

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

FORM D-1

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
P.O. BOX 185, TRENTON, NJ 08625-0185 (609) 292-8700

PLEASE TYPE OR PRINT

CANDIDATE NAME ELIE Y. KATZ		FOR STATE USE ONLY	
CANDIDATE COMMITTEE NAME COMMITTEE TO REELECT COUNCILMAN ELIE Y. KATZ		ELEC RECEIVED MAY 13 2009	
ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE) 500 FAIRIDGE TERRACE, TEANECK, NJ 07666			
(AREA) DAY TELEPHONE 201-836-2688	(AREA) EVENING TELEPHONE 201-836-2688		
COUNTY BERGEN	LEGAL NAME OF ELECTION DISTRICT OR MUNICIPALITY TOWNSHIP OF TEANECK		
ELECTION DATE MAY 11 2010	POLITICAL PARTY, IF ANY INDEPENDENT		
ELECTION TYPE		AMENDMENT	
<input type="checkbox"/> PRIMARY	<input type="checkbox"/> GENERAL	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> MUNICIPAL	<input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SPECIAL	<input checked="" type="checkbox"/> NO

CHAIRPERSON

NAME PATTY KATZ		
MAILING ADDRESS 655 RUTLAND AVENUE		
CITY TEANECK	STATE NJ	ZIP CODE 07666
(AREA) DAY TELEPHONE 201-107-1426	(AREA) EVENING TELEPHONE	

TREASURER

NAME BRENDA SUTCLIFFE		
MAILING ADDRESS 500 FAIRIDGE TERRACE		
CITY TEANECK	STATE NJ	ZIP CODE 07666
(AREA) DAY TELEPHONE 201-836-2688	(AREA) EVENING TELEPHONE 201-836-2688	
RESIDENT ADDRESS 500 FAIRIDGE TERRACE		
CITY TEANECK	STATE NJ	ZIP CODE 07666

DEPOSITORY INFORMATION

NAME OF BANK OR DEPOSITORY HUBSON CITY SAVINGS BANK		
MAILING ADDRESS 790 QUEEN ANNE ROAD		
CITY TEANECK	STATE NJ	ZIP CODE 07666
(AREA) DAY TELEPHONE 201-836-7772		
ACCOUNT NAME COMMITTEE TO REELECT ELIE Y. KATZ	ACCOUNT NUMBER 050080793	

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

NAME BRENDA SUTCLIFFE		
STREET ADDRESS 300 FAIRIDGE TERRACE		
CITY TEANECK	STATE NJ	ZIP CODE 07666
(AREA) DAY TELEPHONE 201-836-2688	(AREA) EVENING TELEPHONE 201-836-2688	
NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
(AREA) DAY TELEPHONE	(AREA) EVENING TELEPHONE	
NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
(AREA) DAY TELEPHONE	(AREA) EVENING TELEPHONE	

CANDIDATE CERTIFICATION

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

3/30/09
Date

ELIE Y. KATZ
Print Full Name (Candidate)

[Signature]
Signature (Candidate)

CHAIRPERSON/TREASURER CERTIFICATION

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

4/13/09
Date

PATTI KATZ
Print Full Name (Chairperson)

[Signature]
Signature (Chairperson)

3/21/09
Date

BRENDA SUTCLIFFE
Print Full Name (Treasurer)

[Signature]
Signature (Treasurer)

FORM R-1	REPORT OF CONTRIBUTIONS AND EXPENDITURES	REPORT (CHECK ONE) <input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input checked="" type="checkbox"/> July 15, <u>2009</u> <input type="checkbox"/> Oct 15, _____ <input type="checkbox"/> Jan 15, _____
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P O Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site http://www.elec.state.nj.us/		
CANDIDATE OR COMMITTEE NAME <u>ELIE Y. KATZ</u>		
STREET ADDRESS <u>500 FAIRINGE TERRACE</u>		Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>
CITY <u>TEANECK</u>	STATE <u>NJ</u>	ZIP CODE <u>07664</u>
COUNTY <u>BERGEN</u>	ELECTION DISTRICT OR MUNICIPALITY <u>TEANECK</u>	
POLITICAL PARTY, IF ANY <u>INDEPENDENT</u>	OFFICE SOUGHT <u>COUNCIL PERSON</u>	
ELECTION DATE <u>MAY 2010</u>	ELECTION TYPE (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> RUN-OFF <input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> SCHOOL	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL
SUMMARY TABLES DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED		
TABLE I. RECEIPTS		
	THIS REPORT	CUMULATIVE TO DATE
1 MONETARY CONTRIBUTIONS OF \$300 OR LESS	\$ <u>2277</u>	\$ <u>2277</u>
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ <u>8100</u>	\$ <u>8100</u>
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ <u>0</u>	\$ <u>0</u>
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ <u>0</u>	\$ <u>0</u>
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ <u>0</u>	\$ <u>0</u>
6 SUB TOTAL (ADD LINES 1 THRU 5)	\$ <u>10377</u>	\$ <u>10377</u>
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)	\$ <u>0</u>	\$ <u>0</u>
8 TOTAL CONTRIBUTIONS	\$ <u>10,377</u>	\$ <u>10,377</u>
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ <u>0</u>	\$ <u>0</u>
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ <u>10,377</u>	\$ <u>10,377</u>
TABLE II. EXPENDITURES		
1 DISBURSEMENTS -CAMPAIGN EXPENSES [Schedule 1(D)]	\$ <u>979.64</u>	\$ <u>0</u>
2 DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ <u>0</u>	\$ <u>0</u>
3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ <u>0</u>	\$ <u>0</u>
4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ <u>0</u>	\$ <u>0</u>
5 IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ <u>0</u>	\$ <u>0</u>
6 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ <u>0</u>	\$ <u>0</u>
7 SUB TOTAL (ADD LINES 1 THRU 6)	\$ <u>979.64</u>	\$ <u>979.64</u>
8 REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ <u>0</u>	\$ <u>0</u>
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ <u>979.64</u>	\$ <u>979.64</u>

SCHEDULE A

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

CONTRIBUTOR NAME YAAKOV ABDELHAK		EMPLOYER NAME		
CONTRIBUTOR ADDRESS 53 OLD NYACK TPK #405		EMPLOYER ADDRESS		
MANUET, NY 10954				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 500	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME KEEP NJ MOVING		EMPLOYER NAME		
CONTRIBUTOR ADDRESS 188 E. FRANKLIN TPK		EMPLOYER ADDRESS		
HOBOKUS, NJ 07423				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 2600	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME JONI SANZARI		EMPLOYER NAME		
CONTRIBUTOR ADDRESS 11 STONEWALL RD		EMPLOYER ADDRESS		
SADDLE RIVER, NJ 07458				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 2500	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME RYAN JARECK		EMPLOYER NAME		
CONTRIBUTOR ADDRESS 26 AVENUE @ PORT IMPERIAL #413		EMPLOYER ADDRESS		
WEST NEW YORK, NJ 07093				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 2500	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 8100	
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 0	

SCHEDULE 1(D) - DISBURSEMENTS
Campaign Expenses

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
4/13/09	101	ROBERT JOHNSON COPY CTR 1438 QUEEN ANNE ROAD TEANECK, NJ 07666	PRINTING	\$ 211.33	\$	\$
4/12/09	102	MONEY MAILER 12131 WESTERN AVE GARDEN GROVE CA 92841	ADVERTISING	674.10		
5/19/09	103	ROBERT JOHNSON COPY CTR 1438 QUEEN ANNE RD TEANECK, NJ 07666	PRINTING	58.71		
4/30/09	Bank fee	HUDSON CITY BANK 790 QUEEN ANNE RD TEANECK, NJ 07666	BANK FEE	12.55		
5/29/09	"	"	"	12.40		
6/30/09	"	"	"	12.55		
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ 979.44	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ 979.44	\$	\$

STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

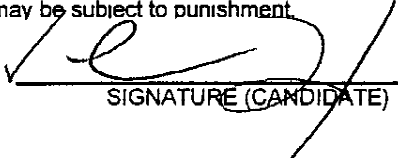
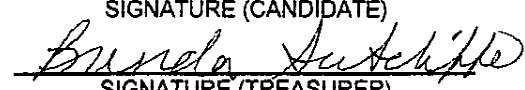
Opening Balance, this report (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero)	\$ <u>0</u>
Funds Transferred from Prior Campaign	\$ <u>0</u>
Deposits (Include interest)	\$ <u>10,377</u>
Disbursements (Include bank charges)	\$ <u>979.64</u>
Closing Balance, this Report	\$ <u>9397.36</u>

<u>HUDSON CIV SAVINGS BANK</u>	
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
<u>COMMITTEE TO RE-ELECT ELIE V. KATZ</u>	
ADDRESS OF BANK OR DEPOSITORY	
<u>790 QUEEN ANNE ROAD - TEANECK, NJ 07666</u>	
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
<u>BRENDA SUTCLIFFE, 500 FAIRIDGE TERRACE, TEANECK, NJ 07666</u>	
ADDRESS OF TREASURER	

CERTIFICATION

201-5362688

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>7/14/09</u> DATE	<u>ELIE V. KATZ</u> PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>7/14/09</u> DATE	<u>BRENDA SUTCLIFFE</u> PRINT FULL NAME (TREASURER)	 SIGNATURE (TREASURER)
_____ DATE	_____ PRINT FULL NAME (TREASURER)	_____ SIGNATURE (TREASURER)

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

DECLARATION OF FINAL REPORT

If this is the final report, sign applicable Declaration below as well as Certification above. Chapter 65 of the Laws of 1993 requires that all filing entities continue to file reports with the Commission until all campaign business is wound up and the fund is dissolved.

I certify that all contributions or other monies received by this election fund have been disbursed, that there are no outstanding loans or other obligations, and that the election fund has wound up its business and has been dissolved.

_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (TREASURER)	_____ SIGNATURE (TREASURER)

FORM R-1		REPORT OF CONTRIBUTIONS AND EXPENDITURES		REPORT (CHECK ONE).	
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/				<input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input type="checkbox"/> July 15, _____ <input checked="" type="checkbox"/> Oct. 15, <u>2009</u> <input type="checkbox"/> Jan 15, _____	
CANDIDATE OR COMMITTEE NAME <u>COMMITTEE TO REELECT ELVE V. KATZ</u>				Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS <u>500 FAIRBANKS TERRACE</u>				For State Use Only ELEC RECEIVED OCT 23 2009	
CITY <u>TEANECK</u>	STATE <u>NJ</u>	ZIP CODE <u>07106</u>			
COUNTY <u>BERGEN</u>	ELECTION DISTRICT OR MUNICIPALITY <u>TEANECK</u>				
POLITICAL PARTY, IF ANY <u>INDEPENDENT</u>	OFFICE SOUGHT <u>COUNCIL PERSON</u>				
ELECTION DATE <u>MAY 2010</u>	ELECTION TYPE (CHECK ONE)		<input checked="" type="checkbox"/> PRIMARY	<input type="checkbox"/> MUNICIPAL SCHOOL	<input type="checkbox"/> GENERAL SPECIAL
SUMMARY TABLES DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED					
TABLE I. RECEIPTS			THIS REPORT	CUMULATIVE TO DATE	
1 MONETARY CONTRIBUTIONS OF \$300 OR LESS			\$ <u>37.50</u>	\$ <u>2314.50</u>	
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			\$ <u>5000</u>	\$ <u>13,100.00</u>	
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$ <u>0</u>	\$ <u>0</u>	
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]			\$ <u>0</u>	\$ <u>0</u>	
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]			\$ <u>0</u>	\$ <u>0</u>	
6 SUB TOTAL (ADD LINES 1 THRU 5)			\$ <u>5037.50</u>	\$ <u>15414.50</u>	
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)			\$ <u>0</u>	\$ <u>0</u>	
8 TOTAL CONTRIBUTIONS			\$ <u>5037.50</u>	\$ <u>15414.50</u>	
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)			\$ <u>0</u>	\$ <u>0</u>	
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)			\$ <u>5037.50</u>	\$ <u>15414.50</u>	
TABLE II. EXPENDITURES					
1 DISBURSEMENTS -CAMPAIGN EXPENSES [Schedule 1(D)]			\$ <u>0</u>	\$ <u>979.64</u>	
2 DISBURSEMENTS - OTHER [Schedule 2(D)]			\$ <u>500</u>	\$ <u>500</u>	
3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]			\$ <u>0</u>	\$ <u>0</u>	
4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]			\$ <u>0</u>	\$ <u>0</u>	
5 IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)			\$ <u>0</u>	\$ <u>0</u>	
6 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)			\$ <u>0</u>	\$ <u>0</u>	
7 SUB TOTAL (ADD LINES 1 THRU 6)			\$ <u>500</u>	\$ <u>1479.64</u>	
8 REFUNDED DISBURSEMENTS [Schedule F] (-)			\$ <u>0</u>	\$ <u>0</u>	
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)			\$ <u>500</u>	\$ <u>1479.64</u>	

SCHEDULE A

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

CONTRIBUTOR NAME ALAN REAGAN CO LP		EMPLOYER NAME		
CONTRIBUTOR ADDRESS 18 CENTRAL BLVD.		EMPLOYER ADDRESS		
S. HACKENSACK, NJ 07606				
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 2500	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME BENF. SANZARI		EMPLOYER NAME		
CONTRIBUTOR ADDRESS SADDLE RIDER, NJ 07458		EMPLOYER ADDRESS		
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 2500	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION SANZARI ENTERPRISES				
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS		
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS		
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS		
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$	5000
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$	

SCHEDULE 2(D) - DISBURSEMENTS

Other

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
7/24/09	104	YAKOV ABDELHAK 535 OLD NYACK RD # 405 NAANUET, NY 10964	RETURN OF CAMPAIGN CONTRIBUTION	\$ 300	\$	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 300	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 300	\$	\$



STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

Opening Balance, this report (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero)	\$ <u>9,397.36</u>
Funds Transferred from Prior Campaign	\$ <u>0</u>
Deposits (Include interest)	\$ <u>5,037.50</u>
Disbursements (Include bank charges)	\$ <u>500.00</u>
Closing Balance, this Report	\$ <u>13,934.86</u>

<u>HUDSON CITY SAVINGS BANK</u>	
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
<u>COMMITTEE TO RE-ELECT ELIE Y. KATZ</u>	
ADDRESS OF BANK OR DEPOSITORY	
<u>790 QUEEN ANNE ROAD, DEANECK, NJ 07666</u>	
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
<u>BRENDA SUTCLIFFE - 500 FAIRBANK TERR. DEANECK, NJ 07666</u>	<u>201-836-2658</u>
ADDRESS OF TREASURER	

CERTIFICATION

I certify that the statements on this document are true, and that the contribution amounts received conform with the limitations designated by law. I am aware that if any of the statements are willfully false, I may be subject to punishment.

<u>10/15/09</u> DATE	<u>ELIE Y. KATZ</u> PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>10/15/09</u> DATE	<u>BRENDA SUTCLIFFE</u> PRINT FULL NAME (TREASURER)	 SIGNATURE (TREASURER)

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

DECLARATION OF FINAL REPORT

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I certify that all contributions or other monies received by this election fund have been disbursed, that there are no outstanding loans or other obligations, and that the election fund has wound up its business and has been dissolved.

_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (TREASURER)	_____ SIGNATURE (TREASURER)

FORM R-1		REPORT OF CONTRIBUTIONS AND EXPENDITURES		REPORT (CHECK ONE)		
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P O Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site http://www.elec.state.nj.us/				<input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct 15, _____ <input checked="" type="checkbox"/> Jan 15, 2010		
CANDIDATE OR COMMITTEE NAME COMMITTEE TO REPLACE ELBEY, KATZ				Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>		
STREET ADDRESS 500 FAIRIDGE TERRACE				For State Use Only ELEC RECEIVED JAN 25 2010		
CITY	STATE	ZIP CODE				
TEANECK	NJ	07410				
COUNTY	ELECTION DISTRICT OR MUNICIPALITY					
BERGEN	TEANECK					
POLITICAL PARTY, IF ANY	OFFICE SOUGHT					
INDEPENDENT	COUNCIL PERSON					
ELECTION DATE	ELECTION TYPE (CHECK ONE)	<input type="checkbox"/> PRIMARY	<input checked="" type="checkbox"/> MUNICIPAL	<input type="checkbox"/> GENERAL	<input type="checkbox"/> SPECIAL	
MAY 2010	<input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL				
SUMMARY TABLES DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED						
TABLE I. RECEIPTS			THIS REPORT	CUMULATIVE TO DATE		
1 MONETARY CONTRIBUTIONS OF \$300 OR LESS			\$ 250	\$ 2554.50		
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			\$ 0	\$ 13,100		
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$ 0	\$ 0		
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]			\$ 0	\$ 0		
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]			\$ 0	\$ 0		
6 SUB TOTAL (ADD LINES 1 THRU 5)			\$ 250	\$ 15654.50		
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)			\$ 0	\$ 0		
8 TOTAL CONTRIBUTIONS			\$ 250	\$ 15654.50		
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)			\$ 0	\$ 0		
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)			\$ 250	\$ 15654.50		
TABLE II. EXPENDITURES						
1 DISBURSEMENTS -CAMPAIGN EXPENSES [Schedule 1(D)]			\$ 0	\$ 979.64		
2 DISBURSEMENTS - OTHER [Schedule 2(D)]			\$ 0	\$ 500		
3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]			\$ 0	\$ 0		
4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]			\$ 0	\$ 0		
5 IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)			\$ 0	\$ 0		
6 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)			\$ 0	\$ 0		
7 SUB TOTAL (ADD LINES 1 THRU 6)			\$ 0	\$ 1479.64		
8 REFUNDED DISBURSEMENTS [Schedule F] (-)			\$ 0	\$ 0		
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)			\$ 0	\$ 1479.64		

STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

Opening Balance, this report
 (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero) \$ 139,344.86

Funds Transferred from Prior Campaign \$ 0

Deposits (Include interest) \$ 250.00

Disbursements (Include bank charges) \$ 0

Closing Balance, this Report \$ 141,844.86

HUDSON CITY SAVINGS BANK
 NAME OF BANK OR DEPOSITORY NAME OF ACCOUNT

COMMITTEE TO REELECT ELIE V. KATZ
 ADDRESS OF BANK OR DEPOSITORY

790 QUEEN ANNE RD, TEANECK, NJ 07646
 NAME OF TREASURER *TELEPHONE NUMBER (DAY)

BRENDA SUTCLIFFE, 500 FAIRIDGE TERRACE, TEANECK, NJ 07646
 ADDRESS OF TREASURER

CERTIFICATION

201-836-2658

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>1/15/10</u> DATE	<u>ELIE V. KATZ</u> PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>1/15/10</u> DATE	<u>BRENDA SUTCLIFFE</u> PRINT FULL NAME (TREASURER)	 SIGNATURE (TREASURER)
_____ DATE	_____ PRINT FULL NAME (TREASURER)	_____ SIGNATURE (TREASURER)

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

DECLARATION OF FINAL REPORT

If this is the final report, sign applicable Declaration below as well as Certification above. Chapter 65 of the Laws of 1993 requires that all filing entities continue to file reports with the Commission until all campaign business is wound up and the fund is dissolved.

I certify that all contributions or other monies received by this election fund have been disbursed, that there are no outstanding loans or other obligations, and that the election fund has wound up its business and has been dissolved.

_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (TREASURER)	_____ SIGNATURE (TREASURER)