



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

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

**FORM D-1**  
 FOR STATE USE ONLY  
 RECEIVED AND FILED  
 MAR 26 PM 1:05  
 BERGEN COUNTY CLERK

**PLEASE TYPE OR PRINT**

Candidate Name **MARK J SCHWARTZ**

Candidate Committee Name **SCHWARTZ FOR COUNCIL**

Address (Number and Street, City, State, Zip Code) **641 CUMBERLAND AVE TEANECK NJ 07666**

\*(Area) Day Telephone **(917) 902-9303** \*(Area) Evening Telephone **(201) 530-0530** **APR 27 2012**

County **BERGEN** Legal Name of Election District or Municipality **TOWNSHIP OF TEANECK**

Election Date **08 MAY 2012** Political Party, if any **NON-PARTISAN** Office Sought **COUNCIL MEMBER**

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

**CHAIRPERSON**

Name **ANGELAE WILKERSON**

Mailing Address **1778 LILBET RD**

City **TEANECK** State **NJ** Zip Code **07666**

\*(Area) Day Telephone **(201) 926-9833** \*(Area) Evening Telephone **(201) 926 9833**

**TREASURER**

Name **KEVIE FEIT**

Mailing Address **545 WEST ENGLEWOOD AVE**

City **TEANECK** State **NJ** Zip Code **07666**

\*(Area) Day Telephone **(201) 747-8595** \*(Area) Evening Telephone **(201) 833-8545**

Resident Address **545 WEST ENGLEWOOD AVE**

City **TEANECK** State **NJ** Zip Code **07666**

**DEPOSITORY INFORMATION**

Name of Bank or Depository **CHASE BANK**

Mailing Address **170 THE PLAZA**

City **TEANECK** State **NJ** Zip Code **07666**

(Area) Day Telephone **(201) 837-9245**

Account Name **SCHWARTZ FOR COUNCIL** Account Number **450201574**

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

Name MARK S SCHWARTZ

Mailing Address 641 CUMBERLAND AVE

City TEANECK State NJ Zip Code 07666

\*(Area) Day Telephone (917) 902-9303 \*(Area) Evening Telephone (201) 530-0530

Name ANGELAE WILKERSON

Mailing Address 1778 LILBET RD

City TEANECK State NJ Zip Code 07666

\*(Area) Day Telephone (201) 926-9833 \*(Area) Evening Telephone (201) 926 4833

Name KEVIE FEIT

Mailing Address 545 WEST ENGLEWOOD AVE

City TEANECK State NJ Zip Code 07666

\*(Area) Day Telephone (201) 747-8595 \*(Area) Evening Telephone (201) 833-8545

**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

3/21/12  
DATE

Mark Schwartz  
PRINT FULL NAME (CANDIDATE)

[Signature]  
SIGNATURE (CANDIDATE)

**CHAIRPERSON/TREASURER CERTIFICATION**

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

3/21/12  
DATE

Angelae Wilkerson  
PRINT FULL NAME (CHAIRPERSON)

[Signature]  
SIGNATURE (CHAIRPERSON)

3/21/12  
DATE

KEVIE FEIT  
PRINT FULL NAME (TREASURER)

[Signature]  
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# \_\_\_\_\_

FORM R-1	REPORT OF CONTRIBUTIONS AND EXPENDITURES	REPORT (CHECK ONE)
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P O Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site <a href="http://www.elec.state.nj.us/">http //www elec state nj us/</a>		<input checked="" type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct 15, _____ <input type="checkbox"/> Jan 15, _____
CANDIDATE OR COMMITTEE NAME <b>SCHWARTZ FOR COUNCIL</b>		Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  <b>For State Use Only</b> <b>ELEC RECEIVED</b> <b>APR 10 2012</b>
STREET ADDRESS <b>641 CUMBERLAND AVENUE</b>		
CITY <b>TEANECK</b>	STATE <b>NJ</b>	ZIP CODE <b>07666</b>
COUNTY <b>BERGEN</b>	ELECTION DISTRICT OR MUNICIPALITY <b>TEANECK</b>	
POLITICAL PARTY, IF ANY <b>NON-PARTISAN</b>	OFFICE SOUGHT <b>TOWN COUNCIL</b>	
ELECTION DATE <b>05/08/2012</b>	ELECTION TYPE (CHECK ONE)	<input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> RUN-OFF <input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT <input type="checkbox"/> SPECIAL
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED		
<b>TABLE I. RECEIPTS</b>		
	<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>
1 MONETARY CONTRIBUTIONS OF \$300 OR LESS	\$ 350	\$ 350
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 0	\$ 0
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)	\$ 350	\$ 350
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)	\$ 0	\$ 0
8 TOTAL CONTRIBUTIONS	\$ 350	\$ 350
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ 0	\$ 0
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 350	\$ 350
<b>TABLE II EXPENDITURES</b>		
1 DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 0	\$ 0
2 DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ 0	\$ 0
3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ 0	\$ 0
4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ 0	\$ 0
5 IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ 0	\$ 0
6 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ 0	\$ 0
7 SUB TOTAL (ADD LINES 1 THRU 6)	\$ 0	\$ 0
8 REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ 0	\$ 0
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 0	\$ 0



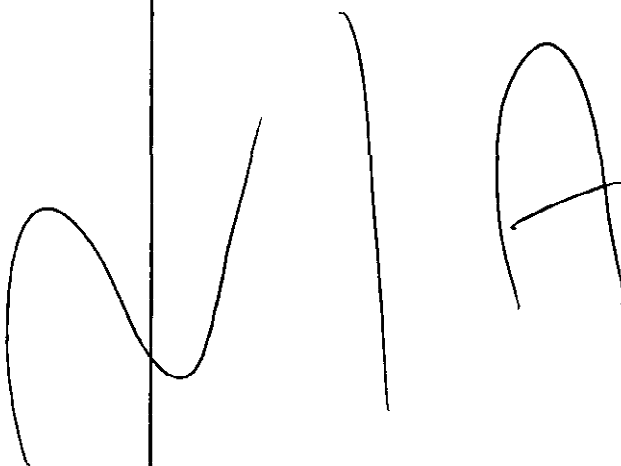
**SCHEDULE B**  
**In-Kind Contributions in Excess of \$300**

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

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

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

**ADJUSTMENT SCHEDULE**  
 Refund of Excessive Contributions

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







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

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

**SCHEDULE E**  
Outstanding Obligations

Date Incurred	Creditor's Name	Address	Description	Amount
		N/A		\$
TOTAL OUTSTANDING OBLIGATIONS				\$ —

**SCHEDULE F**  
Refunded Disbursements

Date	Full Name	Address	Description	Amount
		N/A		\$
SCHEDULE F TOTAL				\$ —

**SCHEDULE G**  
**Recipients of In-Kind Contributions**

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


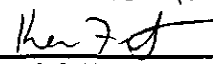
## STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

<b>Opening Balance, this report</b> (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero )	\$	0
<b>Funds Transferred from Prior Campaign</b>	\$	0
<b>Deposits</b> (Include interest)	\$	350
<b>Disbursements</b> (Include bank charges)	\$	0
<b>Closing Balance, this Report</b>	\$	350

CHASE	SCHWARTZ FOR COUNCIL
170 THE PLAZA, TEANECK NJ 07666	NAME OF ACCOUNT
KEVIE FEIT	201-747-8595
545 WEST ENGLEWOOD AVENUE, TEANECK NJ 07666	*TELEPHONE NUMBER (DAY)
ADDRESS OF BANK OR DEPOSITORY	ADDRESS OF TREASURER

### CERTIFICATION

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

4/6/12	MARK SCHWARTZ	
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
—	—	—
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
—	—	—
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
4/6/12	KEVIE FEIT	
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)

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>	<b>REPORT (CHECK ONE)</b> <input type="checkbox"/> 29 - DAY PRE-ELECTION <input checked="" type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct 15, _____ <input type="checkbox"/> Jan 15, _____	
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P O Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site <a href="http://www.elec.state.nj.us/">http://www.elec.state.nj.us/</a>			
CANDIDATE OR COMMITTEE NAME <i>Schwartz for Council</i>		<b>For State Use Only</b> <b>ELEC RECEIVED</b> <b>APR 27 2012</b>	
STREET ADDRESS <i>641 Cumberland Avenue</i>			
CITY <i>Teaneck</i>	STATE <i>NJ</i>		ZIP CODE <i>07666</i>
COUNTY <i>Bergen</i>	ELECTION DISTRICT OR MUNICIPALITY <i>Teaneck</i>		
POLITICAL PARTY, IF ANY <i>Non-Partisan</i>	OFFICE SOUGHT <i>Town Council</i>		
ELECTION DATE <i>5/8/12</i>	ELECTION TYPE (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT <input type="checkbox"/> SPECIAL	
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED			
<b>TABLE I RECEIPTS</b>			
	<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>	
1 MONETARY CONTRIBUTIONS OF \$300 OR LESS	\$ 50	\$ 400	
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 1000	\$ 1000	
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]	\$ 1155	\$ 1155	
6 SUB TOTAL (ADD LINES 1 THRU 5)	\$ 2205	\$ 2555	
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)	\$ 0	\$ 0	
8 TOTAL CONTRIBUTIONS	\$ 2205	\$ 2555	
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ 0	\$ 0	
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 2205	\$ 2555	
<b>TABLE II EXPENDITURES</b>			
1 DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 1186.53	\$ 1186.53	
2 DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ 0	\$ 0	
3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ 0	\$ 0	
4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ 0	\$ 0	
5 IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ 0	\$ 0	
6 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ 0	\$ 0	
7 SUB TOTAL (ADD LINES 1 THRU 6)	\$ 1186.53	\$ 1186.53	
8 REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ 0	\$ 0	
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 1186.53	\$ 1186.53	

## SCHEDULE A

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

CONTRIBUTOR NAME <b>Effective Leadership Committee Inc</b>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>165 West End Avenue Apt 14R</b>			EMPLOYER ADDRESS	
New York, NY 10023				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 1000 00	DATE(S) RECEIVED <b>4/17/12</b>	AMOUNT(S) RECEIVED THIS PERIOD \$ 1000 00
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ 1000.00
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ 1000.00

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

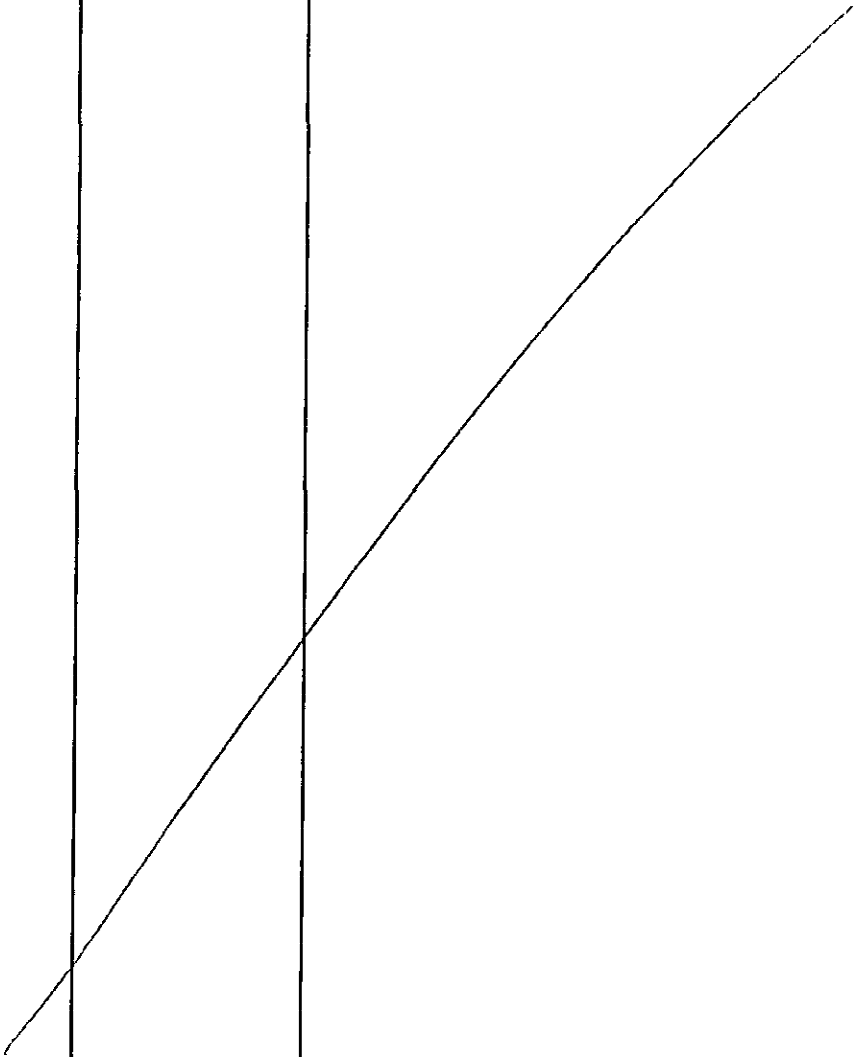
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S)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



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

LENDER NAME <i>Mark Schwartz</i>		EMPLOYER NAME <i>New York Water Management</i>	
LENDER ADDRESS <i>641 Cumberland Avenue</i>		EMPLOYER ADDRESS <i>PO Box 190727</i>	
<i>Teaneck NJ 07666</i>		<i>Brooklyn, NY 11219</i>	
OCCUPATION <i>Real Estate Manager</i>			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD <i>\$ 1155.00</i>	
DATE(S) RECEIVED <i>4/6/12</i>	AGGREGATE AMOUNT <i>\$ 1155.00</i>	CHECK IF CURRENCY <input type="checkbox"/>	
LENDER NAME		EMPLOYER NAME	
LENDER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD \$	
DATE(S) RECEIVED	AGGREGATE AMOUNT \$	CHECK IF CURRENCY <input type="checkbox"/>	
TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD		<i>\$ 1155.00</i>	

**ADJUSTMENT SCHEDULE**  
**Refund of Excessive Contributions**

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

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

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
4/9/12	Debit Card	The UPS Store 4922 Cedar Lane Teaneck, NJ 07666	Mailing R-1 to ELEC	\$ 23,23	\$ 23,23	\$ 0
4/23/12	0001	Cadett Marketing, Inc. 183 Market St Saddle Brook, NJ 07663	Brochures, trinkets	\$1163.30	\$1163.30	0
TOTAL, THIS PAGE				\$ 1186.53	\$ 1186.53	\$ 0
(COMPLETE THIS LINE FOR EVERY PAGE USED)						
GRAND TOTAL				\$ 1186.53	\$ 1186.53	\$ 0
(COMPLETE THIS LINE FOR LAST PAGE USED)						

**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
				\$	\$	\$
				\$ 0	\$ 0	\$ 0
				\$ 0	\$ 0	\$ 0

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

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

**SCHEDULE E**  
Outstanding Obligations

Date Incurred	Creditor's Name	Address	Description	Amount
4/6/12	Mark Schwartz	611 Cumberland Ave Teaneck NJ 07666	loan (campaign signs)	\$ 1155.00
TOTAL OUTSTANDING OBLIGATIONS				\$ 1155.00

**SCHEDULE F**  
Refunded Disbursements

Date	Full Name	Address	Description	Amount
<del> </del>				\$
SCHEDULE F TOTAL				\$ 0

**SCHEDULE G**  
**Recipients of In-Kind Contributions**



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

## STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

<b>Opening Balance, this report</b> (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero)	\$ <u>350</u>
<b>Funds Transferred from Prior Campaign</b>	\$ <u>0</u>
<b>Deposits (Include interest)</b>	\$ <u>1050</u>
<b>Disbursements (Include bank charges)</b>	\$ <u>1186.53</u>
<b>Closing Balance, this Report</b>	\$ <u>213.47</u>
<u>Chase</u> NAME OF BANK OR DEPOSITORY	<u>Schwartz for Council</u> NAME OF ACCOUNT
<u>170 The Plaza, Teaneck NJ 07666</u> ADDRESS OF BANK OR DEPOSITORY	
<u>Kevin Feit</u> NAME OF TREASURER	<u>201-747-8595</u> *TELEPHONE NUMBER (DAY)
<u>545 West Englewood Avenue, Teaneck NJ 07666</u> ADDRESS OF TREASURER	

### CERTIFICATION

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

<u>4/26/12</u> DATE	<u>Mark Schwartz</u> PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>4/26/12</u> DATE	<u>Kevin Feit</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

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.

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



FORM R-1	REPORT OF CONTRIBUTIONS AND EXPENDITURES	REPORT (CHECK ONE)
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P O Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site <a href="http://www.elec.state.nj.us/">http://www.elec.state.nj.us/</a>		<input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input checked="" type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct 15, _____ <input type="checkbox"/> Jan 15, _____
CANDIDATE OR COMMITTEE NAME <i>Schwartz For Council</i>		<b>For State Use Only</b>  <b>ELEC RECEIVED</b>  <b>MAY 30 2012</b>
STREET ADDRESS <i>641 Cumberland Ave</i>		
CITY <i>Teaneck</i>	STATE <i>NJ</i>	ZIP CODE <i>07666</i>
COUNTY <i>Bergen</i>	ELECTION DISTRICT OR MUNICIPALITY <i>Teaneck</i>	
POLITICAL PARTY, IF ANY <i>Non-partisan</i>	OFFICE SOUGHT <i>Town Council</i>	
ELECTION DATE <i>5/8/12</i>	ELECTION TYPE (CHECK ONE)	<input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> RUN-OFF <input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT <input type="checkbox"/> SPECIAL
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED		
<b>TABLE I RECEIPTS</b>		
	THIS REPORT	CUMULATIVE TO DATE
1 MONETARY CONTRIBUTIONS OF \$300 OR LESS	\$ 350.00	\$ 750.00
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 3000.00	\$ 4000.00
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	\$ 1155.00
6 SUB TOTAL (ADD LINES 1 THRU 5)	\$ 3350.00	\$ 5905.00
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)	\$ 0	\$ 0
8 TOTAL CONTRIBUTIONS	\$ 3350.00	\$ 5905.00
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ 0	\$ 0
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 3350.00	\$ 5905.00
<b>TABLE II EXPENDITURES</b>		
1 DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 3068.41	\$ 4254.94
2 DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ 0	\$ 0
3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ 0	\$ 0
4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ 0	\$ 0
5 IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ 0	\$ 0
6 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ 0	\$ 0
7 SUB TOTAL (ADD LINES 1 THRU 6)	\$ 3068.41	\$ 4254.94
8 REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ 0	\$ 0
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 3068.41	\$ 4254.94

## SCHEDULE A

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

CONTRIBUTOR NAME <i>Mark Schwartz</i>			EMPLOYER NAME <i>New York Water Management</i>	
CONTRIBUTOR ADDRESS <i>641 Cumberland Ave</i>			EMPLOYER ADDRESS <i>PO Box 190727</i>	
<i>Teaneck NJ 07666</i>			<i>Brooklyn, NY 11219</i>	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>3000.00</i>	DATE(S) RECEIVED <i>5/8/12</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>3000.00</i>
OCCUPATION <i>Real Estate Manager</i>				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ <i>3000.00</i>	
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ <i>3000.00</i>	

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

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

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

LENDER NAME		EMPLOYER NAME	
LENDER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD	
		\$	
DATE(S) RECEIVED	AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>	
	\$		
LENDER NAME		EMPLOYER NAME	
LENDER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD	
		\$	
DATE(S) RECEIVED	AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>	
	\$		
TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD		\$ 0	

**ADJUSTMENT SCHEDULE**  
**Refund of Excessive Contributions**

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
			\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	\$ 0
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	\$ 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
4/26/12	Debit Card	The UPS Store 492C Cedar Lane Teaneck, NJ 07666	Mailing R-1 to ELEC	\$ 21.06	\$ 21.06	\$ 0
5/8/12	972020 035	Sordan Ellerbee 141 Briggs Ave Teaneck, NJ 07666	Distribution of campaign literature	60.00	60.00	0
5/8/12	972020 0036	Victoria Wilkerson 1778 Libert Rd Teaneck, NJ 07666	Distribution of campaign literature	185.00	185.00	0
5/8/12	972020 0037	Vanessa Gomez 200 Sherman Ave Teaneck, NJ 07666	Distribution of campaign literature	50.00	50.00	0
5/8/12	972020 0038	Alexia Sheals Teaneck, NJ 07666	Distribution of campaign literature	45.00	45.00	0
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>				<b>TOTAL, THIS PAGE</b>	<b>\$ 361.06</b>	<b>\$ 0</b>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>				<b>GRAND TOTAL</b>	<b>\$ 361.06</b>	<b>\$ 0</b>

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

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
5/8/12	972020 0039	Indiana Suriel 694 Cedar Lane Teaneck, NJ 07666	Distribution of campaign literature	\$ 220.00	\$ 220.00	\$ 0
5/8/12	972020 0040	Ethan Alkbar 1171 Anna St Teaneck, NJ 07666	Distribution of campaign literature	140.00	140.00	0
5/8/12	972020 0041	Indiya Alkbar 1171 Anna St Teaneck, NJ 07666	Distribution of campaign literature	140.00	140.00	0
5/8/12	972020 0042	Keoko Patterson 1155 Arlington Rd Teaneck, NJ 07666	Distribution of campaign literature	95.00	95.00	0
5/8/12	972020 0043	Aziza Patterson 1155 Arlington Rd Teaneck, NJ 07666	Distribution of campaign literature	130.00	130.00	0
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>				<b>\$ 725.00</b>	<b>\$ 725.00</b>	<b>\$ 0</b>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>				<b>\$ 1086.06</b>	<b>\$ 1086.06</b>	<b>\$ 0</b>

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

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
5/8/12	972020 0044	Samantha Wilson 1778 Libert Rd Teaneck, NJ 07666	Distribution of campaign literature	\$ 150.00	\$ 150.00	\$ 0
5/8/12	972020 0045	Cabett Marketing 183 Market Street Saddle Brook, NJ 07663	Tri-fold brochures	695.50	695.50	0
5/9/12	972020 0046	Keith W. Helmsen DS Service Entertainment 130 Glenbrook Parkway Englewood, NJ 07631	Entertainment on Election Day evening	300.00	300.00	0
5/22/12	972020 0047	All County Media 77 Hudson St Hackensack, NJ 07601	Palm Cards, Robo call	486.85	486.85	0
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>				<b>TOTAL, THIS PAGE</b>	\$ 1632.35	\$ 0
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>				<b>GRAND TOTAL</b>	\$ 2718.41	\$ 0



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

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
5/22/12	972020 0048	GE Renovations, Inc. 655 Suffern Rd Teaneck, NJ 07666	Lawn Sign distribution	\$ 350.00	\$ 350.00	\$ 0
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 350.00	\$ 350.00	\$ 0
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 3068.41	\$ 3068.41	\$ 3068.41

**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
				\$	\$	\$
				\$ 0	\$ 0	\$ 0
				\$ 0	\$ 0	\$ 0

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

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

**SCHEDULE E**  
**Outstanding Obligations**

Date Incurred	Creditor's Name	Address	Description	Amount
4/6/12	Mark Schwartz	641 Cumberland Ave Teaneck, NJ 07666	loan (campaign signs)	\$ 1155.00
TOTAL OUTSTANDING OBLIGATIONS				\$ 1155.00

**SCHEDULE F**  
**Refunded Disbursements**

Date	Full Name	Address	Description	Amount
				\$
SCHEDULE F TOTAL				\$ 0

**SCHEDULE G**  
**Recipients of In-Kind Contributions**

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

**STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER**

**Opening Balance, this report**  
 (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero) \$ 213.47

**Funds Transferred from Prior Campaign** \$ 0

**Deposits (Include interest)** \$ 3350.00

**Disbursements (Include bank charges)** \$ 3068.41

**Closing Balance, this Report** \$ 495.06

Chase Schwartz for Council  
 NAME OF BANK OR DEPOSITORY NAME OF ACCOUNT  
170 The Plaza, Teaneck NJ 07666  
 ADDRESS OF BANK OR DEPOSITORY  
Kevin Feit 201-747-8595  
 NAME OF TREASURER \*TELEPHONE NUMBER (DAY)  
545 West Englewood Avenue, Teaneck NJ 07666  
 ADDRESS OF TREASURER

**CERTIFICATION**

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

<u>5/25/12</u> DATE	<u>Mark Schwartz</u> PRINT FULL NAME (CANDIDATE)	<u>[Signature]</u> SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>5/25/12</u> DATE	<u>Kevin Feit</u> PRINT FULL NAME (TREASURER)	<u>[Signature]</u> SIGNATURE (TREASURER)

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**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)	
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P O Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site <a href="http://www.elec.state.nj.us/">http://www.elec.state.nj.us/</a>		<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, <u>2013</u>	
CANDIDATE OR COMMITTEE NAME <u>Schwartz For Council</u>		<b>For State Use Only</b>  <b>ELEC RECEIVED</b>  <b>JAN 17 2013</b>	
STREET ADDRESS <u>641 Cumberland Ave</u>			
CITY <u>Teaneck</u>	STATE <u>NJ</u>		ZIP CODE <u>07666</u>
COUNTY <u>Bergen</u>	ELECTION DISTRICT OR MUNICIPALITY <u>Teaneck</u>		
POLITICAL PARTY, IF ANY <u>Non-partisan</u>	OFFICE SOUGHT <u>Town Council</u>		
ELECTION DATE <u>5/8/12</u>	ELECTION TYPE (CHECK ONE)	<input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> RUN-OFF <input type="checkbox"/> SCHOOL FIRE DISTRICT <input type="checkbox"/> SPECIAL	
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED			
<b>TABLE I. RECEIPTS</b>			
	THIS REPORT	CUMULATIVE TO DATE	
1 MONETARY CONTRIBUTIONS OF \$300 OR LESS	\$ 0	\$ 750.00	
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 733.27	\$ 4733.27	
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	\$ 1155.00	
6 SUB TOTAL (ADD LINES 1 THRU 5)	\$ 733.27	\$ 6638.27	
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)	\$ 0	\$ 0	
8 TOTAL CONTRIBUTIONS	\$ 733.27	\$ 6638.27	
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ 0	\$ 0	
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 733.27	\$ 6638.27	
<b>TABLE II. EXPENDITURES</b>			
1 DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 1228.33	\$ 5483.27	
2 DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ 0	\$ 0	
3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ 0	\$ 0	
4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ 0	\$ 0	
5 IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ 0	\$ 0	
6 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ 0	\$ 0	
7 SUB TOTAL (ADD LINES 1 THRU 6)	\$ 1228.33	\$ 5483.27	
8 REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ 0	\$ 0	
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 1228.33	\$ 5483.27	

## SCHEDULE A

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

CONTRIBUTOR NAME <i>Mark Schwartz</i>			EMPLOYER NAME <i>New York Water Management</i>	
CONTRIBUTOR ADDRESS <i>641 Cumberland Ave</i>			EMPLOYER ADDRESS <i>PO Box 190727</i>	
<i>Teaneck NJ 07666</i>			<i>Brooklyn NY 11219</i>	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>3733 27</i>	DATE(S) RECEIVED <i>11/1/12</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>733 27</i>
OCCUPATION <i>Real Estate Manager</i>				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$	<i>733 27</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$	<i>733 27</i>



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

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

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

LENDER NAME		EMPLOYER NAME	
LENDER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD	
		\$	
DATE(S) RECEIVED	AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>	
	\$		
LENDER NAME		EMPLOYER NAME	
LENDER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD	
		\$	
DATE(S) RECEIVED	AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>	
	\$		
TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD		\$ 0	

**ADJUSTMENT SCHEDULE**  
**Refund of Excessive Contributions**

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

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

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
12/31/12	97202 00049	Mark Schwartz 641 Cumberland Ave Teaneck, NJ 07666	Loan repayment (campaign signs)	\$ 1155.00	\$ 1155.00	\$ 0
12/31/12	97202 00050	Kevin Feit 545 West Englewood Ave Teaneck NJ 07666	Loan repayment (mailing R-1, gift card for campaign volunteers)	\$ 733.33	\$ 733.33	\$ 0
				\$ 1228.33	\$ 1228.33	\$ 0
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>				<b>TOTAL, THIS PAGE</b>	\$ 1228.33	\$ 0
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>				<b>GRAND TOTAL</b>	\$ 1228.33	\$ 0



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

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

**SCHEDULE E**  
**Outstanding Obligations**

Date Incurred	Creditor's Name	Address	Description	Amount
				\$
<b>TOTAL OUTSTANDING OBLIGATIONS</b>				\$ 0

**SCHEDULE F**  
**Refunded Disbursements**

Date	Full Name	Address	Description	Amount
				\$
<b>SCHEDULE F TOTAL</b>				\$ 0

**SCHEDULE G**  
**Recipients of In-Kind Contributions**

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



## STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

**Opening Balance, this report**

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

\$ 445.06

**Funds Transferred from Prior Campaign**

\$ 0

**Deposits** (Include interest)

\$ 733.27

**Disbursements** (Include bank charges)

\$ 1228.33


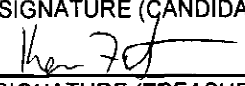
**Closing Balance, this Report**

\$ 0

<u>Chase</u>	<u>Schwartz For Council</u>
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
<u>170 The Plaza, Teaneck NJ 07666</u>	
ADDRESS OF BANK OR DEPOSITORY	
<u>Kevin Feit</u>	<u>201 747-8595</u>
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
<u>545 West Englewood Avenue, Teaneck NJ 07666</u>	
ADDRESS OF TREASURER	

### CERTIFICATION

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


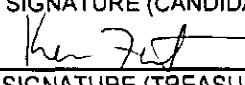
<u>12/31/12</u>	<u>Mark Schwartz</u>	
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
_____	_____	_____
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
_____	_____	_____
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
<u>12/31/12</u>	<u>Kevin Feit</u>	
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)

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

### 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.

<u>12/31/12</u>	<u>Mark Schwartz</u>	
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
_____	_____	_____
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
_____	_____	_____
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
<u>12/31/12</u>	<u>Kevin Feit</u>	
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)