipts listed on this page.)	9300.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	9300.00

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED
 USE A SEPARATE SCHEDULE B FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME

ACCOUNT NAME and NUMBER

NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)
OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)				AGGREGATE YEAR TO DATE
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)			AGGREGATE YEAR TO DATE
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)			AGGREGATE YEAR TO DATE

NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)
OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)				AGGREGATE YEAR TO DATE
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)			AGGREGATE YEAR TO DATE
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)			AGGREGATE YEAR TO-DATE

1 TOTAL NEW LOANS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 9, Column A)	0
2 TOTAL AMOUNT OF LOANS PLUS INTEREST, THIS PERIOD	1
3 TOTAL LOAN PAYMENTS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 17, Column A)	1
4 TOTAL OF ALL OUTSTANDING LOANS PLUS INTEREST (Complete this line on the last page used Carry back to Page 10, "Schedule F," Line 1)	1

ITEMIZED OPERATING DISBURSEMENTS		SCHEDULE C	Page No / of /	
PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED USE A SEPARATE SCHEDULE C FOR EACH SEPARATE ACCOUNT				
COMMITTEE NAME REAL TEANECK DEMOCRATS				
ACCOUNT NAME and NUMBER REAL TEANECK DEMOCRATS - 625405113				
PAYEE OR CREDITOR NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE*	AMOUNT(S) DISBURSED THIS PERIOD	TRANS- ACTION DATE(S)	CHECK NO(S)
* Legislative Leadership Committees - See Instructions concerning permissible uses of funds				
VICCARO PRINTING Paramus, NJ	printing	147.66	5/23	1801
A. FISCHMAN Teaneck, NJ	typset/layout	750.00	5/28	1802
LAKELAND BANK	check printing	14.50	5/13	--
A. LALUCES Union, NJ	advertising layout	2000.00	5/28	1803
DOUGIE's Teaneck, NJ	catering	208.65	6/23	1804
1 SUBTOTAL (Add all disbursements listed on this page)		3120.81		
2 TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 14, Column A)		3120.81		

**ITEMIZED EXPENDITURES MADE AND INCURRED
ON BEHALF OF CANDIDATES AND COMMITTEES**

SCHEDULE E Page No. 1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
USE A SEPARATE "SCHEDULE E" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE

NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES ALL OTHER CANDIDATES/COMMITTEES

COMMITTEE NAME:

ACCOUNT NAME and NUMBER:

PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S)
		INCURRED/NOT PAID	DISBURSED		

ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEES(S)

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S)
		INCURRED/NOT PAID	DISBURSED		

ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEES(S)

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

1. SUBTOTAL (Add all disbursements made to each recipient type listed on this page)		
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used for each recipient type . Carry forward to Page 2, either Line 16a, Line 16b, or Line 16c, Column A.)		
3. SUBTOTAL (Add all outstanding obligations incurred/ not paid, listed on this page.)		
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/ NOT PAID (Complete this line on the last page used. Carry back to Page 10, "Schedule F," Line 2)		

DEBTS AND OBLIGATIONS OWED BY COMMITTEE		SCHEDULE F	PAGE No <u>1</u> of <u>1</u>	
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. USE A SEPARATE "SCHEDULE F" FOR EACH SEPARATE ACCOUNT				
COMMITTEE NAME				
ACCOUNT NAME and NUMBER				
CREDITOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	OUTSTANDING BEGINNING BAL-ANCE THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENTS THIS PERIOD	OUTSTANDING BALANCE THIS PERIOD
DEBT PURPOSE				
SUMMARY OF DEBTS AND OBLIGATIONS				
1 TOTAL OUTSTANDING LOANS PLUS INTEREST FROM SCHEDULE B, PAGE 5, LINE 4				0
2 TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID ON BEHALF OF CANDIDATES/COMMITTEES FROM SCHEDULE E, PAGE 9, LINE 4				
3 TOTAL OUTSTANDING OBLIGATIONS, SCHEDULE F (Complete this line on the last page used)				↓
4 TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1, 2 and 3 Carry forward to front page, Line 10)				↓

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
USE A SEPARATE 'SCHEDULE G' FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME _____

ACCOUNT NAME and NUMBER _____

DEBTOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	BALANCE DUE AT BEGINNING OF THIS PERIOD	NEW AMOUNT THIS PERIOD	TOTAL AMOUNT RECEIVED THIS PERIOD	BALANCE DUE AT CLOSE OF THIS PERIOD
DATE DEBT INCURRED	DEBT DESCRIPTION			

DATE DEBT INCURRED	DEBT DESCRIPTION			

DATE DEBT INCURRED	DEBT DESCRIPTION			

DATE DEBT INCURRED	DEBT DESCRIPTION			

DATE DEBT INCURRED	DEBT DESCRIPTION			

1 SUBTOTAL (Add all debts and obligations owed to committee listed on this page)	
2 TOTAL DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Complete this line on the last page used Carry forward to front page, Line 8)	<u>0</u>

RECEIPTS AND EXPENDITURES QUARTERLY REPORT NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P O Box 185, Trenton, NJ 08625-0185 (609)292-8700or Toll Free Within NJ 1-888-313-ELEC (3532) Web site http://www.elec.state.nj.us/		FOR STATE USE ONLY ELEC RECEIVED OCT 20 2008
COMMITTEE NAME OR APPROVED ACRONYM REAL TEANECK DEMOCRATS		
ADDRESS (number and street) <input type="checkbox"/> CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED PO BOX 3178		
CITY, STATE and ZIP CODE TEANECK, NJ 07666		ELEC IDENTIFICATION NUMBER V0260 0001 44 Q2008
COMMITTEE TYPE <input checked="" type="checkbox"/> CPC <input type="checkbox"/> PPC <input type="checkbox"/> LLC	CHECK IF <input type="checkbox"/> AMENDMENT <input type="checkbox"/> FIRST REPORT FILED	REPORT QUARTER <input type="checkbox"/> APR 15 <input type="checkbox"/> JUL 15 <input checked="" type="checkbox"/> OCT 15 <input type="checkbox"/> JAN 15 YEAR <u>2008</u>

Do not attempt to complete the "Depository Information" or the "Net Financial Summary" until the appropriate schedules have been completed

DEPOSITORY INFORMATION		COLUMN A	COLUMN B
PERIOD COVERED	FROM 7/16/08 THROUGH 9/30/08 *	THIS REPORT	CALENDAR YEAR-TO-DATE
1. CASH ON HAND, JANUARY 1, 2008			0
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD		6415.19	
3. MONETARY RECEIPTS (+)		0	9536.00
4. SUBTOTAL		6415.19	9536.00
5. MONETARY EXPENDITURES (-)		0	3120.81
6. CASH ON HAND, CLOSE OF REPORTING PERIOD		6415.19	6415.19

NET FINANCIAL SUMMARY			
7. CASH ON HAND, CLOSE OF REPORTING PERIOD			6415.19
8. DEBT OWED TO COMMITTEE (+)			0
9. SUBTOTAL			6415.19
10. DEBT OWED BY COMMITTEE (-)			0
11. TOTAL (Net Worth)			6415.19

TREASURER'S 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.	
10/10/08 DATE	MARK SCHWARTZ PRINT NAME
	 SIGNATURE
641 Cumberland ADDRESS	*(AREA CODE) DAY TELEPHONE NUMBER
Teaneck, NJ 07666 ADDRESS	*(AREA CODE) EVENING TELEPHONE NUMBER

Do not attempt to complete Tables I and II until the appropriate schedules have been completed.

TABLE I RECEIPTS		COLUMN A	COLUMN B
	MONETARY RECEIPTS	THIS REPORT	CALENDAR YEAR-TO-DATE
1	CONTRIBUTIONS, \$300 OR LESS		236.00
2	CONTRIBUTIONS, MORE THAN \$300		9300.00
2a	CURRENCY CONTRIBUTIONS		-
3	TOTAL (Add lines 1, 2 and 2a)	0	9536.00*
4	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)		-
5	SUBTOTAL (Subtract line 4 from line 3)	0	9536.00-
	OTHER RECEIPTS		
6	REIMBURSEMENTS/REFUNDS		-
7	DIVIDENDS/INTEREST		-
8	LOANS RECEIVED BY COMMITTEE, \$300 OR LESS		-
9	LOANS RECEIVED BY COMMITTEE MORE THAN \$300 AND ALL CURRENCY LOANS		-
10	TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	0	9536.00
11	IN-KIND CONTRIBUTIONS, \$300 OR LESS		-
12	IN-KIND CONTRIBUTIONS, MORE THAN \$300		-
13	GROSS RECEIPTS (Add lines 10, 11 and 12)	0	9536.00
	TABLE II EXPENDITURES		
14	OPERATING DISBURSEMENTS		3120.81
	CONTRIBUTIONS (FROM THIS COMMITTEE) TO		
15a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES		-
15b	NJ LEGISLATIVE CANDIDATES/COMMITTEES		-
15c	ALL OTHER CANDIDATES/COMMITTEES		-
	EXPENDITURES MADE ON BEHALF OF		
16a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES		-
16b	NJ LEGISLATIVE CANDIDATES/COMMITTEES		-
16c	ALL OTHER CANDIDATES/COMMITTEES		-
17	LOAN PAYMENTS		-
18	TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	0	3120.81
19	IN-KIND CONTRIBUTIONS, \$300 OR LESS		-
20	IN-KIND CONTRIBUTIONS, MORE THAN \$300		-
21	GROSS EXPENDITURES (Add lines 18 through 20)	0	3120.81

DEPOSITORY SUMMARY

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED

COMMITTEE NAME:

BANK ACCOUNT INFORMATION

1 NAME OF BANK LAKELAND BANK		(AREA CODE) TELEPHONE NUMBER (201) 836-8300	
MAILING ADDRESS 417 Cedar Lane			
CITY STATE, ZIP CODE Teaneck, NJ 07666			
ACCOUNT NAME REAL TEANECK DEMOCRATS		ACCOUNT NUMBER 625405113	
OPENING BALANCE THIS PERIOD 6415.19	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD 6415.19

If the committee has more than one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD
2 NAME OF BANK		(AREA CODE) TELEPHONE NUMBER	
MAILING ADDRESS			
CITY STATE ZIP CODE			
ACCOUNT NAME		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD

If the committee has more than one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD

OTHER ASSETS

Other than the bank account(s) listed above, does this committee hold any of the following (please X):

- | | |
|--|--|
| <input type="checkbox"/> Investment Institution Money Market Account | <input type="checkbox"/> Bonds |
| <input type="checkbox"/> Certificate of Deposit (C.D.) | <input type="checkbox"/> Stocks |
| <input type="checkbox"/> Mutual Fund Account | <input type="checkbox"/> Real Property |
| <input type="checkbox"/> Other (please specify) _____ | |

For each item checked ("X") above (other than real property), please complete the following information. If real property is held, a Real Property Schedule must be filed as part of the Form R-3. Contact the Commission for a Real Property Schedule and instructions.

1 NAME OF DEPOSITORY OR ISSUER		(AREA CODE) TELEPHONE NUMBER	
MAILING ADDRESS			
CITY STATE, ZIP CODE			
ACCOUNT NAME		ACCOUNT NUMBER	
TYPE OF ASSET: <input type="checkbox"/> MONEY MARKET <input type="checkbox"/> C D <input type="checkbox"/> MUTUAL FUND <input type="checkbox"/> BONDS <input type="checkbox"/> STOCKS <input type="checkbox"/> OTHER (specify) _____			
VALUE OF ASSET AT PURCHASE IF APPLICABLE		DATE OF MATURITY IF APPLICABLE	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

CURRENCY
 ALL OTHER MONETARY CONTRIBUTIONS
 IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS
 REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS
 DIVIDENDS/ INTEREST

COMMITTEE NAME **REAL TEANECK DEMOCRATS**

ACCOUNT NAME and NUMBER

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In kind)		AGGREGATE YEAR TO DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In kind)		AGGREGATE YEAR TO DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION -	STATE USE ONLY	(CITY STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In kind)		AGGREGATE YEAR TO DATE	

1. SUBTOTAL (Add all receipts listed on this page.)

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.) 0

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED
USE A SEPARATE SCHEDULE B FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME **REAL TEANECK DEMOCRATS**

ACCOUNT NAME and NUMBER

NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)
OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)				AGGREGATE YEAR TO DATE
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE

NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)
OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)				AGGREGATE YEAR-TO-DATE
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE

1 TOTAL NEW LOANS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 9, Column A)	0
2 TOTAL AMOUNT OF LOANS PLUS INTEREST, THIS PERIOD	0
3 TOTAL LOAN PAYMENTS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 17, Column A)	0
4 TOTAL OF ALL OUTSTANDING LOANS PLUS INTEREST (Complete this line on the last page used Carry back to Page 10, "Schedule F," Line 1)	0

ADJUSTMENT SCHEDULE**REFUND OF EXCESSIVE CONTRIBUTIONS**Page No **1** of **1**PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED
USE A SEPARATE "ADJUSTMENT SCHEDULE" FOR EACH SEPARATE ACCOUNTCOMMITTEE NAME **REAL TEANECK DEMOCRATS**

ACCOUNT NAME and NUMBER

**IF A MONETARY CONTRIBUTION IN EXCESS OF THE CONTRIBUTION
LIMIT IS DEPOSITED, PLEASE REPORT THE REFUND OF THE
EXCESS AMOUNT ON THIS ADJUSTMENT SCHEDULE.**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
1 TOTAL REFUND OF EXCESSIVE CONTRIBUTIONS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 4, Column A)			0

**ITEMIZED EXPENDITURES MADE AND INCURRED
ON BEHALF OF CANDIDATES AND COMMITTEES**

SCHEDULE E Page No. 1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
USE A SEPARATE "SCHEDULE E" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE

NEW JERSEY GUBERNATORIAL
CANDIDATES/COMMITTEES

NEW JERSEY LEGISLATIVE
CANDIDATES/COMMITTEES

ALL OTHER CANDIDATES/COMMITTEES

COMMITTEE NAME: REAL TEANECK DEMOCRATS

ACCOUNT NAME and NUMBER:

PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S)
		INCURRED/NOT PAID	DISBURSED		

ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEES(S)

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S)
		INCURRED/NOT PAID	DISBURSED		

ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEES(S)

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

1. SUBTOTAL (Add all disbursements made to each recipient type listed on this page.)	0	
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used for each recipient type. Carry forward to Page 2, either Line 16a, Line 16b, or Line 16c, Column A.)	0	
3. SUBTOTAL (Add all outstanding obligations incurred/ not paid, listed on this page.)	0	
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/ NOT PAID (Complete this line on the last page used. Carry back to Page 10, "Schedule F," Line 2.)	0	

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED
USE A SEPARATE "SCHEDULE F" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME **REAL TEANECK DEMOCRATS**

ACCOUNT NAME and NUMBER

CREDITOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	OUTSTANDING BEGINNING BAL- ANCE THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENTS THIS PERIOD	OUTSTANDING BALANCE THIS PERIOD
DEBT PURPOSE				

DEBT PURPOSE				

DEBT PURPOSE				

DEBT PURPOSE				

SUMMARY OF DEBTS AND OBLIGATIONS	
1 TOTAL OUTSTANDING LOANS PLUS INTEREST FROM SCHEDULE B, PAGE 5, LINE 4	0
2 TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID ON BEHALF OF CANDIDATES/COMMITTEES FROM SCHEDULE E, PAGE 9, LINE 4	0
3 TOTAL OUTSTANDING OBLIGATIONS, SCHEDULE F (Complete this line on the last page used)	0
4 TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1, 2 and 3 Carry forward to front page, Line 10)	0

DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Accounts Receivable)	SCHEDULE G	Page No 1 of 1
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PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
USE A SEPARATE "SCHEDULE G" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME REAL TEANECK DEMOCRATS

ACCOUNT NAME and NUMBER

DEBTOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	BALANCE DUE AT BEGINNING OF THIS PERIOD	NEW AMOUNT THIS PERIOD	TOTAL AMOUNT RECEIVED THIS PERIOD	BALANCE DUE AT CLOSE OF THIS PERIOD				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><small>DATE DEBT INCURRED</small></td> <td><small>DEBT DESCRIPTION</small></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>						
<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><small>DATE DEBT INCURRED</small></td> <td><small>DEBT DESCRIPTION</small></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>						
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<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><small>DATE DEBT INCURRED</small></td> <td><small>DEBT DESCRIPTION</small></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>						
<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>							
1 SUBTOTAL (Add all debts and obligations owed to committee listed on this page)				0				
2 TOTAL DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Complete this line on the last page used Carry forward to front page, Line 8)				0				

RECEIPTS AND EXPENDITURES QUARTERLY REPORT NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P O Box 185, Trenton, NJ 08625-0185 (609)292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site http://www.elec.state.nj.us/		FOR STATE USE ONLY ELEC RECEIVED JAN 22 2009
COMMITTEE NAME OR APPROVED ACRONYM REAL TEANECK DEMOCRATS		ELEC IDENTIFICATION NUMBER V0260 0001 44 Q2008
ADDRESS (number and street) <input type="checkbox"/> CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED PO BOX 3178		
CITY, STATE and ZIP CODE TEANECK, NJ 07666		REPORT QUARTER <input type="checkbox"/> APR 15 <input type="checkbox"/> JUL 15 <input type="checkbox"/> OCT 15 <input checked="" type="checkbox"/> JAN 15 YEAR <u>2009</u>
COMMITTEE TYPE <input checked="" type="checkbox"/> CPC <input type="checkbox"/> PPC <input type="checkbox"/> LLC	CHECK IF <input type="checkbox"/> AMENDMENT <input type="checkbox"/> FIRST REPORT FILED	

Do not attempt to complete the "Depository Information" or the "Net Financial Summary" until the appropriate schedules have been completed.

DEPOSITORY INFORMATION		COLUMN A	COLUMN B
PERIOD COVERED	FROM	THROUGH	THIS REPORT
	10/1/08	12/31/08	CALENDAR YEAR-TO-DATE
1. CASH ON HAND, JANUARY 1, <u>2008</u>			0
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD			6415.19
3. MONETARY RECEIPTS		(+)	343.22
4. SUBTOTAL			6758.41
5. MONETARY EXPENDITURES		(-)	1909.34
6. CASH ON HAND, CLOSE OF REPORTING PERIOD			4849.07

NET FINANCIAL SUMMARY		COLUMN A	COLUMN B
7. CASH ON HAND, CLOSE OF REPORTING PERIOD			4849.07
8. DEBT OWED TO COMMITTEE		(+)	0
9. SUB TOTAL			4849.07
10. DEBT OWED BY COMMITTEE		(-)	0
11. TOTAL (Net Worth)			4849.07

TREASURER'S 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.		
1/13/09 DATE	MARK SCHWARTZ PRINT NAME 641 Cumberland ADDRESS Teaneck, NJ 07666	 SIGNATURE *(AREA CODE) DAY TELEPHONE NUMBER *(AREA CODE) EVENING TELEPHONE NUMBER

New Jersey Election Law Enforcement Commission, January, 2005

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

FORM R-3

Do not attempt to complete Tables I and II until the appropriate schedules have been completed.

TABLE I RECEIPTS		COLUMN A	COLUMN B
	MONETARY RECEIPTS	THIS REPORT	CALENDAR YEAR-TO-DATE
1	CONTRIBUTIONS, \$300 OR LESS		236.00
2	CONTRIBUTIONS, MORE THAN \$300	343.22	9643.22
2a	CURRENCY CONTRIBUTIONS		
3	TOTAL (Add lines 1, 2 and 2a)	343.22	9879.22
4	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)		
5	SUBTOTAL (Subtract line 4 from line 3)	343.22	9879.22
	OTHER RECEIPTS		
6	REIMBURSEMENTS/REFUNDS		
7	DIVIDENDS/INTEREST		
8	LOANS RECEIVED BY COMMITTEE, \$300 OR LESS		
9	LOANS RECEIVED BY COMMITTEE MORE THAN \$300 AND ALL CURRENCY LOANS		
10	TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	343.22	9879.22
11	IN-KIND CONTRIBUTIONS, \$300 OR LESS		
12	IN-KIND CONTRIBUTIONS, MORE THAN \$300		
13	GROSS RECEIPTS (Add lines 10, 11 and 12)	343.22	9879.22
	TABLE II EXPENDITURES		
14	OPERATING DISBURSEMENTS	1659.34	4780.15
	CONTRIBUTIONS (FROM THIS COMMITTEE) TO		
15a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES		
15b	NJ LEGISLATIVE CANDIDATES/COMMITTEES		
15c	ALL OTHER CANDIDATES/COMMITTEES	250.00	250.00
	EXPENDITURES MADE ON BEHALF OF		
16a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES		
16b	NJ LEGISLATIVE CANDIDATES/COMMITTEES		
16c	ALL OTHER CANDIDATES/COMMITTEES		
17	LOAN PAYMENTS		
18	TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	1909.34	5030.15
19	IN-KIND CONTRIBUTIONS, \$300 OR LESS		
20	IN-KIND CONTRIBUTIONS, MORE THAN \$300		
21	GROSS EXPENDITURES (Add lines 18 through 20)	1909.34	5030.15

DEPOSITORY SUMMARY

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

COMMITTEE NAME: REAL TEANECK DEMOCRATS

BANK ACCOUNT INFORMATION

1 NAME OF BANK LAKELAND BANK		(AREA CODE) TELEPHONE NUMBER (201) 836-8300	
MAILING ADDRESS 417 Cedar Lane			
CITY, STATE, ZIP CODE Teaneck, NJ 07666			
ACCOUNT NAME REAL TEANECK DEMOCRATS		ACCOUNT NUMBER 625405113	
OPENING BALANCE THIS PERIOD 6415.19	DEPOSITS THIS PERIOD 343.22	DISBURSEMENTS THIS PERIOD 1909.34	CLOSING BALANCE THIS PERIOD 4849.07

If the committee has more than one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD
2 NAME OF BANK		(AREA CODE) TELEPHONE NUMBER	
MAILING ADDRESS			
CITY STATE ZIP CODE			
ACCOUNT NAME		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD

If the committee has more than one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD

OTHER ASSETS

Other than the bank account(s) listed above, does this committee hold any of the following (please X):

- | | |
|--|--|
| <input type="checkbox"/> Investment Institution Money Market Account | <input type="checkbox"/> Bonds |
| <input type="checkbox"/> Certificate of Deposit (C.D.) | <input type="checkbox"/> Stocks |
| <input type="checkbox"/> Mutual Fund Account | <input type="checkbox"/> Real Property |
| <input type="checkbox"/> Other (please specify) _____ | |

For each item checked ("X") above (other than real property), please complete the following information. If real property is held, a Real Property Schedule must be filed as part of the Form R-3. Contact the Commission for a Real Property Schedule and instructions.

1 NAME OF DEPOSITORY OR ISSUER		(AREA CODE) TELEPHONE NUMBER	
MAILING ADDRESS			
CITY STATE ZIP CODE			
ACCOUNT NAME		ACCOUNT NUMBER	
TYPE OF ASSET <input type="checkbox"/> MONEY MARKET <input type="checkbox"/> CD <input type="checkbox"/> MUTUAL FUND <input type="checkbox"/> BONDS <input type="checkbox"/> STOCKS <input type="checkbox"/> OTHER (specify) _____			
VALUE OF ASSET AT PURCHASE IF APPLICABLE		DATE OF MATURITY IF APPLICABLE	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD

ITEMIZED RECEIPTS (Other than Loans) **SCHEDULE A** Page No **1** of **1**

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

CURRENCY
 ALL OTHER MONETARY CONTRIBUTIONS
 IN-KIND CONTRIBUTIONS EXPENDITURES MADE BY OTHERS
 REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS
 DIVIDENDS/ INTEREST

COMMITTEE NAME **REAL TEANECK DEMOCRATS**

ACCOUNT NAME and NUMBER

CONTRIBUTOR NAME RUDOLPH FOR COUNCIL 2008	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 670 Ramapo Road
OCCUPATION candidate committee	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Teaneck, NJ 07666
EMPLOYER NAME n/a		DATE(S) RECEIVED THIS PERIOD 10/17/08
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD 343.22
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE 343.22	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE	

1. SUBTOTAL (Add all receipts listed on this page.)	343.22
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	343.22

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED
 USE A SEPARATE "SCHEDULE B" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME **REAL TEANECK DEMOCRATS**

ACCOUNT NAME and NUMBER

NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)
OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)				AGGREGATE YEAR-TO-DATE
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE

NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)
OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY, STATE AND ZIP CODE)				AGGREGATE YEAR-TO DATE
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE

1. TOTAL NEW LOANS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 9, Column A.)	0
2. TOTAL AMOUNT OF LOANS PLUS INTEREST, THIS PERIOD	0
3. TOTAL LOAN PAYMENTS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 17, Column A.)	0
4. TOTAL OF ALL OUTSTANDING LOANS PLUS INTEREST (Complete this line on the last page used Carry back to Page 10, "Schedule F," Line 1)	0

ITEMIZED OPERATING DISBURSEMENTS

SCHEDULE C

Page No 1 of 1

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED
 USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME REAL TEANECK DEMOCRATS

ACCOUNT NAME and NUMBER

PAYEE OR CREDITOR NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE*	AMOUNT(S) DISBURSED THIS PERIOD	TRANS- ACTION DATE(S)	CHECK NO(S)
* Legislative Leadership Committees - See Instructions concerning permissible uses of funds				
US POSTAL SERVICE	postage	36.58	10/16	1805
VICCARO PRINTING Paramus, NJ	printing	72.76	10/16	1806
MOOSE LODGE Teaneck, NJ	hall rental for Obama rally	100.00	10/27	1807
US POSTAL SERVICE	postage	1050.00	10/31	1809
CHOPSTIX Teaneck, NJ	food for Obama rally	400.00	11/2	1810
1 SUBTOTAL (Add all disbursements listed on this page)	1659.34			
2 TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 14, Column A)	1659.34			

**ITEMIZED EXPENDITURES MADE AND INCURRED
ON BEHALF OF CANDIDATES AND COMMITTEES**

SCHEDULE E

Page No. 1 of 1

**PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
USE A SEPARATE "SCHEDULE E" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE**

NEW JERSEY GUBERNATORIAL
CANDIDATES/COMMITTEES

NEW JERSEY LEGISLATIVE
CANDIDATES/COMMITTEES

ALL OTHER CANDIDATES/COMMITTEES

COMMITTEE NAME: REAL TEANECK DEMOCRATS

ACCOUNT NAME and NUMBER:

PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S)
		INCURRED/NOT PAID	DISBURSED		

ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEES(S)

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S)
		INCURRED/NOT PAID	DISBURSED		

ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEES(S)

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

1. SUBTOTAL (Add all disbursements made to each recipient type listed on this page.)	0	
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used for each recipient type. Carry forward to Page 2, either Line 16a, Line 16b, or Line 16c, Column A.)	0	
3. SUBTOTAL (Add all outstanding obligations incurred/ not paid, listed on this page.)	0	
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/ NOT PAID (Complete this line on the last page used. Carry back to Page 10, "Schedule F," Line 2.)	0	

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
 USE A SEPARATE "SCHEDULE F" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME **REAL TEANECK DEMOCRATS**

ACCOUNT NAME and NUMBER

CREDITOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	OUTSTANDING BEGINNING BAL- ANCE THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENTS THIS PERIOD	OUTSTANDING BALANCE THIS PERIOD
DEBT PURPOSE				

DEBT PURPOSE				

DEBT PURPOSE				

DEBT PURPOSE				

SUMMARY OF DEBTS AND OBLIGATIONS.	
1 TOTAL OUTSTANDING LOANS PLUS INTEREST FROM SCHEDULE B, PAGE 5, LINE 4	0
2 TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID ON BEHALF OF CANDIDATES/COMMITTEES FROM SCHEDULE E, PAGE 9, LINE 4	0
3 TOTAL OUTSTANDING OBLIGATIONS, SCHEDULE F (Complete this line on the last page used)	0
4 TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1, 2 and 3 Carry forward to front page, Line 10)	0

DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Accounts Receivable)	SCHEDULE G	Page No 1 of 1
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PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
USE A SEPARATE "SCHEDULE G" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME REAL TEANECK DEMOCRATS

ACCOUNT NAME and NUMBER

DEBTOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	BALANCE DUE AT BEGINNING OF THIS PERIOD	NEW AMOUNT THIS PERIOD	TOTAL AMOUNT RECEIVED THIS PERIOD	BALANCE DUE AT CLOSE OF THIS PERIOD		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><small>DATE DEBT INCURRED</small></td> <td><small>DEBT DESCRIPTION</small></td> </tr> </table>	<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>				
<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><small>DATE DEBT INCURRED</small></td> <td><small>DEBT DESCRIPTION</small></td> </tr> </table>	<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>				
<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><small>DATE DEBT INCURRED</small></td> <td><small>DEBT DESCRIPTION</small></td> </tr> </table>	<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>				
<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><small>DATE DEBT INCURRED</small></td> <td><small>DEBT DESCRIPTION</small></td> </tr> </table>	<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>				
<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><small>DATE DEBT INCURRED</small></td> <td><small>DEBT DESCRIPTION</small></td> </tr> </table>	<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>				
<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>					
1. SUBTOTAL (Add all debts and obligations owed to committee listed on this page)				0		
2 TOTAL DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Complete this line on the last page used Carry forward to front page, Line 8)				0		

RECEIPTS AND EXPENDITURES QUARTERLY REPORT NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P O Box 185, Trenton, NJ 08625-0185 (609)292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site http://www.elec.state.nj.us/		FOR STATE USE ONLY ELEC RECEIVED APR 13 2009	
COMMITTEE NAME OR APPROVED ACRONYM REAL TEANECK DEMOCRATS			
ADDRESS (number and street) <input type="checkbox"/> CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED PO BOX 3178			
CITY, STATE and ZIP CODE TEANECK, NJ 07666		ELEC IDENTIFICATION NUMBER -V0260 0001 44 Q2008	
COMMITTEE TYPE <input checked="" type="checkbox"/> CPC <input type="checkbox"/> PPC <input type="checkbox"/> LLC	CHECK IF <input type="checkbox"/> AMENDMENT <input type="checkbox"/> FIRST REPORT FILED	REPORT QUARTER <input checked="" type="checkbox"/> APR 15 <input type="checkbox"/> JUL 15 <input type="checkbox"/> OCT 15 <input type="checkbox"/> JAN 15 YEAR 2009	

Do not attempt to complete the "Depository Information" or the "Net Financial Summary" until the appropriate schedules have been completed

DEPOSITORY INFORMATION		COLUMN A	COLUMN B
PERIOD COVERED	FROM	THROUGH	THIS REPORT
	1/1/09	3/31/09	CALENDAR YEAR-TO-DATE
1. CASH ON HAND, JANUARY 1, 2009			4849.07
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD		4849.07	
3. MONETARY RECEIPTS (+)		-	-
4. SUBTOTAL		4849.07	4849.07
5. MONETARY EXPENDITURES (-)		1000.00	1000.00
6. CASH ON HAND, CLOSE OF REPORTING PERIOD		3849.07	3849.07

NET FINANCIAL SUMMARY		
7. CASH ON HAND, CLOSE OF REPORTING PERIOD		3849.07
8. DEBT OWED TO COMMITTEE (+)		-
9. SUBTOTAL		3849.07
10. DEBT OWED BY COMMITTEE (-)		-
11. TOTAL (Net Worth)		3849.07

TREASURER'S 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.		
4/7/09	MARK SCHWARTZ	
DATE	PRINT NAME	SIGNATURE
	641 Cumberland	
	ADDRESS	
	Teaneck, NJ 07666	
		*(AREA CODE) DAY TELEPHONE NUMBER
		*(AREA CODE) EVENING TELEPHONE NUMBER

New Jersey Election Law Enforcement Commission, January, 2005

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

FORM R-3

Do not attempt to complete Tables I and II until the appropriate schedules have been completed.

TABLE I RECEIPTS		COLUMN A	COLUMN B
	MONETARY RECEIPTS	THIS REPORT	CALENDAR YEAR-TO-DATE
1	CONTRIBUTIONS, \$300 OR LESS	-	-
2	CONTRIBUTIONS, MORE THAN \$300	-	-
2a	CURRENCY CONTRIBUTIONS	-	-
3	TOTAL (Add lines 1, 2 and 2a)	0	0
4	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)	-	-
5	SUBTOTAL (Subtract line 4 from line 3)	0	0
	OTHER RECEIPTS		
6	REIMBURSEMENTS/REFUNDS	-	-
7	DIVIDENDS/INTEREST	-	-
8	LOANS RECEIVED BY COMMITTEE, \$300 OR LESS	-	-
9	LOANS RECEIVED BY COMMITTEE MORE THAN \$300 AND ALL CURRENCY LOANS	-	-
10	TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	0	0
11.	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	-
12	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-
13	GROSS RECEIPTS (Add lines 10, 11 and 12)	0	0
	TABLE II EXPENDITURES		
14	OPERATING DISBURSEMENTS	-	
	CONTRIBUTIONS (FROM THIS COMMITTEE) TO		
15a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	-	-
15b	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-	-
15c	ALL OTHER CANDIDATES/COMMITTEES	1000.-	1000.-
	EXPENDITURES MADE ON BEHALF OF		
16a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	-	-
16b	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-	-
16c	ALL OTHER CANDIDATES/COMMITTEES	-	-
17	LOAN PAYMENTS	-	-
18	TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	1000 -	1000 -
19	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	-
20	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-
21	GROSS EXPENDITURES (Add lines 18 through 20)	1000 -	1000.-

DEPOSITORY SUMMARY

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED

COMMITTEE NAME:

REAL TEANECK DEMOCRATS

BANK ACCOUNT INFORMATION

1 NAME OF BANK LAKELAND BANK		(AREA CODE) TELEPHONE NUMBER (201) 836-8300	
MAILING ADDRESS 417 Cedar Lane			
CITY STATE, ZIP CODE Teaneck, NJ 07666			
ACCOUNT NAME REAL TEANECK DEMOCRATS		ACCOUNT NUMBER 625405113	
OPENING BALANCE THIS PERIOD 4849.07	DEPOSITS THIS PERIOD -	DISBURSEMENTS THIS PERIOD 1000.00	CLOSING BALANCE THIS PERIOD 3849.07

If the committee has more than one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD
2 NAME OF BANK		(AREA CODE) TELEPHONE NUMBER	
MAILING ADDRESS			
CITY STATE, ZIP CODE			
ACCOUNT NAME		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD

If the committee has more than one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD

OTHER ASSETS

Other than the bank account(s) listed above, does this committee hold any of the following (please X):

- | | |
|--|--|
| <input type="checkbox"/> Investment Institution Money Market Account | <input type="checkbox"/> Bonds |
| <input type="checkbox"/> Certificate of Deposit (C. D.) | <input type="checkbox"/> Stocks |
| <input type="checkbox"/> Mutual Fund Account | <input type="checkbox"/> Real Property |
| <input type="checkbox"/> Other (please specify) _____ | |

For each item checked ("X") above (other than real property), please complete the following information. If real property is held, a Real Property Schedule must be filed as part of the Form R-3 Contact the Commission for a Real Property Schedule and instructions.

1 NAME OF DEPOSITORY OR ISSUER		(AREA CODE) TELEPHONE NUMBER	
MAILING ADDRESS			
CITY, STATE ZIP CODE			
ACCOUNT NAME		ACCOUNT NUMBER	
TYPE OF ASSET			
<input type="checkbox"/> MONEY MARKET	<input type="checkbox"/> C D	<input type="checkbox"/> MUTUAL FUND	<input type="checkbox"/> BONDS
<input type="checkbox"/> STOCKS	<input type="checkbox"/> OTHER (specify) _____		
VALUE OF ASSET AT PURCHASE IF APPLICABLE		DATE OF MATURITY, IF APPLICABLE	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD

ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A Page No 1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)



CURRENCY



ALL OTHER MONETARY CONTRIBUTIONS



IN KIND CONTRIBUTIONS EXPENDITURES MADE BY OTHERS



REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS



DIVIDENDS/ INTEREST

COMMITTEE NAME REAL TEANECK DEMOCRATS

ACCOUNT NAME and NUMBER

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR TO DATE	

1. SUBTOTAL (Add all receipts listed on this page.)

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

0

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED
 USE A SEPARATE "SCHEDULE B" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME REAL TEANECK DEMOCRATS

ACCOUNT NAME and NUMBER:

NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)
OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY STATE AND ZIP CODE)				AGGREGATE YEAR TO DATE
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY, STATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE

NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)
OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)				AGGREGATE YEAR-TO DATE
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)			AGGREGATE YEAR TO-DATE
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE

1 TOTAL NEW LOANS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 9, Column A)	0
2 TOTAL AMOUNT OF LOANS PLUS INTEREST, THIS PERIOD	0
3 TOTAL LOAN PAYMENTS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 17, Column A)	0
4 TOTAL OF ALL OUTSTANDING LOANS PLUS INTEREST (Complete this line on the last page used. Carry back to Page 10, "Schedule F," Line 1)	0

ADJUSTMENT SCHEDULE**REFUND OF EXCESSIVE CONTRIBUTIONS**

Page No 1 of 1

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED
USE A SEPARATE "ADJUSTMENT SCHEDULE" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME REAL TEANECK DEMOCRATS

ACCOUNT NAME and NUMBER.

**IF A MONETARY CONTRIBUTION IN EXCESS OF THE CONTRIBUTION
LIMIT IS DEPOSITED, PLEASE REPORT THE REFUND OF THE
EXCESS AMOUNT ON THIS ADJUSTMENT SCHEDULE.**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
1 TOTAL REFUND OF EXCESSIVE CONTRIBUTIONS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 4, Column A)			0

**ITEMIZED EXPENDITURES MADE AND INCURRED
ON BEHALF OF CANDIDATES AND COMMITTEES**

SCHEDULE E Page No. 1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
USE A SEPARATE "SCHEDULE E" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE



NEW JERSEY GUBERNATORIAL
CANDIDATES/COMMITTEES



NEW JERSEY LEGISLATIVE
CANDIDATES/COMMITTEES



ALL OTHER CANDIDATES/COMMITTEES

COMMITTEE NAME: REAL TEANECK DEMOCRATS

ACCOUNT NAME and NUMBER:

PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S)
		INCURRED/NOT PAID	DISBURSED		

ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEES(S)

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S)
		INCURRED/NOT PAID	DISBURSED		

ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEES(S)

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

1. SUBTOTAL (Add all disbursements made to each recipient type listed on this page.)	0	
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used for each recipient type. Carry forward to Page 2, either Line 16a, Line 16b, or Line 16c, Column A.)	0	
3. SUBTOTAL (Add all outstanding obligations incurred/not paid, listed on this page.)	0	
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID (Complete this line on the last page used. Carry back to Page 10, "Schedule F," Line 2.)	0	

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
USE A SEPARATE "SCHEDULE F" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME **REAL TEANECK DEMOCRATS**

ACCOUNT NAME and NUMBER.

CREDITOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	OUTSTANDING BEGINNING BAL- ANCE THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENTS THIS PERIOD	OUTSTANDING BALANCE THIS PERIOD
DEBT PURPOSE				

DEBT PURPOSE				

DEBT PURPOSE				

DEBT PURPOSE				

SUMMARY OF DEBTS AND OBLIGATIONS:	
1 TOTAL OUTSTANDING LOANS PLUS INTEREST FROM SCHEDULE B, PAGE 5, LINE 4	0
2 TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID ON BEHALF OF CANDIDATES/COMMITTEES FROM SCHEDULE E, PAGE 9, LINE 4	0
3 TOTAL OUTSTANDING OBLIGATIONS, SCHEDULE F (Complete this line on the last page used)	0
4 TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1, 2 and 3 Carry forward to front page, Line 10)	0

DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Accounts Receivable)	SCHEDULE G	Page No 1 of 1
--	------------	----------------

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
USE A SEPARATE "SCHEDULE G" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME: REAL TEANECK DEMOCRATS

ACCOUNT NAME and NUMBER:

DEBTOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	BALANCE DUE AT BEGINNING OF THIS PERIOD	NEW AMOUNT THIS PERIOD	TOTAL AMOUNT RECEIVED THIS PERIOD	BALANCE DUE AT CLOSE OF THIS PERIOD				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">DATE DEBT INCURRED</td> <td style="font-size: small;">DEBT DESCRIPTION</td> </tr> <tr> <td style="height: 40px;"> </td> <td> </td> </tr> </table>	DATE DEBT INCURRED	DEBT DESCRIPTION						
DATE DEBT INCURRED	DEBT DESCRIPTION							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">DATE DEBT INCURRED</td> <td style="font-size: small;">DEBT DESCRIPTION</td> </tr> <tr> <td style="height: 40px;"> </td> <td> </td> </tr> </table>	DATE DEBT INCURRED	DEBT DESCRIPTION						
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DATE DEBT INCURRED	DEBT DESCRIPTION							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">DATE DEBT INCURRED</td> <td style="font-size: small;">DEBT DESCRIPTION</td> </tr> <tr> <td style="height: 40px;"> </td> <td> </td> </tr> </table>	DATE DEBT INCURRED	DEBT DESCRIPTION						
DATE DEBT INCURRED	DEBT DESCRIPTION							
1 SUBTOTAL (Add all debts and obligations owed to committee listed on this page)				0				
2 TOTAL DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Complete this line on the last page used Carry forward to front page, Line 8)				0				

RECEIPTS AND EXPENDITURES QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
 P O Box 185, Trenton, NJ 08625-0185
 (609)292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
 Web site <http://www.elec.state.nj.us/>

FOR STATE USE ONLY

ELEC RECEIVED

JUL 17 2009

COMMITTEE NAME OR APPROVED ACRONYM

REAL TEANECK DEMOCRATS

ADDRESS (number and street) CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED

PO BOX 3178

CITY, STATE and ZIP CODE

TEANECK, NJ 07666

ELEC IDENTIFICATION NUMBER

V0260 0001 44 Q2008

COMMITTEE TYPE

CPC PPC LLC

CHECK IF

AMENDMENT
 FIRST REPORT FILED

REPORT QUARTER

APR 15 JUL 15 OCT 15 JAN 15
 YEAR 2009

Do not attempt to complete the "Depository Information" or the "Net Financial Summary" until the appropriate schedules have been completed

DEPOSITORY INFORMATION		COLUMN A	COLUMN B
PERIOD COVERED	FROM <u>4/1/09</u> THROUGH <u>6/30/09</u>	THIS REPORT	CALENDAR YEAR-TO-DATE
1. CASH ON HAND, JANUARY 1, <u>2009</u>			4849 07
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD		3849 07	
3. MONETARY RECEIPTS (+)		-	-
4. SUBTOTAL		3849.07	4849.07
5. MONETARY EXPENDITURES (-)		250.-	1250.-
6. CASH ON HAND, CLOSE OF REPORTING PERIOD		3599 07	3599 07

NET FINANCIAL SUMMARY		
7. CASH ON HAND, CLOSE OF REPORTING PERIOD		3599 07
8. DEBT OWED TO COMMITTEE (+)		-
9. SUBTOTAL		3599 07
10. DEBT OWED BY COMMITTEE (-)		-
11. TOTAL (Net Worth)		3599 07

TREASURER'S 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.

7/13/09

MARK SCHWARTZ

DATE

PRINT NAME



NATURE

641 Cumberland

ADDRESS

*(AREA CODE) DAY TELEPHONE NUMBER

Teaneck, NJ 07666

*(AREA CODE) EVENING TELEPHONE NUMBER

Do not attempt to complete Tables I and II until the appropriate schedules have been completed.

TABLE I RECEIPTS		COLUMN A	COLUMN B
	MONETARY RECEIPTS	THIS REPORT	CALENDAR YEAR-TO-DATE
1	CONTRIBUTIONS, \$300 OR LESS	-	-
2	CONTRIBUTIONS, MORE THAN \$300	-	-
2a	CURRENCY CONTRIBUTIONS	-	-
3	TOTAL (Add lines 1, 2 and 2a)	0	0
4	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)	-	-
5	SUBTOTAL (Subtract line 4 from line 3)	0	0
	OTHER RECEIPTS		
6	REIMBURSEMENTS/REFUNDS	-	-
7	DIVIDENDS/INTEREST	-	-
8	LOANS RECEIVED BY COMMITTEE, \$300 OR LESS	-	-
9	LOANS RECEIVED BY COMMITTEE MORE THAN \$300 AND ALL CURRENCY LOANS	-	-
10	TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	0	0
11	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	-
12	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-
13	GROSS RECEIPTS (Add lines 10, 11 and 12)	0	0
	TABLE II EXPENDITURES		
14	OPERATING DISBURSEMENTS	-	
	CONTRIBUTIONS (FROM THIS COMMITTEE) TO		
15a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	-	-
15b	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-	-
15c	ALL OTHER CANDIDATES/COMMITTEES	250.-	1250.-
	EXPENDITURES MADE ON BEHALF OF		
16a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	-	-
16b	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-	-
16c	ALL OTHER CANDIDATES/COMMITTEES	-	-
17	LOAN PAYMENTS	-	-
18	TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	250.-	1250.-
19	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	-
20	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-
21	GROSS EXPENDITURES (Add lines 18 through 20)	250.-	1250.-

DEPOSITORY SUMMARY

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED

COMMITTEE NAME: REAL TEANECK DEMOCRATS

BANK ACCOUNT INFORMATION

1 NAME OF BANK: LAKELAND BANK (AREA CODE) TELEPHONE NUMBER: (201) 836-8300

MAILING ADDRESS: 417 Cedar Lane

CITY, STATE, ZIP CODE: Teaneck, NJ 07666

ACCOUNT NAME: REAL TEANECK DEMOCRATS ACCOUNT NUMBER: 625405113

OPENING BALANCE THIS PERIOD <u>3849.07</u>	DEPOSITS THIS PERIOD <u>-</u>	DISBURSEMENTS THIS PERIOD <u>250.-</u>	CLOSING BALANCE THIS PERIOD <u>3599.07</u>
---	----------------------------------	---	---

If the committee has more than one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME: _____ ACCOUNT NUMBER: _____

OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD
-----------------------------	----------------------	---------------------------	-----------------------------

2 NAME OF BANK: _____ (AREA CODE) TELEPHONE NUMBER: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ACCOUNT NAME: _____ ACCOUNT NUMBER: _____

OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD
-----------------------------	----------------------	---------------------------	-----------------------------

If the committee has more than one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME: _____ ACCOUNT NUMBER: _____

OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD
-----------------------------	----------------------	---------------------------	-----------------------------

OTHER ASSETS

Other than the bank account(s) listed above, does this committee hold any of the following (please X):

- | | |
|--|--|
| <input type="checkbox"/> Investment Institution Money Market Account | <input type="checkbox"/> Bonds |
| <input type="checkbox"/> Certificate of Deposit (C.D.) | <input type="checkbox"/> Stocks |
| <input type="checkbox"/> Mutual Fund Account | <input type="checkbox"/> Real Property |
| <input type="checkbox"/> Other (please specify) _____ | |

For each item checked ("X") above (other than real property), please complete the following information. If real property is held, a Real Property Schedule must be filed as part of the Form R-3. Contact the Commission for a Real Property Schedule and instructions.

1 NAME OF DEPOSITORY OR ISSUER: _____ (AREA CODE) TELEPHONE NUMBER: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ACCOUNT NAME: _____ ACCOUNT NUMBER: _____

TYPE OF ASSET: MONEY MARKET C D MUTUAL FUND BONDS STOCKS OTHER (specify) _____

VALUE OF ASSET AT PURCHASE IF APPLICABLE: _____ DATE OF MATURITY IF APPLICABLE: _____

OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD
-----------------------------	----------------------	---------------------------	-----------------------------

ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A Page No **1** of **1**

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)



CURRENCY



ALL OTHER MONETARY CONTRIBUTIONS



IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS



REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS



DIVIDENDS/ INTEREST

COMMITTEE NAME **REAL TEANECK DEMOCRATS**

ACCOUNT NAME and NUMBER

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR TO DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO DATE	

1. SUBTOTAL (Add all receipts listed on this page.)

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

0

LOANS RECEIVED

SCHEDULE B

Page No 1 of 1

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED
 USE A SEPARATE "SCHEDULE B" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME **REAL TEANECK DEMOCRATS**

ACCOUNT NAME and NUMBER

NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
	PAYMENTS THIS PERIOD		AMOUNT	CHECK NO(S)
OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)				AGGREGATE YEAR-TO DATE
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)			AGGREGATE YEAR TO DATE
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY STATE AND ZIP CODE)			AGGREGATE YEAR TO DATE

NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
	PAYMENTS THIS PERIOD		AMOUNT	CHECK NO(S)
OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)				AGGREGATE YEAR TO DATE
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)			AGGREGATE YEAR TO DATE
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)			AGGREGATE YEAR TO DATE

1	TOTAL NEW LOANS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 9, Column A)	0
2	TOTAL AMOUNT OF LOANS PLUS INTEREST, THIS PERIOD	0
3	TOTAL LOAN PAYMENTS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 17, Column A)	0
4	TOTAL OF ALL OUTSTANDING LOANS PLUS INTEREST (Complete this line on the last page used Carry back to Page 10, "Schedule F," Line 1)	0

**ITEMIZED EXPENDITURES MADE AND INCURRED
ON BEHALF OF CANDIDATES AND COMMITTEES**

SCHEDULE E Page No 1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
USE A SEPARATE "SCHEDULE E" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE



NEW JERSEY GUBERNATORIAL
CANDIDATES/COMMITTEES



NEW JERSEY LEGISLATIVE
CANDIDATES/COMMITTEES



ALL OTHER CANDIDATES/COMMITTEES

COMMITTEE NAME: REAL TEANECK DEMOCRATS

ACCOUNT NAME and NUMBER:

PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S)
		INCURRED/NOT PAID	DISBURSED		

ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEES(S)

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S)
		INCURRED/NOT PAID	DISBURSED		

ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEES(S)

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

1. SUBTOTAL (Add all disbursements made to each recipient type listed on this page.)	0	
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used for each recipient type. Carry forward to Page 2, either Line 16a, Line 16b, or Line 16c, Column A.)	0	
3. SUBTOTAL (Add all outstanding obligations incurred/ not paid, listed on this page)	0	
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/ NOT PAID (Complete this line on the last page used Carry back to Page 10, "Schedule F," Line 2)	0	

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
 USE A SEPARATE "SCHEDULE F" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME REAL TEANECK DEMOCRATS

ACCOUNT NAME and NUMBER

CREDITOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	OUTSTANDING BEGINNING BAL- ANCE THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENTS THIS PERIOD	OUTSTANDING BALANCE THIS PERIOD
DEBT PURPOSE				

DEBT PURPOSE				
--------------	--	--	--	--

DEBT PURPOSE				
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DEBT PURPOSE				
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SUMMARY OF DEBTS AND OBLIGATIONS		
1	TOTAL OUTSTANDING LOANS PLUS INTEREST FROM SCHEDULE B, PAGE 5, LINE 4	0
2	TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID ON BEHALF OF CANDIDATES/COMMITTEES FROM SCHEDULE E, PAGE 9, LINE 4	0
3	TOTAL OUTSTANDING OBLIGATIONS, SCHEDULE F (Complete this line on the last page used)	0
4	TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1, 2 and 3 Carry forward to front page, Line 10)	0

DEBTS AND OBLIGATIONS OWED TO COMMITTEE
(Accounts Receivable)

SCHEDULE G

Page No 1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
 USE A SEPARATE "SCHEDULE G" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME **REAL TEANECK DEMOCRATS**

ACCOUNT NAME and NUMBER

DEBTOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)		BALANCE DUE AT BEGINNING OF THIS PERIOD	NEW AMOUNT THIS PERIOD	TOTAL AMOUNT RECEIVED THIS PERIOD	BALANCE DUE AT CLOSE OF THIS PERIOD
DATE DEBT INCURRED	DEBT DESCRIPTION				
DATE DEBT INCURRED	DEBT DESCRIPTION				
DATE DEBT INCURRED	DEBT DESCRIPTION				
DATE DEBT INCURRED	DEBT DESCRIPTION				
1 SUBTOTAL (Add all debts and obligations owed to committee listed on this page)					0
2 TOTAL DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Complete this line on the last page used Carry forward to front page, Line 8)					0

RECEIPTS AND EXPENDITURES QUARTERLY REPORT NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P O Box 185, Trenton, NJ 08625-0185 (609)292-8700 or Toll Free Wahun NJ 1-888-313-ELEC (3532) Web site http://www.elec.state.nj.us/		FOR STATE USE ONLY FIEC RECEIVED OCT 16 2009
COMMITTEE NAME OR APPROVED ACRONYM REAL TEANECK DEMOCRATS		
ADDRESS (number and street) <input type="checkbox"/> CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED PO BOX 3178		
CITY, STATE and ZIP CODE TEANECK, NJ 07666		ELEC IDENTIFICATION NUMBER V0260 0001 44 Q2008
COMMITTEE TYPE <input checked="" type="checkbox"/> CPC <input type="checkbox"/> PPC <input type="checkbox"/> LLC	CHECK IF <input type="checkbox"/> AMENDMENT <input type="checkbox"/> FIRST REPORT FILED	REPORT QUARTER <input type="checkbox"/> APR 15 <input type="checkbox"/> JUL 15 <input checked="" type="checkbox"/> OCT 15 <input type="checkbox"/> JAN 15 YEAR <u>2009</u>

Do not attempt to complete the "Depository Information" or the "Net Financial Summary" until the appropriate schedules have been completed

DEPOSITORY INFORMATION		COLUMN A	COLUMN B
PERIOD COVERED	FROM <u>7/1/09</u> THROUGH <u>9/30/09</u>	THIS REPORT	CALENDAR YEAR-TO-DATE
1. CASH ON HAND, JANUARY 1, <u>2009</u>			4849.07
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD		3599.07	
3. MONETARY RECEIPTS (+)		-	-
4. SUBTOTAL		3599.07	4849.07
5. MONETARY EXPENDITURES (-)		250.-	1500.-
6. CASH ON HAND, CLOSE OF REPORTING PERIOD		3349.07	3349.07

NET FINANCIAL SUMMARY		
7. CASH ON HAND, CLOSE OF REPORTING PERIOD		3349.07
8. DEBT OWED TO COMMITTEE (+)		-
9. SUBTOTAL		3349.07
10. DEBT OWED BY COMMITTEE (-)		-
11. TOTAL (Net Worth)		3349.07

TREASURER'S 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.		
<u>10/14/09</u>	<u>MARK SCHWARTZ</u>	<u>[Signature]</u>
DATE	PRINT NAME	SIGNATURE
	<u>641 Cumberland</u>	
	ADDRESS	
	<u>Teaneck, NJ 07666</u>	
		*(AREA CODE) DAY TELEPHONE NUMBER
		*(AREA CODE) EVENING TELEPHONE NUMBER

Do not attempt to complete Tables I and II until the appropriate schedules have been completed.

TABLE I RECEIPTS		COLUMN A	COLUMN B
	MONETARY RECEIPTS	THIS REPORT	CALENDAR YEAR-TO-DATE
1	CONTRIBUTIONS, \$300 OR LESS	/	/
2	CONTRIBUTIONS, MORE THAN \$300	/	/
2a	CURRENCY CONTRIBUTIONS	/	/
3	TOTAL (Add lines 1, 2 and 2a)	0	0
4	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)	/	/
5	SUBTOTAL (Subtract line 4 from line 3)	0	0
OTHER RECEIPTS			
6	REIMBURSEMENTS/REFUNDS	/	/
7	DIVIDENDS/INTEREST	/	/
8	LOANS RECEIVED BY COMMITTEE, \$300 OR LESS	/	/
9	LOANS RECEIVED BY COMMITTEE MORE THAN \$300 AND ALL CURRENCY LOANS	/	/
10	TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	0	0
11	IN-KIND CONTRIBUTIONS, \$300 OR LESS	/	/
12	IN-KIND CONTRIBUTIONS, MORE THAN \$300	/	/
13	GROSS RECEIPTS (Add lines 10, 11 and 12)	0	0
TABLE II EXPENDITURES			
14	OPERATING DISBURSEMENTS	/	/
CONTRIBUTIONS (FROM THIS COMMITTEE) TO			
15a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	/	/
15b	NJ LEGISLATIVE CANDIDATES/COMMITTEES	/	/
15c	ALL OTHER CANDIDATES/COMMITTEES	250.-	1500.-
EXPENDITURES MADE ON BEHALF OF			
16a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	/	/
16b	NJ LEGISLATIVE CANDIDATES/COMMITTEES	/	/
16c	ALL OTHER CANDIDATES/COMMITTEES	/	/
17	LOAN PAYMENTS	/	/
18	TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	250.-	1500.-
19	IN-KIND CONTRIBUTIONS, \$300 OR LESS	/	/
20	IN-KIND CONTRIBUTIONS, MORE THAN \$300	/	/
21	GROSS EXPENDITURES (Add lines 18 through 20)	250.-	1500.-

DEPOSITORY SUMMARY

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED

COMMITTEE NAME: **REAL TEANECK DEMOCRATS**

BANK ACCOUNT INFORMATION

1 NAME OF BANK LAKELAND BANK		(AREA CODE) TELEPHONE NUMBER (201) 836-8300	
MAILING ADDRESS 417 Cedar Lane			
CITY STATE ZIP CODE Teaneck, NJ 07666			
ACCOUNT NAME REAL TEANECK DEMOCRATS		ACCOUNT NUMBER 625405113	
OPENING BALANCE THIS PERIOD 3599.07	DEPOSITS THIS PERIOD -	DISBURSEMENTS THIS PERIOD 250.-	CLOSING BALANCE THIS PERIOD 3349.07

If the committee has more than one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD
2 NAME OF BANK		(AREA CODE) TELEPHONE NUMBER	
MAILING ADDRESS			
CITY, STATE ZIP CODE			
ACCOUNT NAME		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD

If the committee has more than one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD

OTHER ASSETS

Other than the bank account(s) listed above, does this committee hold any of the following (please X).

- | | |
|--|--|
| <input type="checkbox"/> Investment Institution Money Market Account | <input type="checkbox"/> Bonds |
| <input type="checkbox"/> Certificate of Deposit (C.D.) | <input type="checkbox"/> Stocks |
| <input type="checkbox"/> Mutual Fund Account | <input type="checkbox"/> Real Property |
| <input type="checkbox"/> Other (please specify) _____ | |

For each item checked ("X") above (other than real property), please complete the following information. If real property is held, a Real Property Schedule must be filed as part of the Form R-3. Contact the Commission for a Real Property Schedule and instructions.

1 NAME OF DEPOSITORY OR ISSUER		(AREA CODE) TELEPHONE NUMBER	
MAILING ADDRESS			
CITY STATE ZIP CODE			
ACCOUNT NAME		ACCOUNT NUMBER	
TYPE OF ASSET <input type="checkbox"/> MONEY MARKET <input type="checkbox"/> C D <input type="checkbox"/> MUTUAL FUND <input type="checkbox"/> BONDS <input type="checkbox"/> STOCKS <input type="checkbox"/> OTHER (specify) _____			
VALUE OF ASSET AT PURCHASE IF APPLICABLE		DATE OF MATURITY, IF APPLICABLE	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD

ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A Page No 1 of 1

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

- CURRENCY
 ALL OTHER MONETARY CONTRIBUTIONS
 IN KIND CONTRIBUTIONS EXPENDITURES MADE BY OTHERS
 REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS
 DIVIDENDS/ INTEREST

COMMITTEE NAME **REAL TEANECK DEMOCRATS**

ACCOUNT NAME and NUMBER

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (if In-kind)		AGGREGATE YEAR-TO DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (if In-kind)		AGGREGATE YEAR-TO DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (if In-kind)		AGGREGATE YEAR-TO DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (if In-kind)		AGGREGATE YEAR-TO DATE	

1. SUBTOTAL (Add all receipts listed on this page.)

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.) 0

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED
 USE A SEPARATE "SCHEDULE B" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME **REAL TEANECK DEMOCRATS**

ACCOUNT NAME and NUMBER:

NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)

OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
------------	-------	---------------	----------	----------------------

EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)	AGGREGATE YEAR-TO DATE
--	------------------------

1) NAME AND ADDRESS OF GUARANTOR	AMOUNT OUTSTANDING
----------------------------------	--------------------

OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)	AGGREGATE YEAR-TO DATE
------------	--	------------------------

2) NAME AND ADDRESS OF GUARANTOR	AMOUNT OUTSTANDING
----------------------------------	--------------------

OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)	AGGREGATE YEAR TO DATE
------------	--	------------------------

NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)

OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
------------	-------	---------------	----------	----------------------

EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)	AGGREGATE YEAR TO DATE
--	------------------------

1) NAME AND ADDRESS OF GUARANTOR	AMOUNT OUTSTANDING
----------------------------------	--------------------

OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE
------------	--	------------------------

2) NAME AND ADDRESS OF GUARANTOR	AMOUNT OUTSTANDING
----------------------------------	--------------------

OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)	AGGREGATE YEAR-TO DATE
------------	--	------------------------

1 TOTAL NEW LOANS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 9, Column A)	0
2. TOTAL AMOUNT OF LOANS PLUS INTEREST, THIS PERIOD	0
3 TOTAL LOAN PAYMENTS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 17, Column A)	0
4 TOTAL OF ALL OUTSTANDING LOANS PLUS INTEREST (Complete this line on the last page used Carry back to Page 10, "Schedule F," Line 1)	0

ITEMIZED OPERATING DISBURSEMENTS

SCHEDULE C

Page No **1** of **1**

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED
 USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME **REAL TEANECK DEMOCRATS**

ACCOUNT NAME and NUMBER

PAYEE OR CREDITOR NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE*	AMOUNT(S) DISBURSED THIS PERIOD	TRANS- ACTION DATE(S)	CHECK NO(S).
* Legislative Leadership Committees - See Instructions concerning permissible uses of funds				
1 SUBTOTAL (Add all disbursements listed on this page)		0		
2 TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 14, Column A)		0		

**ITEMIZED EXPENDITURES MADE AND INCURRED
ON BEHALF OF CANDIDATES AND COMMITTEES**

SCHEDULE E Page No 1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
USE A SEPARATE "SCHEDULE B" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE



NEW JERSEY GUBERNATORIAL
CANDIDATES/COMMITTEES



NEW JERSEY LEGISLATIVE
CANDIDATES/COMMITTEES



ALL OTHER CANDIDATES/COMMITTEES

COMMITTEE NAME: REAL TEANECK DEMOCRATS

ACCOUNT NAME and NUMBER:

PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S)
		INCURRED/NOT PAID	DISBURSED		

ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEES(S)

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S)
		INCURRED/NOT PAID	DISBURSED		

ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEES(S)

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

1. SUBTOTAL (Add all disbursements made to each recipient type listed on this page.)	0	
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used for each recipient type . Carry for ward to Page 2, either Line 16a, Line 16b, or Line 16c, Column A)	0	
3. SUBTOTAL (Add all outstanding obligations incurred/ not paid, listed on this page.)	0	
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/ NOT PAID (Complete this line on the last page used Carry back to Page 10, "Schedule F," Line 2)	0	

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
 USE A SEPARATE "SCHEDULE F" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME **REAL TEANECK DEMOCRATS**

ACCOUNT NAME and NUMBER

CREDITOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	OUTSTANDING BEGINNING BAL- ANCE THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENTS THIS PERIOD	OUTSTANDING BALANCE THIS PERIOD
DEBT PURPOSE				

SUMMARY OF DEBTS AND OBLIGATIONS	
1 TOTAL OUTSTANDING LOANS PLUS INTEREST FROM SCHEDULE B, PAGE 5, LINE 4	0
2 TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID ON BEHALF OF CANDIDATES/COMMITTEES FROM SCHEDULE E, PAGE 9, LINE 4	0
3 TOTAL OUTSTANDING OBLIGATIONS, SCHEDULE F (Complete this line on the last page used)	0
4 TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1, 2 and 3 Carry forward to front page, Line 10)	0

DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Accounts Receivable)	SCHEDULE G	Page No 1 of 1
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PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
USE A SEPARATE "SCHEDULE G" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME **REAL TEANECK DEMOCRATS**

ACCOUNT NAME and NUMBER

DEBTOR NAME AND ADDRESS <small>(Number, Street, City, State and Zip Code)</small>	BALANCE DUE AT BEGINNING OF THIS PERIOD	NEW AMOUNT THIS PERIOD	TOTAL AMOUNT RECEIVED THIS PERIOD	BALANCE DUE AT CLOSE OF THIS PERIOD		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><small>DATE DEBT INCURRED</small></td> <td><small>DEBT DESCRIPTION</small></td> </tr> </table>	<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>				
<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><small>DATE DEBT INCURRED</small></td> <td><small>DEBT DESCRIPTION</small></td> </tr> </table>	<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>				
<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><small>DATE DEBT INCURRED</small></td> <td><small>DEBT DESCRIPTION</small></td> </tr> </table>	<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>				
<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><small>DATE DEBT INCURRED</small></td> <td><small>DEBT DESCRIPTION</small></td> </tr> </table>	<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>				
<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><small>DATE DEBT INCURRED</small></td> <td><small>DEBT DESCRIPTION</small></td> </tr> </table>	<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>				
<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>					
1 SUBTOTAL (Add all debts and obligations owed to committee listed on this page)				0		
2 TOTAL DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Complete this line on the last page used Carry forward to front page, Line 8)				0		

RECEIPTS AND EXPENDITURES QUARTERLY REPORT		FOR STATE USE ONLY
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P O Box 185, Trenton, NJ 08625-0185 (609)292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site http://www.elec.state.nj.us/		
COMMITTEE NAME OR APPROVED ACRONYM REAL TEANECK DEMOCRATS		
ADDRESS (number and street) <input type="checkbox"/> CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED PO BOX 3178		
CITY, STATE and ZIP CODE TEANECK, NJ 07666		ELEC RECEIVED JAN 20 2010
COMMITTEE TYPE <input checked="" type="checkbox"/> CPC <input type="checkbox"/> PPC <input type="checkbox"/> LLC		ELEC IDENTIFICATION NUMBER V0260 0001 44 Q2008
CHECK IF <input type="checkbox"/> AMENDMENT <input type="checkbox"/> FIRST REPORT FILED		REPORT QUARTER <input type="checkbox"/> APR 15 <input type="checkbox"/> JUL 15 <input type="checkbox"/> OCT 15 <input checked="" type="checkbox"/> JAN 15 YEAR 2010

Do not attempt to complete the "Depository Information" or the "Net Financial Summary" until the appropriate schedules have been completed

DEPOSITORY INFORMATION		COLUMN A	COLUMN B
PERIOD COVERED	FROM	THIS REPORT	CALENDAR YEAR-TO-DATE
	10/1/09		
	THROUGH		
	12/31/09		
1. CASH ON HAND, JANUARY 1, <u>2009</u>			4849.07
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD		3349.07	
3. MONETARY RECEIPTS (+)		684.22	684.22
4. SUBTOTAL		4033.29	5533.29
5. MONETARY EXPENDITURES (-)		250.-	1750.-
6. CASH ON HAND, CLOSE OF REPORTING PERIOD		3783.29	3783.29

NET FINANCIAL SUMMARY		
7. CASH ON HAND, CLOSE OF REPORTING PERIOD		3783.29
8. DEBT OWED TO COMMITTEE (+)		-
9. SUBTOTAL		3783.29
10. DEBT OWED BY COMMITTEE (-)		-
11. TOTAL (Net Worth)		3783.29

TREASURER'S 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.	
1/13/10	MARK SCHWARTZ
DATE	PRINT NAME
	641 Cumberland
	ADDRESS
	Teaneck, NJ 07666
	*(AREA CODE) DAY TELEPHONE NUMBER
	*(AREA CODE) EVENING TELEPHONE NUMBER

REAL FEARNECK DEMS.
10/1 - 12/31/09

Do not attempt to complete Tables I and II until the appropriate schedules have been completed.

TABLE I RECEIPTS		COLUMN A	COLUMN B
	MONETARY RECEIPTS	THIS REPORT	CALENDAR YEAR-TO-DATE
1	CONTRIBUTIONS, \$300 OR LESS		
2	CONTRIBUTIONS, MORE THAN \$300	684.22	684.22
2a	CURRENCY CONTRIBUTIONS		
3	TOTAL (Add lines 1, 2 and 2a)	684.22	684.22
4	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)		
5	SUBTOTAL (Subtract line 4 from line 3)	684.22	684.22
OTHER RECEIPTS			
6	REIMBURSEMENTS/REFUNDS		
7	DIVIDENDS/INTEREST		
8	LOANS RECEIVED BY COMMITTEE, \$300 OR LESS		
9	LOANS RECEIVED BY COMMITTEE MORE THAN \$300 AND ALL CURRENCY LOANS		
10	TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	684.22	684.22
11	IN-KIND CONTRIBUTIONS, \$300 OR LESS		
12	IN-KIND CONTRIBUTIONS, MORE THAN \$300		
13	GROSS RECEIPTS (Add lines 10, 11 and 12)	684.22	684.22
TABLE II EXPENDITURES			
14	OPERATING DISBURSEMENTS		
CONTRIBUTIONS (FROM THIS COMMITTEE) TO			
15a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES		
15b	NJ LEGISLATIVE CANDIDATES/COMMITTEES		
15c	ALL OTHER CANDIDATES/COMMITTEES	250.-	1750.-
EXPENDITURES MADE ON BEHALF OF			
16a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES		
16b	NJ LEGISLATIVE CANDIDATES/COMMITTEES		
16c	ALL OTHER CANDIDATES/COMMITTEES		
17	LOAN PAYMENTS		
18	TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	250.-	1750.-
19	IN-KIND CONTRIBUTIONS, \$300 OR LESS		
20	IN-KIND CONTRIBUTIONS, MORE THAN \$300		
21	GROSS EXPENDITURES (Add lines 18 through 20)	250.-	1750.-

DEPOSITORY SUMMARY

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED

COMMITTEE NAME: REAL TEANECK DEMS

BANK ACCOUNT INFORMATION

1 NAME OF BANK LAKELAND BANK		(AREA CODE) TELEPHONE NUMBER (201) 836-8300	
MAILING ADDRESS 417 Cedar Lane			
CITY STATE ZIP CODE Teaneck, NJ 07666			
ACCOUNT NAME REAL TEANECK DEMOCRATS		ACCOUNT NUMBER 625405113	
OPENING BALANCE THIS PERIOD 3349.07	DEPOSITS THIS PERIOD 684.72	DISBURSEMENTS THIS PERIOD 250.-	CLOSING BALANCE THIS PERIOD 3783.29

If the committee has more than one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD
2 NAME OF BANK		(AREA CODE) TELEPHONE NUMBER	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
ACCOUNT NAME		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD

If the committee has more than one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD

OTHER ASSETS

Other than the bank account(s) listed above, does this committee hold any of the following (please X):

- | | |
|--|--|
| <input type="checkbox"/> Investment Institution Money Market Account | <input type="checkbox"/> Bonds |
| <input type="checkbox"/> Certificate of Deposit (C.D.) | <input type="checkbox"/> Stocks |
| <input type="checkbox"/> Mutual Fund Account | <input type="checkbox"/> Real Property |
| <input type="checkbox"/> Other (please specify) _____ | |

For each item checked ("X") above (other than real property), please complete the following information. If real property is held, a Real Property Schedule must be filed as part of the Form R-3 - Contact the Commission for a Real Property Schedule and instructions.

1 NAME OF DEPOSITORY OR ISSUER		(AREA CODE) TELEPHONE NUMBER	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
ACCOUNT NAME		ACCOUNT NUMBER	
TYPE OF ASSET			
<input type="checkbox"/> MONEY MARKET	<input type="checkbox"/> C D	<input checked="" type="checkbox"/> MUTUAL FUND	<input type="checkbox"/> BONDS
<input type="checkbox"/> STOCKS	<input type="checkbox"/> OTHER (specify) _____		
VALUE OF ASSET AT PURCHASE IF APPLICABLE		DATE OF MATURITY, IF APPLICABLE	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD

ITEMIZED RECEIPTS (Other than Loans)

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

<input type="checkbox"/> CURRENCY	<input checked="" type="checkbox"/> ALL OTHER MONETARY CONTRIBUTIONS	<input type="checkbox"/> IN-KIND CONTRIBUTIONS EXPENDITURES MADE BY OTHERS	<input type="checkbox"/> REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS	<input type="checkbox"/> DIVIDENDS/ INTEREST
-----------------------------------	--	--	---	--

COMMITTEE NAME REAL TEANECK DEMOCRATS

ACCOUNT NAME and NUMBER

CONTRIBUTOR NAME BURACK FOR TEANECK	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 543 HAITLAND AVE
OCCUPATION CANDIDATE COMMITTEE	STATE USE ONLY	(CITY, STATE AND ZIP CODE) TEANECK NJ 07666
EMPLOYER NAME N/A		DATE(S) RECEIVED THIS PERIOD 10/13/09
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD 684.22
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if In-kind)	AGGREGATE YEAR-TO-DATE 684.22	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if In-kind)	AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if In-kind)	AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if In-kind)	AGGREGATE YEAR-TO-DATE	

1 SUBTOTAL (Add all receipts listed on this page.) 684.22

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.) 684.22



COMMITTEE - SWORN STATEMENT

To be used only by a continuing political committee, political party committee, or a legislative leadership committee
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)
Website www.elec.state.nj.us

FORM A-3
FOR STATE USE ONLY

ELEC RECEIVED
FEB 24 2010

PLEASE TYPE OR PRINT

Full Committee Name, Address (Number & Street, City, State, Zip Code)

REAL TEANECK DEMOCRATS
PO BOX 3178
TEANECK, NJ 07666

Calendar Year Period
Jan 1st to Dec 31st, 2010

First Report Filed?
[X] Yes [] No

Committee Type (CHECK ONE) [X] Continuing Political [] Political Party [] Legislative Leadership

ELEC Identification Number

V0260000144Q2010

[] "X" if address is different from address previously reported

Amendment?
[] Yes [X] No

Committee Chairperson and Treasurer Certification

I, the undersigned, do hereby certify as follows:

The total amount to be expended by this committee shall be zero, or shall not, in the aggregate, exceed \$4,900 during the calendar year period indicated above. I have read the additional filing information on this form. I certify that my statements on this document are true. I am aware that if any of the statements are willfully false, I may be subject to punishment.

2/22/10

[Signature]

DATE

COMMITTEE CHAIRPERSON SIGNATURE

Emil Stern

*DAY TELEPHONE

PRINT COMMITTEE CHAIRPERSON'S NAME

309 Edgewood

*EVENING TELEPHONE

ADDRESS
Teaneck NJ 07666

CITY STATE ZIP

2/22/10

DATE

COMMITTEE TREASURER SIGNATURE

Mark Schwartz

*DAY TELEPHONE

PRINT COMMITTEE TREASURER'S NAME

641 Cumberland

*EVENING TELEPHONE

ADDRESS
Teaneck NJ 07666

CITY STATE ZIP

Additional Filing Information

In the event the total expended by this committee, in the aggregate, exceeds \$4,900 at any point in the calendar year, this committee is required to file a "Receipts and Expenditures Quarterly Report," Form R-3, on each subsequent quarterly filing date. The first of such reports shall include all activity dating back to January 1st of the current calendar year. The filing dates are April 15, July 15, October 15, and January 15.

If contributions from any one source during the calendar year aggregate more than \$300, or the committee receives currency (cash) contributions in any amount, the committee is required to report the contributions to the Commission on "Supplemental Contributor Information," Form C-3, on the next quarterly reporting date. Note that currency (cash) contributions cannot be accepted in excess of \$200.

If the committee receives a contribution in excess of \$1,200 in the aggregate from any one source during the period between the closing date of the last quarterly report through the date of an election in which the committee is contributing or otherwise participating, the committee is required to notify the Commission in writing within 48 hours of the receipt of the contribution. It is permissible for a committee to file a cumulative report on the 11th day prior to an election of contributions in excess of \$1,200 received up to the 13th day before an election. Thereafter, each contribution in excess of \$1,200 must be reported within 48 hours of receipt. Please use the Form C-3, "Supplemental Contributor Information."

If the committee makes, incurs, or authorizes an expenditure of money or other thing of value in excess of \$1,200 in the aggregate from April 1 up to and including the day of any primary election in which the committee is participating, or from October 1 up to and including the day of any general election in which the committee is participating, the committee is required to notify the Commission in writing within 48 hours. It is permissible for a committee to file a cumulative report on the 11th day prior to the primary or general election of expenditures made, incurred, or authorized in excess of \$1,200 up to the 13th day before the election, thereafter, each expenditure in excess of \$1,200 must be reported within 48 hours. Please use the Form E-3, "Supplemental Expenditure Information."



COMMITTEE - SWORN STATEMENT
 To be used only by a continuing political committee,
 political party committee, or a legislative leadership committee
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)
 Website www.elec.state.nj.us

FORM A-3
FOR STATE USE ONLY

ELEC RECEIVED
JAN 14 2011

PLEASE TYPE OR PRINT

Full Committee Name, Address (Number & Street, City, State, Zip Code)
REAL TEANECK DEMOCRATS
 c/o Emil Stern
 PO Box 3178
 Teaneck NJ 07666

Calendar Year Period
 Jan 1st to Dec 31st, 2011

Committee Type (CHECK ONE) Continuing Political Political Party Legislative Leadership

First Report Filed?
 Yes No

ELEC Identification Number
 V0260000144Q2011 "X" If address is different from
 address previously reported

Amendment?
 Yes No

Committee Chairperson and Treasurer Certification

I, the undersigned, do hereby certify as follows
 The total amount to be expended by this committee shall be zero, or shall not, in the aggregate, exceed \$4,900 during the calendar year period indicated above. I have read the additional filing information on this form. I certify that my statements on this document are true. I am aware that if any of the statements are willfully false, I may be subject to punishment.

1/11/11
 DATE

[Signature]
 COMMITTEE CHAIRPERSON SIGNATURE
EMIL STERN

*DAY TELEPHONE

PRINT COMMITTEE CHAIRPERSON'S NAME
PO Box 3178

*EVENING TELEPHONE

ADDRESS
Teaneck NJ 07666

1/11/11
 DATE

CITY STATE ZIP
[Signature]
 COMMITTEE TREASURER SIGNATURE
Mark Schwartz

*DAY TELEPHONE

PRINT COMMITTEE TREASURER'S NAME
641 Cumberland

*EVENING TELEPHONE

ADDRESS
Teaneck NJ 07666
 CITY STATE ZIP

Additional Filing Information

In the event the total expended by this committee, in the aggregate, exceeds \$4,900 at any point in the calendar year, this committee is required to file a "Receipts and Expenditures Quarterly Report," Form R-3, on each subsequent quarterly filing date. The first of such reports shall include all activity dating back to January 1st of the current calendar year. The filing dates are **April 15, July 15, October 15, and January 15**.

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COMMITTEE - SWORN STATEMENT

To be used only by a continuing political committee, political party committee, or a legislative leadership committee
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)
Website www.elec.state.nj.us

FORM A-3
FOR STATE USE ONLY
ELEC RECEIVED
JAN 11 2012

PLEASE TYPE OR PRINT

Full Committee Name, Address (Number & Street, City, State, Zip Code)
REAL TEANECK DEMOCRATS
c/o Emil Stern
PO Box 3178
Teaneck, NJ 07666

Calendar Year Period
Jan 1st to Dec 31st, 2012

First Report Filed?
Yes No

Committee Type (CHECK ONE) [X] Continuing Political [] Political Party [] Legislative Leadership

ELEC Identification Number
V0260000144Q2012

[] "X" if address is different from address previously reported

Amendment?
Yes [X] No

Committee Chairperson and Treasurer Certification

I, the undersigned, do hereby certify as follows

The total amount to be expended by this committee shall be zero, or shall not, in the aggregate, exceed \$4,900 during the calendar year period indicated above. I have read the additional filing information on this form. I certify that my statements on this document are true. I am aware that if any of the statements are willfully false, I may be subject to punishment.

1/10/12

DATE

*DAY TELEPHONE

*EVENING TELEPHONE

1/10/12

DATE

*DAY TELEPHONE

*EVENING TELEPHONE

[Handwritten Signature]

COMMITTEE CHAIRPERSON SIGNATURE

EMIL STERN

PRINT COMMITTEE CHAIRPERSONS NAME

PO Box 3178

ADDRESS

Teaneck, NJ 07666

CITY STATE ZIP

COMMITTEE TREASURER SIGNATURE

MARK SCHWARTZ

PRINT COMMITTEE TREASURERS NAME

641 Cumberland

ADDRESS

Teaneck, NJ 07666

CITY STATE ZIP

Additional Filing Information

In the event the total expended by this committee, in the aggregate, exceeds \$4,900 at any point in the calendar year, this committee is required to file a "Receipts and Expenditures Quarterly Report," Form R-3, on each subsequent quarterly filing date. The first of such reports shall include all activity dating back to January 1st of the current calendar year. The filing dates are April 15, July 15, October 15, and January 15.

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COMMITTEE - SWORN STATEMENT

To be used only by a continuing political committee, political party committee, or a legislative leadership committee
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 A-3
FOR STATE USE ONLY

ELEC RECEIVED

JAN 22 2013

PLEASE TYPE OR PRINT

Committee Type (CHECK ONE) [X] Continuing Political [] Political Party [] Legislative Leadership

Committee Name REAL TEANECK DEMOCRATS

Address (Number and Street) [] Check if different than previously reported
PO Box 3178

City, State, Zip Code Teaneck NJ 07666

ELEC Identification Number V0260000144Q2013

Calendar Year Period Jan 1st to Dec 31st, 2013

Amendment? [] Yes [X] No

Committee Chairperson and Treasurer Certification

I, the undersigned, do hereby certify as follows The total amount to be expended by this committee shall be zero, or shall not, in the aggregate, exceed \$5,500 during the calendar year period indicated above I have read the additional filing information on this form I certify that my statements on this document are true I am aware that if any of the statements are willfully false, I may be subject to punishment

1/15/13

[Signature of Emil Stern]

DATE

COMMITTEE CHAIRPERSON SIGNATURE

Emil Stern

*DAY TELEPHONE

PRINT COMMITTEE CHAIRPERSON'S NAME

POB 3178

*EVENING TELEPHONE

ADDRESS Teaneck NJ 07666

1/15/13

CITY STATE ZIP

DATE

COMMITTEE TREASURER SIGNATURE

Mark Schwartz

*DAY TELEPHONE

PRINT COMMITTEE TREASURERS NAME

641 Cumberland

*EVENING TELEPHONE

ADDRESS Teaneck NJ 07666

CITY STATE ZIP

Additional Filing Information

In the event the total expended by this committee, in the aggregate, exceeds \$5,500 at any point in the calendar year, this committee is required to file a "Receipts and Expenditures Quarterly Report," Form R-3, on each subsequent quarterly filing date The first of such reports shall include all activity dating back to January 1st of the current calendar year The filing dates are April 15, July 15, October 15, and January 15

If contributions from any one source during the calendar year aggregate more than \$300, or the committee receives currency (cash) contributions in any amount, the committee is required to report the contributions to the Commission on "Supplemental Contributor Information," Form C-3, on the next quarterly reporting date Note that currency (cash) contributions cannot be accepted in excess of \$200

If the committee receives a contribution in excess of \$1,400 in the aggregate from any one source during the period between the closing date of the last quarterly report through the date of an election in which the committee is contributing or otherwise participating, the committee is required to notify the Commission in writing within 48 hours of the receipt of the contribution It is permissible for a committee to file a cumulative report on the 11th day prior to an election of contributions in excess of \$1,400 received up to the 13th day before an election Thereafter, each contribution in excess of \$1,400 must be reported within 48 hours of receipt Please use the Form C-3, "Supplemental Contributor Information"

If the committee makes, incurs, or authorizes an expenditure of money or other thing of value in excess of \$1,400 in the aggregate from April 1 up to and including the day of any primary election in which the committee is participating, or from October 1 up to and including the day of any general election in which the committee is participating, the committee is required to notify the Commission in writing within 48 hours It is permissible for a committee to file a cumulative report on the 11th day prior to the primary or general election of expenditures made, incurred, or authorized in excess of \$1,400 up to the 13th day before the election, thereafter, each expenditure in excess of \$1,400 must be reported within 48 hours Please use the Form E-3, "Supplemental Expenditure Information"



COMMITTEE – SWORN STATEMENT
 To be used only by a continuing political committee,
 political party committee, or a legislative leadership committee
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 A-3
FOR STATE USE ONLY

ELEC RECEIVED
JAN 24 2014

PLEASE TYPE OR PRINT

Committee Type (CHECK ONE) Continuing Political Political Party Legislative Leadership

Committee Name **REAL TEANECK DEMOCRATS**

Address (Number and Street) Check if different than previously reported
PO Box 3178

Calendar Year Period
 Jan 1ST to Dec 31ST, **2014**

City, State, Zip Code **Teaneck NJ 07666**

ELEC Identification Number
V0260000144Q2014

Amendment?
 Yes No

Committee Chairperson and Treasurer Certification

I, the undersigned, do hereby certify as follows: The total amount to be expended by this committee shall be zero, or shall not, in the aggregate, exceed \$5,500 during the calendar year period indicated above. I have read the additional filing information on this form. I certify that my statements on this document are true. I am aware that if any of the statements are willfully false, I may be subject to punishment.

1/3/14

DATE

COMMITTEE CHAIRPERSON SIGNATURE

Emil Stern

*DAY TELEPHONE

PRINT COMMITTEE CHAIRPERSON'S NAME

POB 3178

*EVENING TELEPHONE

ADDRESS

Teaneck NJ 07666

1/3/14

CITY STATE, ZIP

DATE

COMMITTEE TREASURER SIGNATURE

Mark Schwartz

DAY TELEPHONE

PRINT COMMITTEE TREASURER'S NAME

641 Cumberland

*EVENING TELEPHONE

ADDRESS

Teaneck NJ 07666

CITY STATE ZIP

Additional Filing Information

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CONTINUING POLITICAL COMMITTEE CERTIFICATION OF FINALIZATION PURSUANT TO N.J.S.A. 19:44A-8(b)(2)

FORM: CPC-F FOR STATE USE ONLY

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

ELEC RECEIVED
MAR 04 2014

PLEASE PRINT OR TYPE

1 Name of Continuing Political Committee REAL TEANECK DEMOCRATS

ELEC Identification Number V0260000144Q2014

Address POB 3178
Teaneck NJ 07666

Telephone Number - *Day *Evening

2 Name of Treasurer Mark Schwartz

Address 641 Cumberland
Teaneck NJ 07666

Telephone Number - *Day *Evening

3 Name of Chairperson Emil Stern

Address POB 3178
Teaneck NJ 07666

Telephone Number - *Day *Evening

4 Name of Bank or Depository Lakeland Bank

Address 410 Cedar Lane
Teaneck NJ 07666

Account Name Real Teaneck Democrats

(Note If the CPC has more than one bank account or depository, enter information concerning additional accounts below)

Name of Bank or Depository

Address

Account Name

CERTIFICATION OF FINALIZATION

N.J.S.A. 19 44A-8(b)(2) requires that a continuing political committee which at any point expects to cease making contributions toward the aiding or promoting of the candidacy of an individual(s) for elective public office or the passage or defeat of a public question in this State to certify that fact in writing to the Commission. Placing your signature below fulfills this requirement.

Declaration for Continuing Political Committee: I certify that the committee has ceased to make contributions toward the aiding or promoting of the candidacy of an individual(s) or the passage or defeat of a public question(s) in the State of New Jersey.



SIGNATURE OF CHAIRPERSON



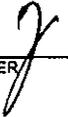
SIGNATURE OF TREASURER

Declaration Regarding Funds: I certify that the committee has wound up its business.

Balance on hand (if any) \$ 0



SIGNATURE OF CHAIRPERSON

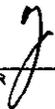


SIGNATURE OF TREASURER

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I may be subject to punishment.



SIGNATURE OF CHAIRPERSON



SIGNATURE OF TREASURER

NOTE: N.J.S.A. 19 44A-8(b)(2) requires that continuing political committees that cease activity submit a final accounting of any fund relating to the aiding or promoting of candidates or public questions in the State of New Jersey. A final Form R-3 should be submitted with this form to fulfill this requirement.