

### JOINT CANDIDATES 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) Website: www.elec.nj.gov ELEC Received Feb 02, 2020

FORM D-2

7:09 PM

Γ

Amendment

Joint Candidates Commit MOVING TEANECK FOR							
Candidate Name				Candidate N	lame		
MARK SCHWARTZ				MICHAEL P	PAGAN		
Office Sought				Office Sough	nt		
COUNCIL OR MUNICIP/	AL OFFICE				OR MUNICIPAL OFFIC	E	
Candidate Name				Candidate N	lame		
KAREN LEW ORGEN							
Office Sought				Office Sough	nt		
COUNCIL OR MUNICIP	AL OFFICE						
Candidate Name				Candidate N	lame		
Office Sought				Office Sough	nt		
Street Address 105 BERGEN AVE							
City TEANECK		State NJ	Zip Code 07666	*(Area C 201-669	Code) Day Telephone 9-1601	· ·	rea Code) Evening Telephone 1-669-1601
Committee Email (Optio	nal)			Committee	Website (Optional)		
Election Type:	O Primary O	May Muni	icipal (	Fire District			Election Date
(Select One)	○ General	Run-Off	C	Special			05/12/2020
County				on District or N	Junicipality	Political Party	
BERGEN COUNTY		-	K TOWNSH		NONPARTISAN		
		12/1120					
CHAIRPERSON Name							
GERALD T REINER JR.							
Mailing Address 105 BERGEN AVE							
City			Zip Code	*(Area	Code) Day Telephone	*(A	Area Code) Evening Telephone
TEANECK		NJ	07666	201-669	9-1601	20	1-669-1601
Name GERALD T REINER JR							
Mailing Address 105 BERGEN AVER							
City TEANECK		State NJ	Zip Code 07666	*(Area 201-669	Code) Day Telephone 9-1601	· ·	Area Code) Evening Telephone 1-669-1601
Resident Address 105 BERGEN AVE							
City TEANECK					State NJ		/ip Code 07666
*Leave this field blank if your tel	lephone number is unlisted. Pur	rsuant to <u>N.J</u>	<u>.S.A.</u> 47:1A-1.1	, an unlisted telep	bhone number is not a public r	ecord	and must not be provided on this form.

DEPOSITORY INFORMATION						
Name of Bank or Depository TBD						
Mailing Address						
City				State	Zip Code	(Area Code) Day Telephone
Account Name						
Account Number						
LIST THE NAME(S), MAILING ADDRES CHECKS OR OTHERWISE MAKE TRAN				R(S) OF ANY	' PERSON(S) AUT	HORIZED TO SIGN
Name GERALD T REINER JR.						
Mailing Address 105 BERGEN AVE						
City TEANECK		State NJ	Zip Code 07666	*(Area Code 201-669-16	e) Day Telephone 01	*(Area Code) Evening Telephone 201-669-1601
Name		<b>I</b>				
Mailing Address						
City		State	Zip Code	*(Area Code	e) Day Telephone	*(Area Code) Evening Telephone
Name						
Mailing Address						
City		State	Zip Code	*(Area Code	e) Day Telephone	*(Area Code) Evening Telephone
<b>CANDIDATE CERTIFICATION:</b> I certify the existence of the candidate committee management or control of any political of false, I may be subject to punishment.	e, estab	olish, autho	orize the establis	hment of, mai	intain, or participate	e directly or indirectly in the
Registration Number	PIN	****	Candidate _K	AREN ORG	EN	Date 02/02/2020
Registration Number	PIN _*	****	Candidate _M	IARK J SCH	WARTZ	Date 02/02/2020
Registration Number	PIN _*	****	Candidate _N	/ICHAEL PA	GAN	Date 02/02/2020
Registration Number	PIN _		Candidate			
Registration Number						
Registration Number	PIN _		Candidate			Date
CHAIRPERSON/TREASURER CERTIF statements are willfully false, I may be s		-		ents on this d	ocument are true. I	am aware that if any of the
Registration Number					REINER JR	
Registration Number *********						
Treasurers for Gubernatorial and Legisl training enter your Treasurer Training IE			re required to rec	ceive training	with the NJ ELEC.	If you have completed the
*Leave this field blank if your telephone number is un	nlisted. Pu	rsuant to <u>N.J.</u>	<u>S.A.</u> 47:1A-1.1, an ur	nlisted telephone	number is not a public re	ecord and must not be provided on this form.



### JOINT CANDIDATES COMMITTEE - SWORN STATEMENT

#### 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.nj.gov FORM A-2

ELEC Received Feb 02, 2020 7:02 PM

Amendment

Joint Candidates Commi	ttee Name							
MOVING TEANECK FO	RWARD							
Candidate Name				Car	ndidate Name			
MARK SCHWARTZ				MI	CHAEL PAGAN			
Office Sought				Offi	ce Sought			
COUNCIL OR MUNICIP	AL OFFICE			CC	UNCIL OR MUNICIPAL OFFIC	E		
Candidate Name				Car	ndidate Name			
KAREN LEW ORGEN								
Office Sought				Offi	ce Sought			
COUNCIL OR MUNICIP	AL OFFICE							
Candidate Name				Car	ndidate Name			
Office Sought				Office Sought				
Street Address								
105 BERGEN AVE		01-1-	7:01		*(Anala Olada) Davi Talankana	*/ .		
City		State	Zip Code		*(Area Code) Day Telephone	· ·	rea Code) Evening Telephone	
TEANECK		NJ	07666	201-669-1601 201-669-1601				
Committee Email (Option	onal)			Co	mmittee Website (Optional)			
Election Type:	O Primary	May Mun	icipal (	Fire	e District		Election Date	
(Select One)	⊖ General	Run-Off	C	Sp	ecial		05/12/2020	
County Legal Name of Election			ion District or Municipality Political Party			Political Party		
BERGEN COUNTY		TEANEC	K TOWNSH	HIP NONPARTISAN				

I, the undersigned, do hereby certify as follows:

1. The total amount expended or to be expended on behalf of candidates by this committee shall be zero, or shall not, in the aggregate, exceed \$9,700 for two candidates or \$14,000 for three or more candidates, for this election.

2. I am aware that in the event the total amount expended or to be expended on behalf of candidates by this committee, in the aggregate, exceeds \$9,700 for two candidates or \$14,000 for three or more candidates, I am required to file a "Report of Contributions and Expenditures," Form R-1, on each subsequent reporting date.

3. I am aware that if contributions from one source aggregate more than \$300, or if I receive currency (cash) contributions in any amount, I am required to report the contributions to the Commission on the "Supplemental Contributor Information," Form C-1, including the identity of the source and the aggregate total of contributions, and if the contributor is an individual, his/her occupation and the name and address of his/her employer.

4. I am aware that if the committee receives a contribution in excess of \$1,600 in the aggregate from one source starting with the 13th day before the election up to, and including, the day of the election, I am required to notify the Commission in writing on the 'Supplemental Contributor Information," Form C-1, within 48 hours of receipt of the contribution and to identify the source and the aggregate amount received therefrom during the period, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer.

\*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.

I, the undersigned, do hereby certify as follows: (continued)

5. I am aware that if the committee makes, incurs, or authorizes an expenditure of money or other thing of value in excess of \$1,600 in the aggregate to support or defeat a candidate or public question, starting with the 13th day before the election up to and including the day of the election, I am required to notify the Commission in writing within 48 hours of the expenditure on the "Supplemental Expenditure Information," Form E-1.

6. I am aware that a joint candidates committee is required to designate a campaign treasurer and campaign depository not later than the date on which the committee first receives any contribution or makes any expenditure. Further, I am aware that no later than the tenth day after such designation of campaign treasurer and campaign depository, the committee is required to notify the Commission of the name and address of the campaign treasurer and of the depository by the filing of "Certificate of Organization and Designation of Campaign Treasurer and Depository," Form D-2.

**CANDIDATE 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.

Registration	Number	PIN	*****
Candidate	MICHAEL PAGAN	Date	02/02/2020
Registration	Number	PIN	*****
Candidate	MARK J SCHWARTZ	Date	02/02/2020
Registration	Number	PIN	*****
Candidate	KAREN ORGEN	Date	02/02/2020
Registration	Number	PIN	
Candidate		Date	
Registration	Number	PIN	
Candidate		Date	
Registration	Number	PIN	
Candidate		Date	

FORM R-1	REPORT OF CONTRIBUTIONS AND EXPENDITURES				REPORT (CHECK	
	SEY ELECTION LAN P.O. Box 185, Tre 292-8700 or Toll Free V www.e		$\square 11_{E} \square AY REEELECTION$ $\square 20 - DAY POST-ELECTION$ $\square Apr 13 2020$ $\square Apr_{055,31 - PM}$ $\square July 15, \_\_\_$			
	aneck Forward				Oct. 15, Jan. 15,	
STREET ADDRES	s 105 Bergen Ave				Amendment Yes	No XX
CITY Teaneck		STATE NJ	ZIP CODE 07666		For Sta	te Use Only
COUNTY		ELECTION DI	STRICT OR MUNICIPALITY	Y		
Bergen POLITICAL PARTY		Teaneck				
Non-Partisan	, IF AN Y	OFFICE SOUC	581			
ELECTION DATE	ELECTION TYPE (CHECK ONE)	PRIM		IPA	L SCHOOL	
SUMMARY TABI			ETE TABLES I AND II UNT HAVE BEEN COMPLETED	ΓIL		
TABLE I. RECEI	PTS				THIS REPORT	CUMULATIVE TO DATE
1. MONETARY CO	ONTRIBUTIONS / LOA	NS OF \$300 O	R LESS	\$2	0,097.47	\$
	ONTRIBUTIONS IN EX	CESS OF \$300	AND ALL CURRENCY	\$2	,500.00	\$
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS						\$
4. IN-KIND CONT	RIBUTIONS IN EXCES	SS OF \$300 [Sc	hedule B]	\$0		\$
5. LOANS RECEIN [Schedule C]	VED IN EXCESS OF \$	300 AND ALL C	URRENCY LOANS	\$0		\$
6. SUB TOTAL			(ADD LINES 1 THRU 5)	\$ 2	2,597.47	\$
7. REFUND OF C	ONTRIBUTIONS [Adju	stment Schedul	e] (-)	<sup>\$</sup> 0		\$
8. TOTAL CONTR	RIBUTIONS			\$2	2,597.47	\$
9. ADD FUNDS TR	RANSFERRED FROM	PRIOR CAMPA	AIGN (+)	\$		\$
10. TOTAL RECEI	PTS		(ADD LINE 8 + LINE 9)	\$2	2,597.47	\$
TABLE II. EXPE	NDITURES					
1. DISBURSEME	NTS - CAMPAIGN EX	PENSES [Sche	dule 1(D)]	\$6,	469.88	\$
	NTS - OTHER [Sched			\$		\$
<ol> <li>DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]</li> </ol>						\$
<ol> <li>CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]</li> </ol>				\$		\$
5. IN-KIND CONT	RIBUTIONS OF \$300	OR LESS (TAB	LE I, LINE 3)	\$		\$
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)				\$		\$
7. SUB TOTAL			(ADD LINES 1 THRU 6)	\$6	,469.88	\$
8. REFUNDED D	ISBURSEMENTS [Sch	edule F]	(-)			\$
9. TOTAL EXPEN	NDITURES		(LINE 7 MINUS LINE 8)	<sup>\$</sup> 6	469.88	\$

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

		,
CONTRIBUTOR NAME	EMPLOYER NAME	
FEDERICI & AKIN PA		
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
307 GREENTREE ROAD		
SEWELL, NJ 08080		
CHECK IF CURRENCY S	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION CORPORATION	2-19-2020	2,000.00
CONTRIBUTOR NAME	EMPLOYER NAME	
EFO TROY E. SINGLETON FOR NJ SENATE		
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
907 MORGAN AVE		
PALMYRA, NJ 08065		
CHECK IF CURRENCY C \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION CAMPAIGN ACCOUNT	3-5-2020	\$ 500.00
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
		AMOUNT(S) RECEIVED THIS PERIOD
	DATE(3) RECEIVED	\$
OCCUPATION		*
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
		\$
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	(-)	\$
OCCUPATION		
	1	
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	TAL, THIS PAGE	\$ 2,500.00
(COMPLETE THIS LINE FOR LAST PAGE USED) GR	AND TOTAL	\$2,500.00

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

CONTRIBUTOR NAME	EMPLOYER NAME
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
AGGREGATE AMOU \$	INT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION	
DESCRIPTION OF IN-KIND CONTRIBUTION(S)	
CONTRIBUTOR NAME	EMPLOYER NAME
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
AGGREGATE AMOU \$	INT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION	
DESCRIPTION OF IN-KIND CONTRIBUTION(S)	
CONTRIBUTOR NAME	EMPLOYER NAME
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
AGGREGATE AMOU \$	INT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION	
DESCRIPTION OF IN-KIND CONTRIBUTION(S)	
CONTRIBUTOR NAME	EMPLOYER NAME
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
AGGREGATE AMOU \$	INT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION	<b>\$</b>
DESCRIPTION OF IN-KIND CONTRIBUTION(S)	II
(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

	ed in Excess of			
LENDER NAME		EMPLOYER N	NAME	
LENDER ADDRESS		EMPLOYER /	ADDRI	ESS
OCCUPATION		ļ		
CO-SIGNER NAME		EMPLOYER	NAME	
CO-SIGNER ADDRESS		EMPLOYER /	ADDRE	ESS
OCCUPATION		AMOUNT(S)   \$	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO	UNT		
LENDER NAME	·	EMPLOYER	NAME	
LENDER ADDRESS		EMPLOYER /	ADDRI	ESS
OCCUPATION				
CO-SIGNER NAME		EMPLOYER	NAME	
CO-SIGNER ADDRESS		EMPLOYER A	ADDRE	ESS
OCCUPATION		AMOUNT(S) I \$	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO	UNT		
TOTAL AMOUNT OF LOANS RECEIVED		DD	¢	
1			٦ (	

### ADJUSTMENT SCHEDULE

### **Refund of Contributions**

					<u> </u>
PAYMENT DATE	CHECK NO.	PA	YEE NAME AND ADDRE	ESS	REFUNDED AMOUNT
					\$
(COMPLETE THIS	LINE FOR EVERY PA	GE USED)	TOTAL, THIS PAGE	\$	
(COMPLETE THIS	LINE FOR LAST PAG	E USED)	GRAND TOTAL	\$	

# SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE		FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
3-22-2020	901	FOX MARKETING 836 PALISADE AVE TEANECK, NJ 07666	GIVEAWAYS		\$2063.88	\$	\$
3-22-2020	902	KAREN ORGEN 1090 LAMBERT RD TEANECK, NJ 07666	LAWN SIGNS, REIMBURSEMENT \$4406.0		\$4406.00		
	l		1	\$ 6	,469.88	\$	\$
(COMPLETE TH	HIS LINE FOR	R EVERY PAGE USED)	TOTAL, THIS PAGE			\$	\$
(COMPLETE TH	HIS LINE FOR	R LAST PAGE USED)	GRAND TOTAL	\$ 6,	469.88	Ψ	Ψ

# 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
				\$	\$	\$
(COMPLETE TH		R EVERY PAGE USED)	TOTAL, THIS PAGE	\$	\$	\$
			GRAND TOTAL	\$	\$	\$

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT			
				\$			
(COMPLETE THIS L	INE FOR EVERY PA	GE USED)	TOTAL, THIS PAGE	\$ 			
COMPLETE THE F	COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:						
SCHEDULE 3(D) G	1. \$						
ADD THE "PRO - F	2. \$						
GRAND TOTAL O	F CONTRIBUTIONS N	IADE TO AND ON BEHALF OF CANDIDATES/COMMITTE	ES	3. \$			

# SCHEDULE E

# **Outstanding Obligations**

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

# SCHEDULE F

### **Refunded Disbursements**

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

# SCHEDULE G Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE/COMMI	TTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMI	ITEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMI	TTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMI	ITEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMI	TTEE	
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 insert zero.)	election, <u></u> §0			
Funds Transferred from Prior Campaign	<u>\$</u>			
Deposits (Include interest)	<sub>\$</sub> 22,597.47			
Disbursements (Include bank charges)	<u>\$</u> 6,469.88			
Closing Balance, this Report	<sub>\$</sub> 16,127.59			
CROSS RIVER BANK	MOVING TEANECK FORWARD			
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT			
885 TEANECK ROAD, TEANECK, NJ 07666				
ADDRESS OF BANK OR DEPOSITORY				
GERALD T REINER JR.	201-669-1601			
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)			
105 BERGEN AVE, TEANECK, NJ 07666				
ADDRESS OF TREASURER				

### CERTIFICATION

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

4-13-2020	MARK SCHWARTZ	Mark Showartz
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
4-13-2020	KAREN ORGEN	Karen Orgen
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CÁNDIDATE)
4-13-2020	MICHAEL PAGAN	Michael Pagan
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
4-13-2020	Gerald T Reiner Jr.	Arr
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (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)		

New Jersey Election Law Enforcement Commission 11 FORM R-1 Revised 02.28.2018 \*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

FORM R-1	REPORT	OF CONTR		REPORT (CHECK	2	
(609) 2	EY ELECTION LAV P.O. Box 185, Tre 92-8700 or Toll Free V www.e					
	EANECK FORW	ARD			Oct. 15, Jan. 15,	
STREET ADDRES	-				Amendment Yes	
CITY TEANECK		STATE NJ	ZIP CODE 07666		For Sta	te Use Only
COUNTY BERGEN		ELECTION DIS	STRICT OR MUNICIPALITY	Y		
POLITICAL PARTY		OFFICE SOUC	θHT			
ELECTION DATE MAY 12 2020	ELECTION TYPE (CHECK ONE)			CIPA		
SUMMARY TAB			ETE TABLES I AND II UN AVE BEEN COMPLETED	ΓIL		
TABLE I. RECEI	PTS				THIS REPORT	CUMULATIVE TO DATE
1. MONETARY CO	ONTRIBUTIONS / LOA	NS OF \$300 O	RLESS	\$	1451.00	\$ 1451.00
	ONTRIBUTIONS IN EX	CESS OF \$300	AND ALL CURRENCY	\$ 2	21200.00	\$21200.00
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS \$						\$
4. IN-KIND CONT	RIBUTIONS IN EXCES	\$ Z	4300.00	\$ 4300.00		
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS						\$
[Schedule C]         6. SUB TOTAL         (ADD LINES 1 THRU 5)				\$ 2	26951.00	\$ 26951.00
7. REFUND OF C	ONTRIBUTIONS [Adju	stment Schedul	e] (-)	\$		\$
8. TOTAL CONTR	RIBUTIONS			\$	26951.00	<sup>\$</sup> 26951.00
9. ADD FUNDS T	RANSFERRED FROM	PRIOR CAMPA	IGN (+)	\$		\$
10. TOTAL RECEI	PTS		(ADD LINE 8 + LINE 9)	\$	26951.00	\$26951.00
TABLE II. EXPE	NDITURES					
1. DISBURSEME	NTS - CAMPAIGN EX	PENSES [Schee	dule 1(D)]	\$	6499.81	\$ 6499.81
2. DISBURSEMENTS - OTHER [Schedule 2(D)]			\$		\$	
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]			\$		\$	
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]			\$		\$	
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)			\$		\$	
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)			\$	4300.00	\$ 4300.00	
7. SUB TOTAL			(ADD LINES 1 THRU 6)	\$1	0799.81	<sup>\$</sup> 10799.81
8. REFUNDED D	ISBURSEMENTS [Sch	edule F]	(-)	\$		\$
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)				<sup>\$</sup> 1	0799.81	<sup>\$</sup> 10799.81

# PAGE 1 0F 2

Date Nam	ne	Address	City	Zip	Amount	Name & Employer Address	Occupation
29 Jan 1 - Ap	oril 12 2020	Excess \$300.00 Sch A	page 2				
03/05/20 Steven Weilkotz		401 Wanaque Ave	Pompton Lakes	NJ 07442	\$ 900.00	Weilkotz & Company LLC 401 Wanaque Ave Pompton NJ 07442	Accountant
03/20/20 Ari M. Silverman		132 Walraven Dr.	Teaneck	NJ 07666	\$ 900.00	Teaneck Dog House 132 Walraven Dr Teaneck NJ 07666	Mgnt
03/20/20 Chaim Berger		419 E. County Line Rd	Brooklyn	NY 11218	\$ 900.00	The Fiber Group 1358 Hooper Ave Ste 306 Toms River NJ 08756	Financial Consultant
03/20/20 Matthew Curro		70 Hudson St Ste 3C	Hoboken	NJ 07030	\$ 900.00	Curro Law LLC 70 Hudson St Ste 3C Hoboken NJ 07030	Attorney
03/20/20 Devora Berger		419 E. County Line Rd	Brooklyn	NY 11218	\$ 900.00		Homemaker
03/20/20 Grunbaum		955 46th Street	Brooklyn	NY 11219	\$ 900.00		Mgnt
03/20/20 Mindy Klein Sobel		1251 47th Street	Brooklyn	NY11219	\$ 900.00		Homemaker
03/23/20 Isaac Fried		1399 Cabernet Court	Toms River	NJ 08753	\$ 900.00	Skybrook Capital 999 Central Ave Ste 302 Woodmere NY 11598	Real Estate
03/20/20 Reginald Jenkins Jr.		105 Chestnut ST	Montclair	NJ 07424	\$ 400.00	Chasen Lamparello Mallon & Cappuzzo PC 300 Lighting Way Ste 200 Secaucus NJ 07094	Attorney
03/23/20 Federici & Akin P.A.		307 Greentree Road	Sewell	NJ 08080	\$ 2,000.00		Engineering
03/23/20 Arthur W. Gottheim		38 Rathbun Ave	White Plains	NY10606	\$ 900.00		Retired
03/23/20 Bergen Irish Victory	PAC	79 Monroe Ave	Cresskill	NJ 07626	\$ 900.00		Campaign / PAC
03/23/20 John Mac		581 Styvesant Ave, Suite 201	Lyndhurst	NJ 07071	\$ 900.00	J Mac's Consturciton LLC 518 Stuyvesant Ave Lyndhurst NJ 07071	Construction
03/23/20 Claudia A Reis		360 Mount Kemble Ave Ste 1004	Morristown	NJ 07960	\$ 900.00	Lenzo & Reis, LLC 360 Mt Kemble Ave Ste 104 Morristown NJ 07960	Attorney
03/23/20 Louis Patuto JT Ten		11 Pontiac Dr	Wayne	NJ 07470	\$ 900.00		Homemaker
03/23/20 Mark M. Masella		1310 72nd Street	North Bergen	NJ 07047	\$ 900.00		Unemployed
03/23/20 Skylands Victory Pag	:	17 Conit St	Succasuna	NJ 07876	\$ 900.00		Campaign / PAC
03/23/20 William Pepe		15 Van Breeman Ct	Montclair	NJ 07042	\$ 900.00		Retired
03/23/20 Barry Wiegmann		217 Monroe Ave	Belle Meade	NJ 08502	\$ 500.00	Schulman Wiegmann & Associates 216 Stelton Rd # C1, Piscataway, NJ 08854	Court Reporter
04/07/20 Timmothy Donaghu	e	172 Maple Ave	Tuckerton	NJ 08087	\$ 900.00		Retired
03/05/20 Jonathan Boguchwa	I	130 W. State Street	Trenton	NJ 08608	\$ 500.00	CLB Partners 130 West State Street page 4	Mgnt
03/23/20 Shaya Berger		419 E. County Line Rd	Brooklyn	NY 11218	\$ 900.00		College Student
03/23/20 Doug Bern		530 Sylvan Ave	Englewood Cliffs	NJ 07632	\$ 500.00	530 Sylvan Reality LLC 530 Sylvan Ave Englewood NJ 07632	Real Estate
03/23/20 Troy E. Singlton For	NJ Senate	907 Morgan Ave	Palmyra	NJ 08065	\$ 500.00		Campaign / PAC
					\$ 20,600.00		

SCHEDULE A

Monetary Contributions in Excess of	<sup>5</sup> \$300 and All Currency	Contributions PAGE 2 OF 2	
CONTRIBUTOR NAME	EMPLOYER NAME		
APPRAISAL SYSTEM INC			
CONTRIBUTOR ADDRESS 264 S. STREET STE 18	EMPLOYER ADDRESS		
MORRISTOWN NJ 07960			
CHECK IF AGGREGATE AMOUNT	. ,	AMOUNT(S) RECEIVED THIS PERIOD \$ 300.00	
OCCUPATION	3/23/20 3/23/20	300.00	
CONTRIBUTOR NAME	EMPLOYER NAME	1	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS		
CHECK IF CURRENCY S \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION		Ψ	
CONTRIBUTOR NAME	EMPLOYER NAME	I	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	EMPLOYER ADDRESS	
CHECK IF CURRENCY S OCCUPATION	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
CONTRIBUTOR NAME	EMPLOYER NAME	I	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS		
CHECK IF CURRENCY C \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
CONTRIBUTOR NAME	EMPLOYER NAME		
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS		
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION	1		
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	)TAL, THIS PAGE	<b>\$</b> 600.00	
(COMPLETE THIS LINE FOR LAST PAGE USED) GF	RAND TOTAL	\$21000.00	

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

CONTRIBUTOR NAME MARK SCHWARTZ		EMPLOYER NAME JEWISH LINK ( OV	VNERSHIP INTEREST)	
CONTRIBUTOR ADDRESS 641 CUMBERLAN AVE		EMPLOYER ADDRESS PO BOX 3131		
TEANECK NJ 07666		TEANECK NJ 07	666	
	AGGREGATE AMOUNT \$ 4300.00	DATE(S) RECEIVED 3/12/20	AMOUNT(S) RECEIVED THIS PERIOD \$ 2300.00	
OCCUPATION REALESTATE			2000.00	
DESCRIPTION OF IN-KIND CONTRIBU ADVERTISEMENTS IN THE JEWISH LINK	TION(S) < NEWSPAPER FOR THE C <sup>2</sup>	OURSE OF THE CAMPAIG	IN SEASON SEE ATTACHCH INVOICES	
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	3	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION	1	1		
DESCRIPTION OF IN-KIND CONTRIBU	TION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	3	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION	1	1		
DESCRIPTION OF IN-KIND CONTRIBU	TION(S)	I	<u> </u>	
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS		
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD	
OCCUPATION	<u></u>	1	Ψ	
DESCRIPTION OF IN-KIND CONTRIBU	TION(S)	<u>I</u>		
(COMPLETE THIS LINE FOR EVERY I	PAGE USED) TO	TAL, THIS PAGE	\$4300.00	
(COMPLETE THIS LINE FOR LAST PA	AGE USED) GF	AND TOTAL	\$4300.00	
			,	

# INVOICE



PO BOX 3131 Teaneck, NJ 07666 201-371-3212

Moving Teaneck Forward
Attn: Mark J. Schwartz

Invoice #	0420NJ108237
Invoice Date	3/12/2020
P. O. #	
Terms	Due Upon Receipt
Sales Rep.	Moshe Kinderlehrer

Advertiser	Moving Teaneck Forward		
Publication	JLNJ E-Blast		
Summary	E-Blast Full Color Ad(s) @ \$0.	00/per issue for 12 issue(s) running from 3/12/2020 - 5/7/2020	
Notes			
Issue Date	Ad Details	Ad Cost Bill Cost	Prepayment
4/3/2020	Full Color , E-Blast , E-Blast Ad.	\$350.00 \$0.00	\$0.00
	DISCOUNTS: Bonus Ad(100%): \$350.00		
4/14/2020	Full Color , E-Blast , E-Blast Ad.	\$350.00 \$0.00	\$0.00
	DISCOUNTS: Bonus Ad(100%): \$350.00		
4/24/2020	Full Color , E-Blast , E-Blast Ad.	\$350.00 \$0.00	\$0.00
	DISCOUNTS: Bonus Ad(100%): \$350.00		
4/28/2020	Full Color , E-Blast , E-Blast Ad.	\$350.00 \$0.00	\$0.00
	DISCOUNTS: Bonus Ad(100%): \$350.00		
Publication	The Jewish Link of New Jersey	/	
Summary	E-Blast Full Color Ad(s) @ \$25	0.00/per issue for 12 issue(s) running from 3/12/2020 - 5/7/202	20
Notes			
Issue Date	Ad Details	Ad Cost Bill Cost	Prepayment
3/12/2020	Full Color , Full Page , Display Ad.	\$1,200.00 \$250.00	\$0.00
	DISCOUNTS: Special Discount: \$950.00		
3/19/2020	Full Color , Full Page , Display Ad.	\$1,200.00 \$250.00	\$0.00
	DISCOUNTS: Special Discount: \$950.00		
3/26/2020	Full Color , Full Page , Display Ad.	\$1,200.00 \$250.00	\$0.00
	DISCOUNTS: Special Discount: \$950.00		

# INVOICE



PO BOX 3131 Teaneck, NJ 07666 201-371-3212

Movi	ng Teaneck Forward
Attn:	Mark J. Schwartz

Invoice #	0420NJ108237
Invoice Date	3/12/2020
P. O. #	
Terms	Due Upon Receipt
Sales Rep.	Moshe Kinderlehrer

Advertiser	Moving Teaneck Forward			
Publication	JLNJ E-Blast			
Summary	E-Blast Full Color Ad(s) @ \$0.0	0/per issue for 15 issue(s) running from 3/12/20	20 - 5/7/2020	
Notes				
Issue Date	Ad Details	Ad Cos	t Bill Cost	Prepayment
4/3/2020	Full Color , E-Blast , E-Blast Ad.	\$350.00	\$0.00	\$0.00
	DISCOUNTS: Bonus Ad(100%): \$350.00			
4/14/2020	Full Color , E-Blast , E-Blast Ad.	\$350.00	\$0.00	\$0.00
	DISCOUNTS: Bonus Ad(100%): \$350.00			
4/24/2020	Full Color , E-Blast , E-Blast Ad.	\$350.00	\$0.00	\$0.00
	DISCOUNTS: Bonus Ad(100%): \$350.00			
4/28/2020	Full Color , E-Blast , E-Blast Ad.	\$350.00	\$0.00	\$0.00
	DISCOUNTS: Bonus Ad(100%): \$350.00			
5/6/2020	Full Color , E-Blast , E-Blast Ad.	\$350.00	\$0.00	\$0.00
	DISCOUNTS: Bonus Ad(100%): \$350.00			
Publication	The Jewish Link of New Jersey			
Summary	E-Blast Full Color Ad(s) @ \$250	0.00/per issue for 15 issue(s) running from 3/12/	2020 - 5/7/202	20
Notes				
ssue Date	Ad Details	Ad Cos	t Bill Cost	Prepayment
3/12/2020	Full Color , Full Page , Display Ad.	\$1,200.00	\$250.00	\$0.00
	DISCOUNTS: Special Discount: \$950.00			
3/19/2020	Full Color , Full Page , Display Ad.	\$1,200.00	\$250.00	\$0.00
	DISCOUNTS: Special Discount: \$950.00			



	htt	Pay online at ps://jlink.myonlinepayments.com OR Send a check to:	Total Cost of	•	\$2,000.00
			Total Bi Total F	II Cost : Prepaid:	\$2,000.00 \$0.00
	DISCOUNTS: Special Discount: \$950.00				
5/7/2020	Full Color , Full Page , Display Ad.		\$1,200.00	\$250.00	\$0.00
	DISCOUNTS: Special Discount: \$950.00				
4/30/2020	Full Color , Full Page , Display Ad.		\$1,200.00	\$250.00	\$0.00
	DISCOUNTS: Special Discount: \$950.00				
4/23/2020	Special Discount: \$950.00 Full Color , Full Page , Display Ad.		\$1,200.00	\$250.00	\$0.00
	DISCOUNTS:				
4/8/2020	Special Discount: \$950.00 Full Color , Full Page , Display Ad.		\$1,200.00	\$250.00	\$0.00
4/2/2020	Full Color , Full Page , Display Ad.		\$1,200.00	\$250.00	\$0.00
4/2/2020	DISCOUNTS:		\$1,200.00	\$250.00	\$0



	hti	Pay online at ps://jlink.myonlinepayments.com			
			Total Cost of	this ad:	\$2,300.00
			Total Bill Cost : Total Prepaid:		\$2,300.00 \$0.00
	DISCOUNTS: Special Discount: \$950.00				
5/7/2020	Special Discount: \$1,850.00 Full Color , Full Page , Display Ad.		\$1,200.00	\$250.00	\$0.00
	DISCOUNTS:				
5/7/2020	DISCOUNTS: Special Discount: \$950.00 Full Color , Insert , Insert Ad.		\$2,000.00	\$150.00	\$0.00
4/30/2020	Full Color , Full Page , Display Ad.		\$1,200.00	\$250.00	\$0.00
	DISCOUNTS: Special Discount: \$950.00				
4/23/2020	Full Color , Full Page , Display Ad.		\$1,200.00	\$250.00	\$0.00
	DISCOUNTS: Special Discount: \$1,850.00				
4/23/2020	Special Discount: \$950.00 Full Color , Insert , Insert Ad.		\$2,000.00	\$150.00	\$0.00
	DISCOUNTS:				
4/8/2020	Special Discount: \$950.00 Full Color , Full Page , Display Ad.		\$1,200.00	\$250.00	\$0.00
	DISCOUNTS:				
4/2/2020	Special Discount: \$950.00 Full Color , Full Page , Display Ad.		\$1,200.00	\$250.00	\$0.00
	DISCOUNTS:				
3/26/2020	201-371-3212 Full Color , Full Page , Display Ad.		\$1,200.00	\$250.00	\$0.00
	PO BOX 3131 Teaneck, NJ 07666				

OR

Send a check to: Jewish Link of New Jersey PO BOX 3131 Teaneck, NJ 07666

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

Loans Receive	ed in Excess of	\$300 and /		urrency Loans
LENDER NAME		EMPLOYER	NAME	
LENDER ADDRESS		EMPLOYER /	ADDRI	ESS
OCCUPATION		-		
CO-SIGNER NAME		EMPLOYER	NAME	
CO-SIGNER ADDRESS		EMPLOYER /	ADDRE	ESS
OCCUPATION		AMOUNT(S)	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO	UNT		
LENDER NAME	-	EMPLOYER	NAME	
LENDER ADDRESS		EMPLOYER /	ADDRI	ESS
OCCUPATION				
CO-SIGNER NAME		EMPLOYER	NAME	
CO-SIGNER ADDRESS		EMPLOYER A	ADDRI	ESS
OCCUPATION		\$	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO \$	UNT		
TOTAL AMOUNT OF LOANS RECEIVED		DD	\$ O	
			IΨU	

### ADJUSTMENT SCHEDULE

### **Refund of Contributions**

PAYMENT DATE	CHECK NO.	PA	YEE NAME AND ADDF	RESS	REFUNDED AMOUNT
					\$
(COMPLETE THIS	LINE FOR EVERY PA	GE USED)	TOTAL, THIS PAGE	\$	
(COMPLETE THIS	LINE FOR LAST PAG	E USED)	GRAND TOTAL	<b>\$</b> 0	

# Moving Teaneck Forward Campaign Expenses Schedule 1(D) Page 6

Date	Num	Name	Name Address	Amount
Campaign Giveaw	Expenses	Sch 1 (D)		
03/22/2020	901	Fox Marketing	826 Palisade Ave Teaneck NJ 07666	2,063.88
Total Gi	iveaways			2,063.88
Lawn S	ligns			
03/22/2020	902	Karen Orgen	1090 Lambert Rd Teaneck NJ 07666	4,406.00
Total La	awn Signs			4,406.00
Square	Fees			
02/21/2020	debit	Square	1455 Market Street Ste 600 San Franscisco CA 94103	0.01
02/21/2020	debit	Square	1455 Market Street Ste 600 San Franscisco CA 94103	-0.01
02/24/2020	debit	Square	1455 Market Street Ste 600 San Franscisco CA 94103	0.33
03/12/2020 04/08/2020	debit debit	Square	1455 Market Street Ste 600 San Franscisco CA 94103 1455 Market Street Ste 600 San Franscisco CA 94103	3.20 26.40
04/00/2020	debit	Square	1455 Market Street Ste 600 Sail Franscisco CA 94105	20.40
Total So	quare Fees			29.93
Total Camp	paign Expen	ises Sch 1 (D)		6,499.81
TOTAL				6,499.81

# 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
				\$	\$	\$
(COMPLETE TH		R EVERY PAGE USED)	TOTAL, THIS PAGE	\$	\$	\$
(COMPLETE TH	HIS LINE FOR		GRAND TOTAL	\$ O	\$	\$

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
				\$
(COMPLETE THIS L	INE FOR EVERY PA	GE USED)	TOTAL, THIS PAGE	\$
COMPLETE THE F				
SCHEDULE 3(D) GRAND TOTAL				1. \$
ADD THE "PRO - F	2. \$			
GRAND TOTAL O	F CONTRIBUTIONS N	IADE TO AND ON BEHALF OF CANDIDATES/COMMITTE	ES	3. \$ <sup>O</sup>

# SCHEDULE E

# **Outstanding Obligations**

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

# SCHEDULE F

### **Refunded Disbursements**

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

# SCHEDULE G Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE/COMMI	TTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMI	ITEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMI	TTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMI	ITEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMI	TTEE	
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 er insert zero.)	entity for this election, <u></u>					
Funds Transferred from Prior Campaign	<u>\$</u>					
Deposits (Include interest)	<sub>\$</sub> 22651.00					
Disbursements (Include bank charges)	<u></u> \$ 6499.81					
Closing Balance, this Report	<sub>\$</sub> 16151.19					
CROSS RIVER BANK	MOVING TEANECK FORWARD					
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUN					
885 TEANECK ROAD TEANECK NJ 07666						
ADDRESS OF BANK OR DEPO	OSITORY					
GERALD T REINER JR						
NAME OF TREASURER	*TELEPHONE NUMBER (DA)					
105 BERGEN AVE TEANECK NJ 07666						
ADDRESS OF TREASUR	RER					

### 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.

1-19-2021	MARK SCHWARTZ	Mark Schwartz
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
1-19-2021	KAREN ORGEN	Karen Orgen
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (QANDIDATE)
1-19-2021	MICHAEL PAGAN	Michael Pagan
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
1-18-2021	GERALD T REINER JR	MD/A
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)				

New Jersey Election Law Enforcement Commission 11 FORM R-1 Revised 02.28.2018 \*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

FORM R-1	-1 REPORT OF CONTRIBUTIONS AND EXPENDITURES				REPORT (CHECK	<b>ONE):</b> RE-ELECTION
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.nj.gov					KX 11 EDAY R8     20 - DAY PC     May 01     Apr <sub>0</sub> 55,28     July 15,	DST-ELECTION 2020 PM
CANDIDATE OR COMMITTEE NAME Moving Teaneck Forward					Oct. 15, Jan. 15,	
STREET ADDRES	105 Bergen Ave				Amendment Yes	
CITY STATE ZIP CODE Teaneck NJ 07666				For Sta	te Use Only	
COUNTY Bergen		ELECTION DIS	STRICT OR MUNICIPALITY	Y		
POLITICAL PARTY	, IF ANY	OFFICE SOUC	GHT			
ELECTION DATE	ELECTION TYPE (CHECK ONE)	PRIM		IPA		
SUMMARY TAB			ETE TABLES I AND II UN AVE BEEN COMPLETED	ΓIL		
TABLE I. RECEI	PTS				THIS REPORT	CUMULATIVE TO DATE
1. MONETARY CO	ONTRIBUTIONS / LOA	NS OF \$300 O	R LESS	<b>\$</b> 1	6,916.45	\$ 37,013.92
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]					,000.00	<sub>\$</sub> 8,500.00
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS						\$
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]						\$
						\$
[Schedule C]         6. SUB TOTAL         (ADD LINES 1 THRU 5)			\$ 2	2,916.45	\$ 45,513.92	
7. REFUND OF C	ONTRIBUTIONS [Adju	stment Schedul	e] (-)	<sup>\$</sup> 0		\$
8. TOTAL CONTR	BUTIONS			\$2	2,916.45	\$ 45,513.92
9. ADD FUNDS T	RANSFERRED FROM	PRIOR CAMPA	AIGN (+)	\$		\$
10. TOTAL RECEI	PTS		(ADD LINE 8 + LINE 9)	\$2	2,916.45	\$ 45,513.92
TABLE II. EXPE	NDITURES					
1. DISBURSEME	NTS - CAMPAIGN EX	PENSES [Sche	dule 1(D)]	\$12	2,500.00	\$ 18,969.88
	NTS - OTHER [Sched			\$		\$
<ol> <li>DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]</li> </ol>				\$		\$
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]			\$		\$	
5. IN-KIND CONT	RIBUTIONS OF \$300	OR LESS (TAB	SLE I, LINE 3)	\$		\$
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)			\$		\$	
7. SUB TOTAL			(ADD LINES 1 THRU 6)	<b>\$</b> 1:	2,500.00	\$ 18,969.88
8. REFUNDED DISBURSEMENTS [Schedule F] (-)						\$
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)				<b>\$ 1</b> :	2.500.00	\$ 18,969.88

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

EMPLOYER NAME         EMPLOYER ADDRESS         CHECK IF CURRENCY       AGGREGATE AMOUNT \$         OCCUPATION       EMPLOYER NAME         EMPLOYER ADDRESS       EMPLOYER ADDRESS         CHECK IF CURRENCY       AGGREGATE AMOUNT \$         CHECK IF CURRENCY       AGGREGATE AMOUNT \$         COCCUPATION       EMPLOYER ADDRESS         OCCUPATION       \$         CONTRIBUTOR NAME NJ State Laborers Political Action Committee       EMPLOYER NAME         CONTRIBUTOR ADDRESS 104 Interchange Plaza, Suite 301       EMPLOYER ADDRESS	
CHECK IF       AGGREGATE AMOUNT         CCUPATION       \$         EMPLOYER NAME       EMPLOYER ADDRESS         CHECK IF       AGGREGATE AMOUNT         CHECK IF       AGGREGATE AMOUNT         CURRENCY       \$         OCCUPATION       EMPLOYER NAME         CONTRIBUTOR NAME       EMPLOYER NAME         NJ State Laborers Political Action Committee       EMPLOYER NAME         CONTRIBUTOR ADDRESS       EMPLOYER ADDRESS	
CURRENCY       \$         OCCUPATION       EMPLOYER NAME         EMPLOYER ADDRESS       EMPLOYER ADDRESS         CHECK IF       AGGREGATE AMOUNT         CURRENCY       \$         OCCUPATION       EMPLOYER NAME         CONTRIBUTOR NAME       EMPLOYER NAME         NJ State Laborers Political Action Committee       EMPLOYER NAME         CONTRIBUTOR ADDRESS       EMPLOYER ADDRESS	
CURRENCY       \$         OCCUPATION       EMPLOYER NAME         EMPLOYER ADDRESS       EMPLOYER ADDRESS         CHECK IF       AGGREGATE AMOUNT         CURRENCY       \$         OCCUPATION       EMPLOYER NAME         CONTRIBUTOR NAME       EMPLOYER NAME         NJ State Laborers Political Action Committee       EMPLOYER NAME         CONTRIBUTOR ADDRESS       EMPLOYER ADDRESS	
CHECK IF       AGGREGATE AMOUNT         CHECK IF       CURRENCY         CURRENCY       \$         OCCUPATION       \$         CONTRIBUTOR NAME       EMPLOYER NAME         NJ State Laborers Political Action Committee       EMPLOYER NAME         CONTRIBUTOR ADDRESS       EMPLOYER ADDRESS	
CHECK IF CURRENCY S OCCUPATION CONTRIBUTOR NAME NJ State Laborers Political Action Committee CONTRIBUTOR ADDRESS EMPLOYER ADDRESS	
CURRENCY       \$         OCCUPATION       \$         CONTRIBUTOR NAME       EMPLOYER NAME         NJ State Laborers Political Action Committee       EMPLOYER NAME         CONTRIBUTOR ADDRESS       EMPLOYER ADDRESS	
CURRENCY       \$         OCCUPATION       \$         CONTRIBUTOR NAME       EMPLOYER NAME         NJ State Laborers Political Action Committee       EMPLOYER NAME         CONTRIBUTOR ADDRESS       EMPLOYER ADDRESS	
CONTRIBUTOR NAME     EMPLOYER NAME       NJ State Laborers Political Action Committee     EMPLOYER ADDRESS       CONTRIBUTOR ADDRESS     EMPLOYER ADDRESS	
CONTRIBUTOR ADDRESS EMPLOYER ADDRESS	
Monroe Twp, NJ 08831	
CURRENCY L \$	B) RECEIVED THIS PERIOD
CCCOPATION PAC \$0,000	0.00
CONTRIBUTOR NAME EMPLOYER NAME	
CONTRIBUTOR ADDRESS EMPLOYER ADDRESS	
CHECK IF CURRENCY SAGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S \$ OCCUPATION	6) RECEIVED THIS PERIOD
CONTRIBUTOR NAME EMPLOYER NAME	
CONTRIBUTOR ADDRESS EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) CURRENCY \$ OCCUPATION	S) RECEIVED THIS PERIOD
(COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$	6,000.00
(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$6	,000.00

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

CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	3
AG \$	GREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION	N(S)		
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	3
AG \$	GREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION	N(S)		
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	3
AG \$	GREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION	N(S)		
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	3
AG \$	GREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			Ψ
DESCRIPTION OF IN-KIND CONTRIBUTION	N(S)		1
COMPLETE THIS LINE FOR EVERY PAG	E USED) TO	TAL, THIS PAGE	\$
(COMPLETE THIS LINE FOR LAST PAGE	USED) GR	AND TOTAL	\$

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

	ed in Excess of			
LENDER NAME		EMPLOYER N	NAME	
LENDER ADDRESS		EMPLOYER /	ADDRI	ESS
OCCUPATION		ļ		
CO-SIGNER NAME		EMPLOYER	NAME	
CO-SIGNER ADDRESS		EMPLOYER /	ADDRE	ESS
OCCUPATION		AMOUNT(S)   \$	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO	UNT		
LENDER NAME		EMPLOYER	NAME	
LENDER ADDRESS		EMPLOYER /	ADDRI	ESS
OCCUPATION				
CO-SIGNER NAME		EMPLOYER	NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS		
OCCUPATION		AMOUNT(S) I \$	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO	UNT		
TOTAL AMOUNT OF LOANS RECEIVED		DD	¢	
1			٦ (	

### ADJUSTMENT SCHEDULE

### **Refund of Contributions**

					+
PAYMENT DATE	CHECK NO.	PA	YEE NAME AND ADDR	ESS	REFUNDED AMOUNT
					\$
(COMPLETE THIS	LINE FOR EVERY PA	GE USED)	TOTAL, THIS PAGE	\$	
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$	

# SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

PAYMENT CHECK DATE NO.	PAYEE NAME AND ADDRESS	PURPOSE		FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
3-22-2020 EBT	Royal Printing 441 51st Street West New York, NJ	Political Mail		\$10,000.00	\$	\$
3-22-2020 EBT	Parano and Associates 20 Banta Place, Hackensack, NJ 07601	Political Consulting	g	\$2,500.00		
			\$ 6	,469.88	\$	\$
(COMPLETE THIS LINE FOR (COMPLETE THIS LINE FOR		TOTAL, THIS PAGE		469.88	\$	\$
,	,					

# 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
				\$	\$	\$
(COMPLETE TH			TOTAL, THIS PAGE	\$	\$	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED) (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	
				\$	
				\$	
(COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE					
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:					
SCHEDULE 3(D) GRAND TOTAL				1. \$	
ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D) (+)					
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES					

# SCHEDULE E

# **Outstanding Obligations**

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

# SCHEDULE F

#### **Refunded Disbursements**

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

# SCHEDULE G Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE/COMMITTEE							
MAILING ADDRESS							
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY						
CHECK NUMBER	PAYMENT DATE	AMOUNT \$					
NAME OF RECIPIENT CANDIDATE/COMMI	ITEE						
MAILING ADDRESS							
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY						
CHECK NUMBER	PAYMENT DATE	AMOUNT \$					
NAME OF RECIPIENT CANDIDATE/COMMI	TTEE						
MAILING ADDRESS							
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY						
CHECK NUMBER	PAYMENT DATE	AMOUNT \$					
NAME OF RECIPIENT CANDIDATE/COMMI	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 electionsert zero.)	ction, <u>\$</u> 16,127.59			
Funds Transferred from Prior Campaign	\$			
Deposits (Include interest)	<sub>\$</sub> 22,916.45			
Disbursements (Include bank charges)	<u>\$</u> 12,500.00			
Closing Balance, this Report	<u></u> \$26544.04			
CROSS RIVER BANK M	IOVING TEANECK FORWARD			
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT			
885 TEANECK ROAD, TEANECK, NJ 07666				
ADDRESS OF BANK OR DEPOSITORY				
GERALD T REINER JR.	201-669-1601			
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)			
105 BERGEN AVE, TEANECK, NJ 07666				
ADDRESS OF TREASURER				

#### CERTIFICATION

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

5-1-2020	MARK SCHWARTZ	Mark Showartz
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
5-1-2020	KAREN ORGEN	Karen Orgen
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
5-1-2020	MICHAEL PAGAN	Michael Pagan
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
5-1-2020	Gerald T Reiner Jr.	Aren
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)				

New Jersey Election Law Enforcement Commission 11 FORM R-1 Revised 02.28.2018 \*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

FORM R-1	1 REPORT OF CONTRIBUTIONS AND EXPENDITURES				REPORT (CHECK	ONE): RE-ELECTION
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.nj.gov					$\begin{array}{c c} & & & \\ \hline \\ & & \\ \hline \\ & & \\ \hline \\ \hline$	DST-ELECTION 2020 AM
	aneck Forward				☐ Oct. 15, ☐ Jan. 15,	
STREET ADDRES	105 Bergen Ave				Amendment Yes	XX No
CITY Teaneck		STATE NJ	ZIP CODE 07666		For Sta	te Use Only
COUNTY Bergen		Teaneck	STRICT OR MUNICIPALITY	Y		
POLITICAL PARTY	, IF ANY	OFFICE SOUC	GHT			
ELECTION DATE	ELECTION TYPE (CHECK ONE)		ARY 🗽 MAY MUNIC ERAL 🔄 RUN-OFF	<b>IPA</b>		
SUMMARY TAB			LETE TABLES I AND II UNT HAVE BEEN COMPLETED	TIL		
TABLE I. RECEI	PTS				THIS REPORT	CUMULATIVE TO DATE
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS				<b>\$</b> 1	6,916.45	\$ 37,013.92
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]					,000.00	<sub>\$</sub> 8,500.00
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS \$						\$
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]						\$
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS						\$
[Schedule C]         6. SUB TOTAL         (ADD LINES 1 THRU 5)				\$ 22,916.45		<sup>\$</sup> 45,513.92
7. REFUND OF C	ONTRIBUTIONS [Adju	stment Schedu	le] (-)	<sup>\$</sup> 0		\$
8. TOTAL CONTR	RIBUTIONS			\$22,916.45		\$ 45,513.92
9. ADD FUNDS TR	RANSFERRED FROM	PRIOR CAMPA	AIGN (+)	\$		\$
10. TOTAL RECEI	PTS		(ADD LINE 8 + LINE 9)	\$2	2,916.45	\$ 45,513.92
TABLE II. EXPE	NDITURES					
1. DISBURSEME	NTS - CAMPAIGN EX	PENSES [Sche	dule 1(D)]	\$12	2,500.00	\$ 22,500.00
2. DISBURSEMENTS - OTHER [Schedule 2(D)]				\$		\$
<ol> <li>DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]</li> </ol>				\$		\$
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]				\$		\$
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)				\$		\$
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)			\$		\$	
7. SUB TOTAL	7. SUB TOTAL (ADD LINES 1 THRU 6)			<b>\$1</b> :	2,500.00	\$ 22,500.00
8. REFUNDED DISBURSEMENTS [Schedule F] (-)					\$	
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)			\$ 1:	2.500.00	\$ 22,500.00	

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

EMPLOYER NAME         EMPLOYER ADDRESS         CHECK IF       AGGREGATE AMOUNT         OCCUPATION       EMPLOYER NAME         EMPLOYER ADDRESS         CHECK IF       AGGREGATE AMOUNT         CHECK IF       AGGREGATE AMOUNT         CURRENCY       \$         COCCUPATION       EMPLOYER NAME         COCCUPATION       EMPLOYER ADDRESS         OCCUPATION       EMPLOYER NAME         CONTRIBUTOR NAME       EMPLOYER NAME         NJ State Laborers Political Action Committee       EMPLOYER NAME         CONTRIBUTOR NAME       EMPLOYER NAME         NJ State Laborers Political Action Committee       EMPLOYER ADDRESS         104 Interchange Plaza, Suite 301       EMPLOYER ADDRESS         Monroe Twp, NJ 08831       AGGREGATE AMOUNT         CHECK IF       AGGREGATE AMOUNT         QCCUPATION PAC       4/20/2020	
CHECK IF CURRENCY       AGGREGATE AMOUNT S         OCCUPATION       EMPLOYER NAME         EMPLOYER ADDRESS       EMPLOYER ADDRESS         CHECK IF CURRENCY       AGGREGATE AMOUNT S         CCUPATION       EMPLOYER NAME         CONTRIBUTOR NAME NJ State Laborers Political Action Committee       EMPLOYER NAME         CONTRIBUTOR ADDRESS 104 Interchange Plaza, Suite 301       EMPLOYER ADDRESS         Monroe Twp, NJ 08831       AGGREGATE AMOUNT S	
CURRENCY       \$         OCCUPATION       EMPLOYER NAME         EMPLOYER ADDRESS       EMPLOYER ADDRESS         CHECK IF CURRENCY       AGGREGATE AMOUNT \$         OCCUPATION       S         CONTRIBUTOR NAME NJ State Laborers Political Action Committee       EMPLOYER NAME         CONTRIBUTOR ADDRESS 104 Interchange Plaza, Suite 301       EMPLOYER ADDRESS         Monroe Twp, NJ 08831       AGGREGATE AMOUNT \$	
CURRENCY       \$         OCCUPATION       EMPLOYER NAME         EMPLOYER ADDRESS       EMPLOYER ADDRESS         CHECK IF CURRENCY       AGGREGATE AMOUNT \$         OCCUPATION       S         CONTRIBUTOR NAME NJ State Laborers Political Action Committee       EMPLOYER NAME         CONTRIBUTOR ADDRESS 104 Interchange Plaza, Suite 301       EMPLOYER ADDRESS         Monroe Twp, NJ 08831       AGGREGATE AMOUNT \$	
CHECK IF CURRENCY       AGGREGATE AMOUNT \$         OCCUPATION       AGGREGATE AMOUNT \$         CONTRIBUTOR NAME NJ State Laborers Political Action Committee       EMPLOYER NAME         CONTRIBUTOR ADDRESS 104 Interchange Plaza, Suite 301       EMPLOYER ADDRESS         Monroe Twp, NJ 08831       AGGREGATE AMOUNT \$	
CHECK IF CURRENCY       AGGREGATE AMOUNT \$         OCCUPATION       S         CONTRIBUTOR NAME NJ State Laborers Political Action Committee       EMPLOYER NAME         CONTRIBUTOR ADDRESS 104 Interchange Plaza, Suite 301       EMPLOYER ADDRESS         Monroe Twp, NJ 08831       EMPLOYER ADDRESS         CHECK IF CURRENCY       AGGREGATE AMOUNT \$	
CURRENCY       \$         OCCUPATION       EMPLOYER NAME         CONTRIBUTOR NAME       EMPLOYER NAME         NJ State Laborers Political Action Committee       EMPLOYER NAME         CONTRIBUTOR ADDRESS       EMPLOYER ADDRESS         104 Interchange Plaza, Suite 301       EMPLOYER ADDRESS         Monroe Twp, NJ 08831       EMPLOYER ADDRESS         CHECK IF       AGGREGATE AMOUNT         CHECK IF       AGGREGATE AMOUNT         \$       Uncommon S	
CURRENCY       \$         OCCUPATION       EMPLOYER NAME         CONTRIBUTOR NAME       EMPLOYER NAME         NJ State Laborers Political Action Committee       EMPLOYER NAME         CONTRIBUTOR ADDRESS       EMPLOYER ADDRESS         104 Interchange Plaza, Suite 301       EMPLOYER ADDRESS         Monroe Twp, NJ 08831       EMPLOYER ADDRESS         CHECK IF       AGGREGATE AMOUNT         CHECK IF       AGGREGATE AMOUNT         \$       Uncommon S	
CONTRIBUTOR NAME       EMPLOYER NAME         NJ State Laborers Political Action Committee       EMPLOYER NAME         CONTRIBUTOR ADDRESS       EMPLOYER ADDRESS         104 Interchange Plaza, Suite 301       EMPLOYER ADDRESS         Monroe Twp, NJ 08831       EMPLOYER ADDRESS         CHECK IF       AGGREGATE AMOUNT         CURRENCY       \$	
CONTRIBUTOR ADDRESS 104 Interchange Plaza, Suite 301 Monroe Twp, NJ 08831 CHECK IF CURRENCY  AGGREGATE AMOUNT DATE(S) RECEIVED \$	
Monroe Twp, NJ 08831 CHECK IF CURRENCY CURRENCY S CURRENCY S CURRENCY CURRENCY S CURRENCY CURRENCY S CURRENCY CURRENCY S CURRENCY S	
OCCUPATION PAC \$6,000.00	THIS PERIOD
CONTRIBUTOR NAME EMPLOYER NAME	
CONTRIBUTOR ADDRESS EMPLOYER ADDRESS	
CHECK IF CURRENCY CURRENCY (\$ AGGREGATE AMOUNT DATE(S) RECEIVED \$ OCCUPATION	THIS PERIOD
CONTRIBUTOR NAME EMPLOYER NAME	
CONTRIBUTOR ADDRESS EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED	THIS PERIOD
(COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$ 6,000.00	0
(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$6,000.00	

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

	EMPLOYER NAME			
	EMPLOYER ADDRESS	3		
REGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$		
	•			
6)				
	EMPLOYER NAME			
	EMPLOYER ADDRESS	3		
REGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$		
	•			
6)				
CONTRIBUTOR NAME		EMPLOYER NAME		
	EMPLOYER ADDRESS			
REGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$		
	•			
3)	L			
	EMPLOYER NAME			
	EMPLOYER ADDRESS	3		
REGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$		
		Ψ		
6)	I	1		
JSED) TO	TAL, THIS PAGE	\$		
(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$				
	REGATE AMOUNT	EMPLOYER NAME EMPLOYER ADDRESS REGATE AMOUNT CEGATE AMOUNT REGATE AMOUNT CEGATE AMOUNT CEMPLOYER NAME EMPLOYER NAME EMPLOYER NAME EMPLOYER ADDRESS REGATE AMOUNT CEMPLOYER NAME EMPLOYER ADDRESS REGATE AMOUNT CEMPLOYER NAME EMPLOYER ADDRESS CEGATE AMOUNT CEMPLOYER NAME EMPLOYER NAME EMPLOYER NAME EMPLOYER ADDRESS REGATE AMOUNT CEMPLOYER NAME EMPLOYER NAME EMPLOYER NAME EMPLOYER NAME		

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

	ed in Excess of			
LENDER NAME		EMPLOYER N	NAME	
LENDER ADDRESS		EMPLOYER /	ADDRI	ESS
OCCUPATION		ļ		
CO-SIGNER NAME		EMPLOYER	NAME	
CO-SIGNER ADDRESS		EMPLOYER /	ADDRE	ESS
OCCUPATION		AMOUNT(S)   \$	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO	UNT		
LENDER NAME		EMPLOYER	NAME	
LENDER ADDRESS		EMPLOYER /	ADDRI	ESS
OCCUPATION				
CO-SIGNER NAME		EMPLOYER	NAME	
CO-SIGNER ADDRESS		EMPLOYER A	ADDRE	ESS
OCCUPATION		AMOUNT(S) I \$	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO	UNT		
TOTAL AMOUNT OF LOANS RECEIVED		DD	¢	
1			٦ (	

### ADJUSTMENT SCHEDULE

#### **Refund of Contributions**

<b></b>					+
PAYMENT DATE	CHECK NO.	PA	YEE NAME AND ADDR	ESS	REFUNDED AMOUNT
					\$
(COMPLETE THIS	LINE FOR EVERY PA	GE USED)	TOTAL, THIS PAGE	\$	
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$	

#### PRO-RATA PRO-RATA PAYMENT CHECK AMOUNT THIS PURPOSE FULL AMOUNT PAYEE NAME AND ADDRESS AMOUNT DATE REPORTING NO. OTHERS ENTITY \$ Royal Printing \$10,000.00 \$ EBT 3-22-2020 Political Mail 441 51st Street West New York, NJ \$ \$ \$ 10,000.00 (COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$ \$ \$ 10,000.00 (COMPLETE THIS LINE FOR LAST PAGE USED) **GRAND TOTAL**

# SCHEDULE 1(D) - DISBURSEMENTS

Campaign Expenses

# 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
				\$	\$	\$
(COMPLETE TH	(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$	\$	\$
	(COMPLETE THIS LINE FOR EVERY PAGE USED) (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		
				\$		
(COMPLETE THIS L	INE FOR EVERY PA	GE USED)	TOTAL, THIS PAGE	\$ 		
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:						
SCHEDULE 3(D) GRAND TOTAL						
ADD THE "PRO - F	2. \$					
GRAND TOTAL O	F CONTRIBUTIONS N	IADE TO AND ON BEHALF OF CANDIDATES/COMMITTE	ES	3. \$		

# SCHEDULE E

# **Outstanding Obligations**

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

# SCHEDULE F

#### **Refunded Disbursements**

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

# SCHEDULE G Recipients of In-Kind Contributions

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

STATEMENT OF CAMPAIGN DEPOSITORY AND CAM	PAIGN 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 elinsert zero.)	lection, <u>\$</u> 16,127.59
Funds Transferred from Prior Campaign	\$
Deposits (Include interest)	<sub>\$</sub> 22,916.45
Disbursements (Include bank charges)	<u>\$</u> 10,000.00
Closing Balance, this Report	<u>\$</u> 24,044.04
CROSS RIVER BANK	MOVING TEANECK FORWARD
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
885 TEANECK ROAD, TEANECK, NJ 07666	
ADDRESS OF BANK OR DEPOSITORY	
GERALD T REINER JR.	201-669-1601
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
105 BERGEN AVE, TEANECK, NJ 07666	
ADDRESS OF TREASURER	

#### CERTIFICATION

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

5-26-2020	MARK SCHWARTZ	Mark Shewartz
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
5-26-2020	KAREN ORGEN	Karen Orgen
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
5-26-2020	MICHAEL PAGAN	Michael Pagan
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
5-26-2020	Gerald T Reiner Jr.	Arr
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)				

New Jersey Election Law Enforcement Commission 11 FORM R-1 Revised 02.28.2018 \*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

FORM R-1	REPORT	OF CONTR	RIBUTIONS AND		REPORT (CHECK	<b>ONE):</b> RE-ELECTION
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.nj.gov						
	EANECK FORW	ARD			☐ Oct. 15, ☐ Jan. 15,	
STREET ADDRES	-				Amendment Yes	No 🗆
CITY TEANECK		STATE NJ	ZIP CODE 07666		For Sta	te Use Only
COUNTY BERGEN		ELECTION DIS	STRICT OR MUNICIPALITY	Y		
POLITICAL PARTY		OFFICE SOUC	GHT			
ELECTION DATE MAY 12 2020	ELECTION TYPE (CHECK ONE)	PRIM		IPA		
SUMMARY TAB			ETE TABLES I AND II UN HAVE BEEN COMPLETED	ΓIL		
TABLE I. RECEI	PTS				THIS REPORT	CUMULATIVE TO DATE
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS			\$	2450.00	\$ 3901.00	
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]					0950.00	\$ 42150.00
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS						\$
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]						\$ 4300.00
5. LOANS RECEN [Schedule C]	VED IN EXCESS OF \$	300 AND ALL C	URRENCY LOANS	\$		\$
6. SUB TOTAL			(ADD LINES 1 THRU 5)	\$ 2	3400.00	\$ 50351.00
7. REFUND OF C	ONTRIBUTIONS [Adju	stment Schedul	e] (-)	\$		\$
8. TOTAL CONTR	RIBUTIONS			\$23400.00		\$50351.00
9. ADD FUNDS TH	RANSFERRED FROM	PRIOR CAMPA	AIGN (+)	\$		\$
10. TOTAL RECEI	PTS		(ADD LINE 8 + LINE 9)	\$2	3400.00	\$50351.00
TABLE II. EXPE	NDITURES					
1. DISBURSEME	NTS - CAMPAIGN EX	PENSES [Schee	dule 1(D)]	\$	507.15	\$ 7006.96
	NTS - OTHER [Schedu			\$		\$
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]				\$		\$
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]				\$		\$
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)				\$		\$
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)			\$		\$ 4300.00	
7. SUB TOTAL			(ADD LINES 1 THRU 6)	\$	507.15	\$11306.96
8. REFUNDED D	ISBURSEMENTS [Sch	edule F]	(-)	\$		\$
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)				\$	507.15	<sup>\$</sup> 11306.96

### PAGE 1 OF 2

	11 day April 13 - April 30	0 2020 Schedule A Page 2	2			
Date	Name	Address	City	Zip	Amount Name & Employer Address	Occupation
04/13/20 04/23/20	NJ State Laborors PAC Timothy Donohue Nadeem Saleem ADS Financial	104 Interchange Plaza, Suite 301 622 Eagle Rock Ave 31 Jefferson Plaza	Monroe West Orange Princeton	NJ 08540	\$ 1,000.00         Arleo & Donohue LLC 622 Eagle Rock Ave W Orange NJ 07052           \$ 3,500.00	Campaign / PAC Attorney Financial Consultant
04/17/20	Stephan F Holcomb Jose Allen	105 Bob White Road 54 Delancy St	Houston Newark	GA 11204 NJ 07105	\$ 2,000.00         HEB Partners LLC 4706 18th Ave Brooklyn NY 11204           \$ 900.00         MDC Electrical Contractor LLC 54 Delany St Newark NJ 07105           \$ 000.00         Dack Contractor LLC 64 Delany St Newark NJ 07105	Mgnt Electrical
04/17/20	Edwin Vargas Joseph Bolowski Mary Abramowitz	457 Liberty Ave PO Box 269 205 Bergen Tpke, Apt 1K	Jersey City Bayonne Ridgefield Park	NJ 07307 NJ 07002 NJ 07680	\$ 900.00         Posh General Constractor LLC 457 Liberty Ave JC NJ 07307           \$ 500.00         Control Services LLC PO Box 269 Bayonne NJ 07002           \$ 500.00         NJ Short Sales Team LLC 205 Bergen Tpke Ste 2N Ridgefield NJ 07680	Construction Mgnt real estate
04/23/20	Emerson Municipal Committee Kathy L. Kronick	88 Eage Dr 693 Longview Rd	Emerson South Orange	NJ 07630 NJ 07630		Campaign / PAC Homemaker
04/23/20	Matthew Tharney Michele Delisfort	1 Monroe Pl 105 Grove Street	Cranbury Montclair	NJ 08512 NJ 07042	\$ 900.00	Retired
04/23/20	Westwood Democratic Committee	387 Kinderkamack Rd.	Westwood	NJ 07675	\$ 900.00	Campaign / PAC
04/23/20	Satish V. Poondi	7 Deerwood Ave	Edison	NJ 08817	900.00 Wilentz Goldman Spitzer, 90 Woodbridge Center Drive, Woodbridge NJ 07095	Attorney
					\$ 20,700.00	

SCHEDULE A

Monetary Contributions in Excess of	\$300 and All Currency	Contributions PAGE 2 OF 2
CONTRIBUTOR NAME	EMPLOYER NAME	
DOUG BERN	530 SYLVAN REAL	TY LLC
CONTRIBUTOR ADDRESS 530 SYLVAN AVE	EMPLOYER ADDRESS 530 SYLVAN AVE	
ENGLEWOOD CLIFFS NJ 07632	ENGLEWOOD CLIF	FS NJ 07632
		AMOUNT(S) RECEIVED THIS PERIOD
CURRENCY STOLOO	4/17/20	\$ 250.00
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF CURRENCY S OCCUPATION	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF CURRENCY C \$ OCCUPATION	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION		
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF CURRENCY S	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION	]	
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	DTAL, THIS PAGE	\$ 250.00
(COMPLETE THIS LINE FOR LAST PAGE USED) GF	RAND TOTAL	\$20950.00

l

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

CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	3
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION	•		
DESCRIPTION OF IN-KIND CONTRIE	BUTION(S)		·
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	3
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION	-		
DESCRIPTION OF IN-KIND CONTRIE	BUTION(S)	1	
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	3
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION	ł		
DESCRIPTION OF IN-KIND CONTRIE	BUTION(S)	1	
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	5
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION			Ŷ
DESCRIPTION OF IN-KIND CONTRIE	BUTION(S)		1
(COMPLETE THIS LINE FOR EVER)	( PAGE USED) TO	TAL, THIS PAGE	\$
(COMPLETE THIS LINE FOR LAST	PAGE USED) GF	AND TOTAL	\$O

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

Loans Receive	ed in Excess of	\$300 and /		urrency Loans
LENDER NAME		EMPLOYER	NAME	
LENDER ADDRESS		EMPLOYER /	ADDRI	ESS
OCCUPATION		-		
CO-SIGNER NAME		EMPLOYER	NAME	
CO-SIGNER ADDRESS		EMPLOYER /	ADDRE	ESS
OCCUPATION		AMOUNT(S)	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO	UNT		
LENDER NAME	-	EMPLOYER	NAME	
LENDER ADDRESS		EMPLOYER /	ADDRI	ESS
OCCUPATION				
CO-SIGNER NAME		EMPLOYER	NAME	
CO-SIGNER ADDRESS		EMPLOYER A	ADDRI	ESS
OCCUPATION		\$	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO \$	UNT		
TOTAL AMOUNT OF LOANS RECEIVED		DD	\$ O	
			IΨU	

### ADJUSTMENT SCHEDULE

#### **Refund of Contributions**

PAYMENT DATE	CHECK NO.	PA	YEE NAME AND ADDF	RESS	REFUNDED AMOUNT	
					\$	
(COMPLETE THIS	LINE FOR EVERY PA	GE USED)	TOTAL, THIS PAGE	\$		
(COMPLETE THIS	LINE FOR LAST PAG	E USED)	GRAND TOTAL	<b>\$</b> 0		

# Moving Teaneck Forward Campaign Expenses Schedule 1(D) Page 6

Date	Num	Name	Name Address	Amount
Campaign Canvas	Expense	es Sch 1 (D)		
04/21/2020	903	Benjamin Schwarts	641 Cumberland Ave Teaneck NJ 07666	235.00
04/21/2020	904	Elior Dahan	576 N Forest Drive Teaneck NJ 07666	235.00
Total Ca	nvas			470.00
Square I	- ees			
04/13/2020	debit	Square	1455 Market Street Ste 600 San Franscisco CA 94103	1.75
04/14/2020	debit	Square	1455 Market Street Ste 600 San Franscisco CA 94103	29.30
04/30/2020	debit	Square	1455 Market Street Ste 600 San Franscisco CA 94103	6.10
Total Sq	uare Fee	S		37.15
Total Cam	paign Ex	penses Sch 1 (D)		507.15
TOTAL				507.15

# 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
				\$	\$	\$
(COMPLETE TH	(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$	\$	\$
(COMPLETE TH	HIS LINE FOR		GRAND TOTAL	\$ O	\$	\$

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT		
				\$		
(COMPLETE THIS L	INE FOR EVERY PA	GE USED)	TOTAL, THIS PAGE	\$		
COMPLETE THE F	COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:					
SCHEDULE 3(D) G	1. \$					
ADD THE "PRO - F	2. \$					
GRAND TOTAL O	F CONTRIBUTIONS N	IADE TO AND ON BEHALF OF CANDIDATES/COMMITTE	ES	3. \$ <sup>O</sup>		

# SCHEDULE E

# **Outstanding Obligations**

Date(s)	Creditor's Name	Address	Description	Amount
4/23/20	ROYAL PRINTING	PO BOX 1000 WNY NJ 07093	PRINTING SEE ATTACHED # 1	\$ 8210.13
4/30/20	NORTHJERSEY.COM	PO BOX 630703 CINCINNATI OHIO 45263	ADVERTISING SEE ATTACHED #2	\$2133.00
4/20/20	MV DIGITAL GROUP	DEPT # 77571 PO BOX 77000 DETROIT MI 48277	FACEBOOK ADS SEE ATTACHED # 3	\$11000.00
TOTAL OUTSTANDING OBLIGATIONS				<sup>\$</sup> 21343.13

# SCHEDULE F

#### **Refunded Disbursements**

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



P.O. Box 1000 West New York, NJ 07093

> Bill To MOVING TEANECK FORWARD

Invoice

Date	Invoice #
4/23/2020	155799

	г			
		P.O. No.	Terms	Shipping Method
			Net 30	RPS
Quantity	Desci	ription		Amount
28,000	POSTCARDS MAILSHOP SERVICES & POSTAGE COMBINATION PRICE RE: MAILING #1			7,700.00
	-		Subtotal	\$7,700.00
			Sales Tax (6.625%	) \$510.13
			Total Invoice Amo	<b>unt</b> \$8,210.13
			Payments/Credits	-\$8,210.13

TOTAL

\$0.00

#1

				#2		
	ACCOU	ACCOUNT NAME ACCOUNT				
	All Cou	All County Media				
and the second second second	STATEMENT #	BILLING PERIOD	PAYMENT DUE DATE			
northjersey.com	0003392979	Jun 1- Jun 30, 2020	July 20, 2020			
	PREPAY (Memo Info)	UNAPPLIED (included in amt due)	TOTAL AMOUNT DUE			
	\$0.00	\$0.00	\$2,133.	00		
BILLING ACCOUNT NAME AND ADDRESS	BILLING INQUIRIES	ADDRESS CHANGES	FEDERAL	. ID		
	1-877-736-7608 or local@ccc.gannett.com 47-2390983					
All County Media 77 Hudson Street Hackensack, NJ 07601	maximum legal rate (whiche paid must be submitted in wr Any credit towards future adv	Terms and Conditions: Past due accounts are subject to interest at the rate of 12% per annum maximum legal rate (whichever is less). Advertiser claims for a credit related to rates incorre paid must be submitted in writing to Publisher within 30 days of the invoice date or the claim w Any credit towards future advertising must be used within 30 days of issuance or the credit will All funds payable in US dollars.				

#### 

Contact abgspecial@gannett.com to sign-up for the convenience of having your invoice e-mailed to you. Once signed up you can also enjoy the convenience of making online payments.

Date	Description	Amount
6/1/20	Balance Forward	\$2,133.00

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT							
northjersey.com All Coun			PAYMENT DUE DATE		AMOUNT PAID		
		All Coun	All County Media		), 2020		
		ACCOUNT NUMBER		STATEMENT NUMBER			
		404114		0003392979			
CURRENT DUE	30 DAYS PAST DUE	60 DAYS PAST DUE	90 DAYS PAST DUE	120+ DAYS PAST DUE	UNAPPLIED PAYMENTS	TOTAL AMOUNT DUE	
\$0.00	\$993.00	\$1,140.00	\$0.00	\$0.00	\$0.00	\$2,133.00	
REMITTANCE ADD	RESS (Include Account# 8	& Statement# on check)	т	O PAY WITH CREDIT	CARD PLEASE FILL OU	JT BELOW:	
North Jersey Media Group			VISA Card Number	MASTERCARD	DISCOVER A	MEX	
P.O. Box 630703 Cincinnati, OH 45263-0703			Exp Date	<u>/ /</u>	CVV Code Date		

<b>mv</b> digital	PREPAY MEMO INVOICE #3 "THIS MEMO DOES NOT REPRESENT ALL ACTIVITY FOR THE BILLING PERIOD AND SHOULD ONLY BE USED AS AN ESTIMATE OF CHARGES TO BE BILLED WHICH WILL BE REPRESENTED ON YOUR MONTH END BILLING INVOICE		
Di sele	BILLING PERIOD 4/20/20 - 5/6/20 BILLING DATE	ADVERTISER/CLIENT NAME Moving Teaneck Forward PREPAYMENT AMOUNT DUE	
	5/26/20	\$11,000	
BILLED ACCOUNT NUMBER	BILLED ACCOUNT NAME AND ADDRESS	REMITTANCE ADDRESS	
ADVERTISERCLIENT NUMBER 1000912363	Moving Teaneck Forward PO Box 3131 Teaneck, NJ 07666	MV DIGITAL GROUP DEPT 77571 PO BOX 77000 DETROIT, MI 48277-0571	

4.2

#### PLEASE RETURN ONE COPY OF THIS INVOICE WITH YOUR PAYMENT

#### BOTH ACCOUNT NUMBERS MUST BE REFERENCED TO ENSURE CORRECT PAYMENT APPLICATION

#### Customer Service Inquiries 1-800-275-9819 Customer Service Inquiries email: MV-invoicesupport@MVDigitalGroup.com

DATE	BILLING ID NUMBER	PRODUCT DESCRIPTION	UNITS	NET AMOUNT
4/20/20	1858451-0001	MVD SMO Local Audience Facebook Retail - Teaneck Election	1	\$4,500.00
4/20/20	1858451-0002	MVD Online Impressions - Multisize - Retail - Teaneck Election	142.857	\$1,000.00
4/20/20	1858451-0004	MVD Audience Extension Video IP Targeting Retail - Teaneck Election	77.778	\$3,500.01
4/20/20	1858451-0005	MVD Audience Extension Display_Multisize Site Direct Retail - Teaneck Election	76.923	\$1,000.00
DATE	BILLING ID NUMBER	PRODUCT DESCRIPTION	UNITS	NET AMOUNT

DATE	BILLING ID NUMBER	PRODUCT DESCRIPTION	UNITS	NET AMOUNT
5/6/20	1861163-0001	MVD SMO Local Audience Facebook Retail - extension	1	\$334.00
5/6/20	1861163-0002	MVD Online Impressions - Multisize - Retail - extension	47.571	\$333.00
5/27/20	1861163-0004	MVD Audience Extension Video IP Targeting Retail - extension	7.4	\$333.00

# SCHEDULE G Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE/COMMIT	TEE				
MAILING ADDRESS					
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY				
CHECK NUMBER	PAYMENT DATE	AMOUNT \$			
NAME OF RECIPIENT CANDIDATE/COMMIT	TEE				
MAILING ADDRESS					
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY				
CHECK NUMBER	PAYMENT DATE	AMOUNT \$			
NAME OF RECIPIENT CANDIDATE/COMMIT	TEE				
MAILING ADDRESS					
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY				
CHECK NUMBER	PAYMENT DATE	AMOUNT \$			
NAME OF RECIPIENT CANDIDATE/COMMIT	TEE				
MAILING ADDRESS					
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY				
CHECK NUMBER	PAYMENT DATE Type text here	AMOUNT \$			
NAME OF RECIPIENT CANDIDATE/COMMIT	TEE				
MAILING ADDRESS					
OFFICE SOUGHT	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 th insert zero.)	is election, <u>\$ 16151.19</u>					
Funds Transferred from Prior Campaign	\$					
Deposits (Include interest)	<u>\$</u> 23400.00					
Disbursements (Include bank charges)	<u>s</u> 507.15					
Closing Balance, this Report	<u>s</u> 39044.04					
CROSS RIVER BANK	IOVING TEANECK FORWARD					
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT					
885 TEANECK ROAD TEANECK NJ 07666						
ADDRESS OF BANK OR DEPOSITORY						
GERALD T REINER JR						
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)					
105 BERGEN AVE TEANECK NJ 07666						
ADDRESS OF TREASURER						

#### CERTIFICATION

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

1-19-2021	MARK SCHWARTZ	Mark Schwartz
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
1-19-2021	KAREN ORGEN	Karen Orgen
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
1-19-2021	MICHAEL PAGAN	Michael Pagan
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
1-18-2021	GERALD T REINER JR	MD/2
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)				

New Jersey Election Law Enforcement Commission 11 FORM R-1 Revised 02.28.2018 \*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

FORM R-1	FORM R-1 REPORT OF CONTRIBUTIONS AND EXPENDITURES					<b>ONE):</b> RE-ELECTION
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.nj.gov					□ 11 <sub>E</sub> DAY R 20 - DAY PC □ Apr <sub>1</sub> 15,55 □ July 15,	2020 <del>AM</del>
					Oct. 15,	
Moving Teane				_	☐ Jan. 15,	
105 Bergen A	-				Amendment Yes	No 🗌
CITY		STATE	ZIP CODE		For Sta	te Use Only
Teaneck		NJ	07666			
COUNTY		ELECTION DIS	STRICT OR MUNICIPALITY	(	Elec Re	ceived
Bergen POLITICAL PARTY	. IF ANY	OFFICE SOUC	ЭНТ	_	July 02,	2020
Non-Partisan	,	Council				
ELECTION DATE 5-14-2020	ELECTION TYPE (CHECK ONE)			IPA		
SUMMARY TABI			ETE TABLES I AND II UNT AVE BEEN COMPLETED	ΓIL		
TABLE I. RECEII	PTS				THIS REPORT	CUMULATIVE TO DATE
1. MONETARY CO	ONTRIBUTIONS / LOA	NS OF \$300 OI	R LESS	\$6	,519.01	\$ 43,932.93
	ONTRIBUTIONS IN EX	\$ C	)	\$ 8,500.00		
	RIBUTIONS OF \$300	\$		\$		
4. IN-KIND CONT	RIBUTIONS IN EXCES	\$		\$		
	/ED IN EXCESS OF \$	300 AND ALL C	URRENCY LOANS	\$		\$
[Schedule C]         6. SUB TOTAL         (ADD LINES 1 THRU 5)				<sup>\$</sup> 6,519.01		<sup>\$</sup> 52,432.93
7. REFUND OF C	ONTRIBUTIONS [Adju	stment Schedul	e] (-)	\$ C		\$ O
8. TOTAL CONTR	BUTIONS			\$6,519.01		\$ 52,432.93
9. ADD FUNDS TF	RANSFERRED FROM	PRIOR CAMPA	NGN (+)	\$ O		\$ O
10. TOTAL RECEIF	PTS		(ADD LINE 8 + LINE 9)	\$6	,519.01	\$52,432.93
TABLE II. EXPEN	NDITURES					
1. DISBURSEME	NTS - CAMPAIGN EXI	PENSES [Scheo	dule 1(D)]	\$ 2	27,172.85	\$ \$43,642.73
2. DISBURSEME	NTS - OTHER [Schedu	ule 2(D)]		\$		\$
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]						\$
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]				\$		\$
5. IN-KIND CONT	RIBUTIONS OF \$300	OR LESS (TAB	LE I, LINE 3)	\$		\$
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)			\$		\$	
7. SUB TOTAL			(ADD LINES 1 THRU 6)	\$2	7,172.85	\$43,642.73
8. REFUNDED DI	SBURSEMENTS [Sch	edule F]	(-)	\$		\$
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)				\$2	7,172.85	\$43,642.73

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

		,		
CONTRIBUTOR NAME	EMPLOYER NAME			
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS			
CHECK IF CURRENCY S OCCUPATION	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$		
CONTRIBUTOR NAME	EMPLOYER NAME			
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS			
CHECK IF CURRENCY C \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$		
OCCUPATION				
CONTRIBUTOR NAME	EMPLOYER NAME			
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS			
CHECK IF CURRENCY S	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD		
OCCUPATION	-	\$		
CONTRIBUTOR NAME	EMPLOYER NAME	·		
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS			
CHECK IF CURRENCY S \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$		
OCCUPATION				
CONTRIBUTOR NAME	EMPLOYER NAME			
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS			
	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD		
CURRENCY S	1	\$		
		¢		
	OTAL, THIS PAGE	\$		
(COMPLETE THIS LINE FOR LAST PAGE USED) GF	RAND TOTAL	\$		

#### 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 CONTRIBU	TION(S)	•		
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	3	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION	<u>I</u>			
DESCRIPTION OF IN-KIND CONTRIBU	TION(S)	1	I	
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS		
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION			Ŷ	
DESCRIPTION OF IN-KIND CONTRIBU	TION(S)		I	
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS		
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION	<b>•</b>	-	Φ	
DESCRIPTION OF IN-KIND CONTRIBU	TION(S)		I	
(COMPLETE THIS LINE FOR EVERY I	PAGE USED) TO	TAL, THIS PAGE	\$	
(COMPLETE THIS LINE FOR LAST P		RAND TOTAL	\$	

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

Loans Received in Excess of \$500 and All Currency Loans				
LENDER NAME		EMPLOYER NAME		
LENDER ADDRESS		EMPLOYER A	ADDRE	ESS
OCCUPATION		-		
CO-SIGNER NAME		EMPLOYER NAME		
CO-SIGNER ADDRESS		EMPLOYER ADDRESS		
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD \$		
DATE(S) RECEIVED	AGGREGATE AMO	UNT		
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 \$			
TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD				

#### **ADJUSTMENT SCHEDULE**

#### **Refund of Contributions**

PAYMENT DATE	CHECK NO.	PA	YEE NAME AND ADDRE	ESS	REFUNDED AMOUNT
					\$
(COMPLETE THIS	LINE FOR EVERY PA	GE USED)	TOTAL, THIS PAGE	\$	
(COMPLETE THIS	LINE FOR LAST PAG	E USED)	GRAND TOTAL	\$	

# SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	Ξ	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
6-29-2020	ACH	Royal Printing 435 51st Street West New York, NJ 07093	Political Mail and	Comms	\$12,537.49	\$	\$
5-18-2020	1001	Parano and Associates 20 Banta Place Hackensack NJ 07601	GOTV, Polling, Opposition Research		\$10,000.00		
5-26-2020	1002 1003	All County Media 77 Hudson Street Hackensack, NJ 07601			\$3602.12 \$503.23		
2-21-2020	ACH	Square Media	Processing Fee		\$0.01		
4-22-2020	904	Elior Dahan Address Requested Teaneck, NJ 07666	Campaign Worke	r	\$235.00		
4-21-2020	903	Benjamin Schwartz 641 Cumberland Teaneck NJ 07666	Campaign Worke	r	\$235.00		
5-15-2020	905	Benjamin Schwartz 641 Cumberland Teaneck NJ 07666	Campaign Worke	Pr	\$30.00		
7-1-2020	906	Ariel Checkik Address Requested Teaneck NJ 07666	Campaign Worke	er	\$30.00		
		R EVERY PAGE USED)	TOTAL, THIS PAGE	\$ \$27	,172.85	\$	\$
		R LAST PAGE USED)	GRAND TOTAL	\$ \$27	,172.85	\$	\$

# 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
				\$	\$	\$
(COMPLETE TH		R EVERY PAGE USED)	TOTAL, THIS PAGE	\$	\$	\$
			GRAND TOTAL	\$	\$	\$

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

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

## SCHEDULE E

## **Outstanding Obligations**

Date(s)	Creditor's Name	Address	Description	Amount
5-30-2020	NJ Advance Media	2015 Lincoln Highway Suite 300 Edison, NJ 08817	Digital Ads	\$11,000.00
5-30-2020	North Jersey Media Group	1 Garret Mountain Plaza PO Box 471 Woodland Park, NJ 07424	Newspaper Ads	\$2,500.00
			TOTAL OUTSTANDING OBLIGATIONS	+ 13,300.00

## SCHEDULE F

#### **Refunded Disbursements**

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

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

NAME OF RECIPIENT CANDIDATE/COMMI	ITEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMI	TEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMI	TTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMIT	TEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMI	ITEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$

STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPA	AIGN 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 elect insert zero.)	ion, <u>\$</u> 29,044.04
Funds Transferred from Prior Campaign	<u>\$</u> 0.00
Deposits (Include interest)	<sub>\$</sub> 6,519.01
Disbursements (Include bank charges)	<sub>\$</sub> 27,172.85
Closing Balance, this Report	<u>\$</u> 8,390.20
Cross River Bank	Moving Teaneck Forward
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
885 Teaneck Road, Teaneck, NJ 07666	
ADDRESS OF BANK OR DEPOSITORY	
Gerald T Reiner Jr.	201-669-1601
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
105 Bergen Ave, Teaneck NJ 07666	
ADDRESS OF TREASURER	

#### CERTIFICATION

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

7-2-2020	Mark Schwartz	Mark Shewartz
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
7-2-2020	Karen Orgen	Karen Orgen
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATIVATE (RENCARADIDATE)
7-2-2020	Michael Pagan	Michael Pagan
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
7-2-2020	Gerald T Reiner Jr.	Arr
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)				

New Jersey Election Law Enforcement Commission 11 FORM R-1 Revised 02.28.2018 \*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

FORM R-1	REPORT		RE-ELECTION	
	EY ELECTION LA P.O. Box 185, Tr 92-8700 or Toll Free V www.	$ 11_{E} DAY REFIECTION $ $ 20 - DAY POST-ELECTION $ $ Apr_{0} 5_{:41} AM $ $ July 15, $		
CANDIDATE OR CO			Oct. 15,	
Moving Teane			Jan. 15,	
STREET ADDRESS 105 Bergen Av		Amendment Ye	s XX No	
CITY Teaneck		STATE ZIP CODE NJ 07666	For St	ate Use Only
COUNTY		ELECTION DISTRICT OR MUNICIPALITY		
Bergen		Teaneck		
POLITICAL PARTY, Non-Partisan	IF ANY	OFFICE SOUGHT Council		
ELECTION DATE 5-14-2020	ELECTION TYPE (CHECK ONE)	E PRIMARY XX MAY MUNIC GENERAL RUN-OFF		ISTRICT
SUMMARY TABL		MPT TO COMPLETE TABLES I AND II UNT	IL.	A 1440
TABLE I. RECEIP			THIS REPORT	CUMULATIVE TO DATE
1. MONETARY CO	NTRIBUTIONS / LOA	ANS OF \$300 OR LESS	\$6,519.01	\$ 43,932.93
2. MONETARY CO CONTRIBUTION		KCESS OF \$300 AND ALL CURRENCY	\$ O	\$ 88,500.00
	BUTIONS OF \$300	s	S	
4. IN-KIND CONTR	BUTIONS IN EXCE	\$	s	
5. LOANS RECEIV [Schedule C]	ED IN EXCESS OF \$	300 AND ALL CURRENCY LOANS	\$	S
6. SUB TOTAL		(ADD LINES 1 THRU 5)	<sup>\$</sup> 6,519.01	\$ 52,432.92
7. REFUND OF CC	NTRIBUTIONS [Adju	ustment Schedule] (-)	\$ 0	\$ 0
8. TOTAL CONTRI	BUTIONS		\$6,519.01	\$ 52,432.92
9. ADD FUNDS TR	ANSFERRED FROM	PRIOR CAMPAIGN (+)	\$ 0	\$ 0
10. TOTAL RECEIP	TS	(ADD LINE 8 + LINE 9)	\$6,519.01	\$52,432.92
TABLE II. EXPEN	DITURES		and a second	
1. DISBURSEMEN	ITS - CAMPAIGN EX	PENSES [Schedule 1(D)]	\$ 27,172.85	\$ 43,642.7
	ITS - OTHER [Sched	and the second	\$	\$
	ITS - CONTRIBUTIO	s	s	
D	NS MADE ON BEHA nt Schedules 1(D) an	S	S	
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)			s	\$
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)			\$	s
7. SUB TOTAL		(ADD LINES 1 THRU 6)	\$ 27,172.85	\$43,642.7
8. REFUNDED DISBURSEMENTS [Schedule F] (-)			s	\$
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)			\$ 27,172.85	\$43,642.7

1

New Jersey Election Law Enforcement Commission

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

wonetary contributions in Excess of		Contributions
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF CURRENCY C \$ OCCUPATION	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF CURRENCY C \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION		
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF CURRENCY C \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION		
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF CURRENCY C \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION		
CONTRIBUTOR NAME	EMPLOYER NAME	1
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
		\$
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	OTAL, THIS PAGE	\$
(COMPLETE THIS LINE FOR LAST PAGE USED) GF	RAND TOTAL	\$

#### 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 CONTRIBU	TION(S)	•		
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	3	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION	<u>I</u>			
DESCRIPTION OF IN-KIND CONTRIBU	TION(S)	1	I	
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS		
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION			Ŷ	
DESCRIPTION OF IN-KIND CONTRIBU	TION(S)	I	I	
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS		
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION	•	-	Φ	
DESCRIPTION OF IN-KIND CONTRIBU	TION(S)		I	
(COMPLETE THIS LINE FOR EVERY I	PAGE USED) TO	TAL, THIS PAGE	\$	
(COMPLETE THIS LINE FOR LAST P		RAND TOTAL	\$	

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

	ed in Excess of			unency Loans
LENDER NAME	LENDER NAME		NAME	
LENDER ADDRESS		EMPLOYER A	ADDRE	ESS
OCCUPATION		•		
CO-SIGNER NAME		EMPLOYER	NAME	
CO-SIGNER ADDRESS		EMPLOYER A	ADDRE	ESS
OCCUPATION		AMOUNT(S) F \$	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO	UNT		
LENDER NAME		EMPLOYER	NAME	
LENDER ADDRESS		EMPLOYER A	ADDRE	ESS
OCCUPATION				
CO-SIGNER NAME		EMPLOYER	NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS		
OCCUPATION		AMOUNT(S) F \$	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO	UNT		
TOTAL AMOUNT OF LOANS RECEIVED		DD	\$	

#### **ADJUSTMENT SCHEDULE**

#### **Refund of Contributions**

PAYMENT DATE	CHECK NO.	PA	YEE NAME AND ADDRE	ESS	REFUNDED AMOUNT
					\$
(COMPLETE THIS	LINE FOR EVERY PA	GE USED)	TOTAL, THIS PAGE	\$	
(COMPLETE THIS	LINE FOR LAST PAG	E USED)	GRAND TOTAL	\$	

#### SCHEDULE 1(D) - DISBURSEMENTS **Campaign Expenses** PRO-RATA PRO-RATA PAYMENT AMOUNT THIS CHECK ( PAYEE NAME AND ADDRESS PURPOSE FULL AMOUNT AMOUNT DATE NO. REPORTING OTHERS ENTITY \$ \$ \$ SEE Attached Ariel Checkik 7-1-2020 906 Address Re uested Teaneck NJ 07666 \$ 27,172.85 \$ TOTAL, THIS PA (COMPLETE THIS LINE FOR EVERY PAGE USED) \$ \$ 27,172.85 \$ (COMPLETE THIS LINE FOR LAST PAGE USED) **GRAND TOTAL**

#### Schedule D1

Payment Date	Check No	Payee Name and Address	Purpose	Full Amount	Pro-Rata Amount This Reporting Entity	Pro-Rata Amount Others
7/1/2020	906	Ariel Checkik, Teaneck NJ 07666	Campaign Worker	\$30.00		
		All County Media, 77				
5/26/2020	1003	Hudson Street, Hackensack NJ 07601	Media design	\$503.23		
		All County Media, 77				
5/26/2020	1002	Hudson Street, Hackensack NJ 07601	Media Design	\$3,602.12		
5/18/2020	1001	Parano and Associates 20 Banta Place, Hackensack NJ 07601	GOTV, Opposition Research	\$10,000.00		
		Benjamin Schwartz 641				
5/15/2020	905	Cumberland, Teaneck NJ 07666	Campaign Worker	\$30.00		
		Benjamin Schwartz 641				
4/28/2020	903	Cumberland, Teaneck NJ 07666	Campaign Worker	\$235.00		
4/28/2020	904	Elior Dahan, Teaneck NJ 07666	Campaign Worker	\$235.00		
6/29/2020	ACH	Royal Printing 435 51st Street, West New York, NJ	Mail Postage and Printing	\$12,537.49		
2/21/2020	ACH	Square Marketing	Processing Fee	\$0.01		
			Total Disbusements	\$27,172.85		

# 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
				\$	\$	\$
			TOTAL, THIS PAGE GRAND TOTAL	\$	\$	\$
1						

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
				\$
(COMPLETE THIS L	\$			
COMPLETE THE F				
SCHEDULE 3(D) GRAND TOTAL			1. \$	
ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D) (+)				2. \$
GRAND TOTAL OF	3. \$			

## SCHEDULE E

#### **Outstanding Obligations**

Date(s)	Creditor's Name	Address	Description	Amount
5- 0-2020	NJ Advance Media	2015 incoln ighwa Suite 00 dison, NJ 08817	igital Ads	\$11,000.00
5- 0-2020	North Jerse Media Grou	1 Garret Mountain Plaza PO Box 471 oodland Park, NJ 07424	News a er Ads	2,500.00
			TOTAL OUTSTANDING OBLIGATIONS	\$1 ,500.00

## SCHEDULE F

#### **Refunded Disbursements**

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

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

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

STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPA	IGN 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.)	ion, <u>s</u> 29,044.04
Funds Transferred from Prior Campaign	<u>\$</u> 0.00
Deposits (Include interest)	s 6,519.01
Disbursements (Include bank charges)	<u>\$</u> 27,172.85
Closing Balance, this Report	<u>s</u> 8,390.20
Cross River Bank	Moving Teaneck Forward
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
885 Teaneck Road, Teaneck, NJ 07666	
Gerald T Reiner Jr. ADDRESS OF BANK OR DEPOSITORY	201-669-1601
NAME OF TREASURER 105 Bergen Ave, Teaneck NJ 07666	*TELEPHONE NUMBER (DAY)
ADDRESS OF TREASURER	

#### CERTIFICATION

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

7-2-2020	Mark Schwartz	Mark Showartz
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
7-2-2020	Karen Orgen	Karen Orgen
DATE 7-2-2020	PRINT FULL NAME (CANDIDATE) Michael Pagan	SIGNATINEL(RENCHDATE) Michael Pagan
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
7-2-2020	Gerald T Reiner Jr.	Arn
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**

	gn applicable Declaration below as well as Certification nue to file reports with the Commission until all campai	
I certify that all contrib loans or other obligati	outions or other monies received by this election fund h ons, and that the election fund has wound up its busine	ave been disbursed, that there are no outstanding ess 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)

New Jersey Election Law Enforcement Commission 11 FORM R-1 Revised 02.28.2018 \*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

FORM R-1	ORM R-1 REPORT OF CONTRIBUTIONS AND EXPENDITURES					REPORT (CHECK ONE):		
(609) 2	SEY ELECTION LAV P.O. Box 185, Tre 92-8700 or Toll Free V www.e	$11_{E} PAY REEELECTION$ $20 - DAY POST-ELECTION$ $Jan 21 2021$ $Apr_{125,58 - PM}$ $July 15,$						
	EANECK FORW		Oct. 15, Jan. 15,					
STREET ADDRES	-				Amendment Yes	No 🗖		
CITY TEANECK		STATE NJ	ZIP CODE 07666		For Sta	te Use Only		
COUNTY BERGEN		ELECTION DIS	STRICT OR MUNICIPALITY	ſ				
POLITICAL PARTY		OFFICE SOUC	GHT					
ELECTION DATE MAY 12 2020	ELECTION TYPE (CHECK ONE)			IPA	L SCHOOL			
SUMMARY TAB			ETE TABLES I AND II UNT AVE BEEN COMPLETED	ΓIL				
TABLE I. RECEI	PTS				THIS REPORT	CUMULATIVE TO DATE		
1. MONETARY CO	ONTRIBUTIONS / LOA	NS OF \$300 OI	R LESS	\$	1150.00	\$ 5051.00		
	ONTRIBUTIONS IN EX	CESS OF \$300	AND ALL CURRENCY	\$	4899.00	\$47049.00		
	RIBUTIONS OF \$300 (	OR LESS		\$		\$		
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]						\$ 4300.00		
5. LOANS RECEN	VED IN EXCESS OF \$	300 AND ALL C	URRENCY LOANS	\$		\$		
6. SUB TOTAL			(ADD LINES 1 THRU 5)	\$	6049.00	\$ 56400.00		
7. REFUND OF C	ONTRIBUTIONS [Adju	stment Schedul	e] (-)	\$		\$		
8. TOTAL CONTR	RIBUTIONS			\$	6049.00	\$ 56400.00		
9. ADD FUNDS TH	RANSFERRED FROM	PRIOR CAMPA	NGN (+)	\$		\$		
10. TOTAL RECEI	PTS		(ADD LINE 8 + LINE 9)	\$	6049.00	\$ 56400.00		
TABLE II. EXPE	NDITURES							
1. DISBURSEME	NTS - CAMPAIGN EXI	PENSES [Schee	dule 1(D)]	\$	29754.07	\$ 36761.03		
	NTS - OTHER [Schedu			\$		\$		
<ol> <li>DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]</li> </ol>						\$		
<ul> <li>4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]</li> </ul>						\$		
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)						\$		
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)				\$		\$ 4300.00		
7. SUB TOTAL			(ADD LINES 1 THRU 6)	\$ 2	29754.07	\$41061.03		
8. REFUNDED D	ISBURSEMENTS [Sch	edule F]	(-)	\$		\$		
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)					<sup>\$</sup> 29754.07 <sup>\$</sup> 41061.03			

	20 day May 1 - May 31 2020 Schedule A Page 2							
Date	Name	Address	City	Zip	Amo	ount	Name & Employer Address	Occupation
05 (07 (00	0	475.14	N		<i>.</i>			
05/07/20	George Robb	175 Varick St	New York	NY 10014	Ş	500.00	Chadwick Capital LLC 175 Varnick St NY NY 10014	Mgnt
05/07/20	Elie Weingarden	113 Carasaljo Dr	Lakewood	NJ 08701	\$	750.00	Optimumprop LLC PO Box 447 Farmindale NJ 07727	Property Mgnt
05/07/20	Michael Moore	39 N Robert St	Sewaren	NJ 07077	\$	750.00	Takoma Health Care LLC 210 Ocen Ave Lakewood NJ 08701	Medical
05/14/20	The Alaimo Insurance Group Inc	P.O. Box 7355	North Bergen	NJ 07047	\$	899.00		Insurance
05/19/20	The Heritage Surgical Group	741 Teaneck Rd, Suite 5	Teaneck	NJ 07666	\$2,	,000.00		Medical
					\$4,	,899.00		

#### 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 CONTRIE	BUTION(S)		·			
CONTRIBUTOR NAME		EMPLOYER NAME				
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	3			
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$			
OCCUPATION	-					
DESCRIPTION OF IN-KIND CONTRIE	BUTION(S)	1				
CONTRIBUTOR NAME		EMPLOYER NAME				
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS				
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$			
OCCUPATION	ł					
DESCRIPTION OF IN-KIND CONTRIE	BUTION(S)	1				
CONTRIBUTOR NAME		EMPLOYER NAME				
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS				
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD			
OCCUPATION			Ŷ			
DESCRIPTION OF IN-KIND CONTRIE	BUTION(S)		1			
(COMPLETE THIS LINE FOR EVER)	( PAGE USED) TO	TAL, THIS PAGE	\$			
(COMPLETE THIS LINE FOR LAST	PAGE USED) GF	AND TOTAL	\$O			

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

Loans Receive	ed in Excess of	\$300 and /		urrency Loans		
LENDER NAME		EMPLOYER NAME				
LENDER ADDRESS		EMPLOYER /	ADDRI	ESS		
OCCUPATION		-				
CO-SIGNER NAME		EMPLOYER	NAME			
CO-SIGNER ADDRESS		EMPLOYER /	ADDRE	ESS		
OCCUPATION		AMOUNT(S)	RECEI	VED THIS PERIOD		
DATE(S) RECEIVED	AGGREGATE AMO	UNT				
LENDER NAME	-	EMPLOYER	NAME			
LENDER ADDRESS		EMPLOYER /	ADDRI	ESS		
OCCUPATION						
CO-SIGNER NAME		EMPLOYER	NAME			
CO-SIGNER ADDRESS		EMPLOYER ADDRESS				
OCCUPATION		\$	RECEI	VED THIS PERIOD		
DATE(S) RECEIVED	AGGREGATE AMO \$	UNT				
TOTAL AMOUNT OF LOANS RECEIVED		DD	\$ O			
			IΨU			

#### ADJUSTMENT SCHEDULE

#### **Refund of Contributions**

PAYMENT DATE	CHECK NO.	PA	YEE NAME AND ADDF	RESS	REFUNDED AMOUNT
					\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)		GE USED)	TOTAL, THIS PAGE	\$	
(COMPLETE THIS LINE FOR LAST PAGE USED)		E USED)	GRAND TOTAL	<b>\$</b> 0	

# MOVING TEANECK FORWARD Schedule 1(D) CREDIT CARD PAYMENT MOHAMED, HAMEEDUDDIN 799 REDMAN STREET TEANECK NJ 07666

PAGE 1 OF 4

Date	Num	Name	Name Address	Memo	Amount
<b>Royal</b> 05/05/2020 05/08/2020	debit debit	AMEX Payment AMEX Payment	PO Box 650448 Dallas Texas 75265 PO Box 650448 Dallas Texas 75265	Royal # 2 Royal #1 Shedule E	7,408.59 8,210.13
Total Roya	I				15,618.72
TOTAL					15,618.72



P.O. Box 1000 West New York, NJ 07093

> Bill To MOVING TEANECK FORWARD

# PAGE 2 OF 4

Date	Invoice #
5/1/2020	155934

		P.O. No.	Terms	Shipping Method
			Due on receipt	RPS
Quantity	Desc	ription		Amount
17,500	POSTCARDS MAIL SHOP SERVICES INCLUDED POSTAGE			1,895.00 5,053.27
	RE: TEANECK MAILING #2			
			Subtotal	\$6,948.27
			Sales Tax (6.625%	%) \$460.32
			Total Invoice Amo	ount \$7,408.59
			Payments/Credits	-\$7,408.59
			TOTAL	\$0.00

PAGE 3 OF 4

# Invoice

Date	Invoice #
4/23/2020	155799



P.O. Box 1000 West New York, NJ 07093

> Bill To MOVING TEANECK FORWARD

	-			
	_	P.O. No.	Terms	Shipping Method
			Net 30	RPS
Quantity	Desc	ription		Amount
28,000	POSTCARDS MAILSHOP SERVICES & POSTAGE COMBINATION PRICE RE: MAILING #1			7,700.00
			Subtotal	\$7,700.00
			Sales Tax (6.625	%) \$510.13
			Total Invoice Am	iount \$8,210.13
			Payments/Credit	s -\$8,210.13
			TOTAL	\$0.00

# Moving Teaneck Forward Campaign Expenses Schedule 1(D) Page 6

Date	Num	Name	Name Address	Amount
Campaign	Expense	es Sch 1 (D)		
Canvas				
05/04/2020	905	Benjamin Schwarts	641 Cumberland Ave Teaneck NJ 07666	30.00
Total Ca	nvas			30.00
Consulti	ng			
05/14/2020	1001	Parano & Associates	20 Banta Place Hackensack NJ 07601	10,000.00
05/14/2020	1002	All County Media	77 Hudson Street Hackensack NJ 07601	3,602.12
05/18/2020	1003	All County Media	77 Hudson Street Hackensack NJ 07601	503.23
Total Co	nsulting		PAGE 2 TOTAL	14,105.35

Total Campaign Expenses Sch 1 (D) \$29754.07

# 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
				\$	\$	\$
(COMPLETE TH	(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$	\$	\$
(COMPLETE TH	HIS LINE FOR		GRAND TOTAL	\$ O	\$	\$
·						

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

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

## SCHEDULE E

### **Outstanding Obligations**

Date(s)	Creditor's Name	Address	Description	Amount
4/23/20 5/1/20	ROYAL PRINTING ROYAL PRINTING	PO BOX 1000 WNY NJ 07093 PAID 5/8/20 \$8210.13 PO BOX 1000 WNY NJ 07093	PRINTING #1 PRINTING #3 SEE ATTACHED #4	\$ 0 6918.77
4/30/20 4/20/20	NORTHJERSEY.COM MV DIGITAL GROUP	PO BOX 630703 CINCINNATI OHIO 45263 DEPT # 77571 PO BOX 77000 DETROIT MI 48277	ADVERTISING SEE ATTACHED #2 FACEBOOK ADS SEE ATTACHED # 3	\$2133.00 \$11000.00
			TOTAL OUTSTANDING OBLIGATIONS	

# SCHEDULE F

#### **Refunded Disbursements**

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

				#2	
	ACCOU	ACCOUNT NAME			
	All Cou	nty Media	404114	1 of 1	
and the second second second	STATEMENT #	BILLING PERIOD	PAYMENT DUE DATE		
northjersey.com	0003392979	Jun 1- Jun 30, 2020	July 20, 2020		
PART OF THE USA TODAY NETWORK	PREPAY (Memo Info)	UNAPPLIED (included in amt due)	TOTAL AMOUNT DUE		
	\$0.00	\$0.00	\$2,133.	00	
BILLING ACCOUNT NAME AND ADDRESS	BILLING INQUIRIES	ADDRESS CHANGES	FEDERAL	. ID	
	1-877-736-7608 or lo	1-877-736-7608 or local@ccc.gannett.com 47-2			
All County Media 77 Hudson Street Hackensack, NJ 07601	maximum legal rate (whiche paid must be submitted in wr Any credit towards future adv	Terms and Conditions: Past due accounts are subject to interest at the maximum legal rate (whichever is less). Advertiser claims for a credit paid must be submitted in writing to Publisher within 30 days of the invoi Any credit towards future advertising must be used within 30 days of iss All funds payable in US dollars.		y invoiced or be waived.	

#### 

Contact abgspecial@gannett.com to sign-up for the convenience of having your invoice e-mailed to you. Once signed up you can also enjoy the convenience of making online payments.

Date	Description	Amount
6/1/20	Balance Forward	\$2,133.00

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT						
ACCOUN			PAYMENT	DUE DATE	AMOUNT PAID	
northjer	sou com	All Coun	ty Media	July 20	), 2020	
northjer	sey.com	ACCOUNT	NUMBER	STATEMEN	T NUMBER	
		404	114	00033	92979	
CURRENT DUE	30 DAYS PAST DUE	60 DAYS PAST DUE	90 DAYS PAST DUE	120+ DAYS PAST DUE	UNAPPLIED PAYMENTS	TOTAL AMOUNT DUE
\$0.00	\$993.00	\$1,140.00	\$0.00	\$0.00	\$0.00	\$2,133.00
REMITTANCE ADD	RESS (Include Account# 8	& Statement# on check)	т	O PAY WITH CREDIT	CARD PLEASE FILL OU	JT BELOW:
North Jersey Media Group P.O. Box 630703 Cincinnati, OH 45263-0703		VISA Card Number	MASTERCARD	DISCOVER A	MEX	
		Exp Date	<u>/ /</u>	CVV Code Date		

<b>mv</b> digital		NO INVOICE #3
Di sele	BILLING PERIOD 4/20/20 - 5/6/20 BILLING DATE	ADVERTISER/CLIENT NAME Moving Teaneck Forward PREPAYMENT AMOUNT DUE
	5/26/20	\$11,000
BILLED ACCOUNT NUMBER	BILLED ACCOUNT NAME AND ADDRESS	REMITTANCE ADDRESS
ADVERTISERCLIENT NUMBER 1000912363	Moving Teaneck Forward PO Box 3131 Teaneck, NJ 07666	MV DIGITAL GROUP DEPT 77571 PO BOX 77000 DETROIT, MI 48277-0571

4.2

#### PLEASE RETURN ONE COPY OF THIS INVOICE WITH YOUR PAYMENT

#### BOTH ACCOUNT NUMBERS MUST BE REFERENCED TO ENSURE CORRECT PAYMENT APPLICATION

#### Customer Service Inquiries 1-800-275-9819 Customer Service Inquiries email: MV-invoicesupport@MVDigitalGroup.com

DATE	BILLING ID NUMBER	PRODUCT DESCRIPTION	UNITS	NET AMOUNT
4/20/20	1858451-0001	MVD SMO Local Audience Facebook Retail - Teaneck Election	1	\$4,500.00
4/20/20	1858451-0002	MVD Online Impressions - Multisize - Retail - Teaneck Election	142.857	\$1,000.00
4/20/20	1858451-0004	MVD Audience Extension Video IP Targeting Retail - Teaneck Election	77.778	\$3,500.01
4/20/20	1858451-0005	MVD Audience Extension Display_Multisize Site Direct Retail - Teaneck Election	76.923	\$1,000.00
DATE	BILLING ID NUMBER	PRODUCT DESCRIPTION	UNITS	NET AMOUNT

DATE	BILLING ID NUMBER	PRODUCT DESCRIPTION	UNITS	NET AMOUNT
5/6/20	1861163-0001	MVD SMO Local Audience Facebook Retail - extension	1	\$334.00
5/6/20	1861163-0002	MVD Online Impressions - Multisize - Retail - extension	47.571	\$333.00
5/27/20	1861163-0004	MVD Audience Extension Video IP Targeting Retail - extension	7.4	\$333.00



P.O. Box 1000 West New York, NJ 07093

> Bill To MOVING TEANECK FORWARD

# # 4 Invoice

Date	Invoice #
5/6/2020	155999

Quantity         Description         Amount           17,500         POSTCARDS MAIL SHOP SERVICES INCLUDED POSTAGE (CREDIT OF \$459.39 APPLIED - OVERPAYMENT ON POSTAGE OF MAILING #2)         1,895.00           RE: TEANECK MAILING #3         5,053.27         -459.39           Total Invoice Amount         5,053.27         5,053.27			P.O. No.	Terms	Shipping Method
Quantity       Description       Amount         17,500       POSTCARDS       1,895.00         MAIL SHOP SERVICES INCLUDED       POSTAGE       5,053.27         (CREDIT OF \$459.39 APPLIED - OVERPAYMENT ON POSTAGE OF       -459.39         RE: TEANECK MAILING #3       RE: TEANECK MAILING #3       Image: Comparison of the second of the			1.0.10		
17,500 POSTCARDS MAIL SHOP SERVICES INCLUDED POSTAGE (CREDIT OF \$459.39 APPLIED - OVERPAYMENT ON POSTAGE OF MAILING #2) RE: TEANECK MAILING #3 RE: TEANECK MAILING #3 Subtotal \$6,488.8 Sales Tax (6.625%) \$429.8 Total Invoice Amount \$6,918.7 Payments/Credits \$0.0				Due on receipt	RPS
MAIL SHOP SERVICES INCLUDED POSTAGE (CREDIT OF \$459.39 APPLIED - OVERPAYMENT ON POSTAGE OF MAILING #2) RE: TEANECK MAILING #3 RE: TEANECK MAILING #3 Subtotal \$6,488.8 Sales Tax (6.625%) \$429.8 Total Invoice Amount \$6,918.7 Payments/Credits \$0.0	Quantity	Desc	ription		Amount
Sales Tax (6.625%)\$429.8Total Invoice Amount\$6,918.7Payments/Credits\$0.0	17,500	MAIL SHOP SERVICES INCLUDED POSTAGE (CREDIT OF \$459.39 APPLIED - OVE MAILING #2)	ERPAYMENT ON F	POSTAGE OF	1,895.00 5,053.27 -459.39
Sales Tax (6.625%)\$429.8Total Invoice Amount\$6,918.7Payments/Credits\$0.0					
Total Invoice Amount\$6,918.7Payments/Credits\$0.0				Subtotal	\$6,488.88
Total Invoice Amount\$6,918.7Payments/Credits\$0.0					
Payments/Credits \$0.0					

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

NAME OF RECIPIENT CANDIDATE/COMMIT	TEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMIT	TEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMIT	TEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMIT	TEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE Type text here	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMIT	TEE	
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 ele- insert zero.)	ction, <u>\$ 39044.04</u>		
Funds Transferred from Prior Campaign	\$		
Deposits (Include interest)	<u>\$</u> 6049.00		
Disbursements (Include bank charges)	<u></u> \$29754.07		
Closing Balance, this Report	<u></u> \$ 15338.97		
CROSS RIVER BANK MOV	ING TEANECK FORWARD		
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT		
885 TEANECK ROAD TEANECK NJ 07666			
ADDRESS OF BANK OR DEPOSITORY			
GERALD T REINER JR			
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)		
105 BERGEN AVE TEANECK NJ 07666			
ADDRESS OF TREASURER			

#### CERTIFICATION

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

1-19-2021	MARK SCHWARTZ	Mark Schwartz
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
1-19-2021	KAREN ORGEN	Karen Orgen
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
1-19-2021	MICHAEL PAGAN	Michael Pagan
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
1-18-2021	GERALD T REINER JR	
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)	

New Jersey Election Law Enforcement Commission 11 FORM R-1 Revised 02.28.2018 \*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

FORM R-1	ORM R-1 REPORT OF CONTRIBUTIONS AND EXPENDITURES					<b>ONE):</b> RE-ELECTION
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.nj.gov						
	EANECK FORW		Oct. 15, <u>202</u> Jan. 15,	20		
STREET ADDRESS 105 BERGEN AVE					Amendment Yes	
CITY TEANECK		STATE NJ	ZIP CODE 07666		For Sta	te Use Only
COUNTY BERGEN		ELECTION DIS	STRICT OR MUNICIPALITY	Y		
POLITICAL PARTY		OFFICE SOUC	θHT			
ELECTION DATE MAY 12 2020	ELECTION TYPE (CHECK ONE)	PRIM		CIPA		
SUMMARY TAB			ETE TABLES I AND II UN AVE BEEN COMPLETED	TIL		
TABLE I. RECEI	PTS			Γ	THIS REPORT	CUMULATIVE TO DATE
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS				\$1	000.00	\$ 6051.00
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]					350.00	\$ 51399.00
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS \$						\$
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]						\$ 4300.00
5. LOANS RECEN [Schedule C]	VED IN EXCESS OF \$	300 AND ALL C	URRENCY LOANS	\$		\$
6. SUB TOTAL			(ADD LINES 1 THRU 5)	\$ 5	350.00	<sup>\$</sup> 61750.00
7. REFUND OF C	ONTRIBUTIONS [Adju	stment Schedul	e] (-)	\$		\$
8. TOTAL CONTR	RIBUTIONS			\$5350.00		\$ 61750.00
9. ADD FUNDS T	RANSFERRED FROM	PRIOR CAMPA	IGN (+)			\$
10. TOTAL RECEI	PTS		(ADD LINE 8 + LINE 9)	\$5	350.00	\$61750.00
TABLE II. EXPE	NDITURES					
1. DISBURSEME	NTS - CAMPAIGN EXI	PENSES [Schee	dule 1(D)]	\$2	0359.27	\$57120.30
	NTS - OTHER [Schedu			\$		\$
	NTS - CONTRIBUTION COMMITTEES [Sched		THER	\$		\$
	ONS MADE ON BEHAL unt Schedules 1(D) and			\$		\$
5. IN-KIND CONT	RIBUTIONS OF \$300	OR LESS (TAB	LE I, LINE 3)	\$		\$
6. IN-KIND CONT	RIBUTIONS IN EXCE	SS OF \$300 (T/	ABLE I, LINE 4)	\$		\$ 4300.00
7. SUB TOTAL			(ADD LINES 1 THRU 6)	\$ 2	20359.27	\$ 61420.30
8. REFUNDED D	ISBURSEMENTS [Sch	edule F]	(-)	\$		\$
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)					0359.27	\$ 61420.30

Ju	ne 1 through S	Sept 30 2020 Sched	lule A Page 2	2			
Date	Name	Address	City	State & Zip	Amount	Employer Name & Address	Occupation
09/18/20 Ema	anuel Klein	Cranford Place	Teaneck	NJ 07666	\$ 2,600.00	The Fountain Group LLC, 492-C Cedar Lane Suite 310 Teaneck, NJ 07666	Developer
07/07/20 Gio	vanni Maramonte	98 Adams St. Apt 2	Hoboken	NJ 07030	\$ 900.00	GCM Homes 98 Adams St Apt 2 Hoboken NJ 07030	Realtor
07/07/20 V.N	I. Poondi	7 Deerwood Ave	Edison	NJ 08817	\$ 900.00		retired
07/07/20 Edv	vard W Cilick	646 Quackerbush Ave	Wyckoff	NJ 07481	\$ 350.00	Cillick and Smith Esq Ct Plaza N Main Street Hackensack NJ 07601	Attorney
					\$ 4,750.00		

#### 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 CONTRIE	BUTION(S)		·		
CONTRIBUTOR NAME		EMPLOYER NAME			
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	3		
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$		
OCCUPATION	-				
DESCRIPTION OF IN-KIND CONTRIE	BUTION(S)	1			
CONTRIBUTOR NAME		EMPLOYER NAME			
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	3		
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$		
OCCUPATION	ł				
DESCRIPTION OF IN-KIND CONTRIE	BUTION(S)	1			
CONTRIBUTOR NAME		EMPLOYER NAME			
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	5		
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD		
OCCUPATION			Ŷ		
DESCRIPTION OF IN-KIND CONTRIE	BUTION(S)		1		
(COMPLETE THIS LINE FOR EVER)	( PAGE USED) TO	TAL, THIS PAGE	\$		
(COMPLETE THIS LINE FOR LAST	PAGE USED) GF	AND TOTAL	\$O		

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

Loans Receive	ed in Excess of	\$300 and /		urrency Loans
LENDER NAME		EMPLOYER NAME		
LENDER ADDRESS		EMPLOYER /	ADDRI	ESS
OCCUPATION		-		
CO-SIGNER NAME		EMPLOYER	NAME	
CO-SIGNER ADDRESS		EMPLOYER /	ADDRE	ESS
OCCUPATION		AMOUNT(S)	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO	UNT		
LENDER NAME	-	EMPLOYER	NAME	
LENDER ADDRESS		EMPLOYER /	ADDRI	ESS
OCCUPATION				
CO-SIGNER NAME		EMPLOYER	NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS		
OCCUPATION		\$	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO \$	UNT		
TOTAL AMOUNT OF LOANS RECEIVED		DD	\$ O	
			IΨU	

#### ADJUSTMENT SCHEDULE

#### **Refund of Contributions**

PAYMENT DATE	CHECK NO.	PA	YEE NAME AND ADDF	RESS	REFUNDED AMOUNT
					\$
(COMPLETE THIS	LINE FOR EVERY PA	GE USED)	TOTAL, THIS PAGE	\$	
(COMPLETE THIS	LINE FOR LAST PAG	E USED)	GRAND TOTAL	<b>\$</b> 0	

## Moving Teaneck Forward Campaign Expenses Schedule 1(D) Page 6

Date	Num	Name	Name Address	Amount
	Expense	es Sch 1 (D)		
Canvas	000			00.00
07/01/2020	906	Ariel Checkik	1096 Queen Anne Rd Teaneck NJ 07666	30.00
09/26/2020	1004	David Spielman	349 Englewood Ave Teaneck NJ 07666	277.50
			Total C <b>a</b> nvas	307.50

#### **Accrual Basis**

## Moving Teaneck Forward Credit Card Expenses Paid by Mohamed, Hameeduddin 799 Redman St Teaneck NJ 07666

## **PAGE 2 0F 5**

Date	Num	Name	Name Address	Amount
Credit Care MV Digi				
09/09/2020	debit	AMEX Payment	PO Box 650448 Dallas Texas 75265	6,000.00
09/22/2020	debit	Chase	201 N Walnut Street Wilmington DEC 19801	5,000.00
Total M	V Digital			11,000.00
North J	ersey Med	ia		
07/14/2020	debit	AMEX Payment	PO Box 650448 Dallas Texas 75265	2,133.00
Total No	orth Jersey	Media		2,133.00
<b>Royal</b> 06/29/2020	debit	AMEX Payment	PO Box 650448 Dallas Texas 75265	6,918.77

Total Credit Card Expense

20,051.77

\$20359.27 TOTAL SCHEDULE 1 (D) ALL PAGES

## PAGE 3 OF 5

riv olgital	PREPAY MEMO INVOICE #3 "THIS MEMO DOES NOT REPRESENT ALL ACTIVITY FOR THE BILLING PERIOD AND SHOULD ONLY BE USED AS AN ESTIMATE OF CHARGES TO BE BILLED WHICH WILL BE REPRESENTED ON YOUR MONTH END BILLING INVOICE.		
3	BILLING PERIOD	ADVERTISER/CLIENT NAME	
	4/20/20 - 5/6/20 BILLING DATE	Moving Teaneck Forward PREPAYMENT AMOUNT DUE	
	5/26/20	\$11,000	
BILLED ACCOUNT NUMBER	BILLED ACCOUNT NAME AND ADDRESS	REMITTANCE ADDRESS	

#### PLEASE RETURN ONE COPY OF THIS INVOICE WITH YOUR PAYMENT

#### BOTH ACCOUNT NUMBERS MUST BE REFERENCED TO ENSURE CORRECT PAYMENT APPLICATION

#### Customer Service Inquiries 1-800-275-9819 Customer Service Inquiries email: MV-invoicesupport@MVDigitalGroup.com

DATE	BILLING ID NUMBER	PRODUCT DESCRIPTION	UNITS	NET AMOUNT
4/20/20	1858451-0001	MVD SMO Local Audience Facebook Retail - Teaneck Election	1	\$4,500.00
4/20/20	1858451-0002	MVD Online Impressions - Multisize - Retail - Teaneck Election	142.857	\$1,000.00
4/20/20	1858451-0004	MVD Audience Extension Video IP Targeting Retail - Teaneck Election	77.778	\$3,500.01
4/20/20	1858451-0005	MVD Audience Extension Display_Multisize Site Direct Retail - Teaneck Election	76.923	\$1,000.00

DATE	BILLING ID NUMBER	PRODUCT DESCRIPTION	UNITS	NET AMOUNT
5/6/20	1861163-0001	MVD SMO Local Audience Facebook Retail - extension	1	\$334.00
5/6/20	1861163-0002	MVD Online Impressions - Multisize - Retail - extension	47.571	\$333.00
5/27/20	1861163-0004	MVD Audience Extension Video IP Targeting Retail - extension	7.4	\$333.00

PAGE 4 OF 5				#2	
	ACCOU	ACCOUNT #	PAGE #		
	All Cour	404114	1 of 1		
northjersey.com	STATEMENT #	BILLING PERIOD	PAYMENT DU	E DATE	
	0003392979	Jun 1- Jun 30, 2020	July 20, 2	020	
PART OF THE USA TODAY NETWORK	PREPAY (Memo Info)	UNAPPLIED (included in amt due)	TOTAL AMOU	NT DUE	
	\$0.00	\$0.00	\$2,133.	00	
BILLING ACCOUNT NAME AND ADDRESS	BILLING INQUIRIES	FEDERAL ID			
	1-877-736-7608 or local@ccc.gannett.com 47-2390983				
All County Media 77 Hudson Street Hackensack, NJ 07601	Terms and Conditions: Past due accounts are subject to interest at the rate of 12% per annum or the maximum legal rate (whichever is less). Advertiser claims for a credit related to rates incorrectly invoiced paid must be submitted in writing to Publisher within 30 days of the invoice date or the claim will be waived. Any credit towards future advertising must be used within 30 days of issuance or the credit will be forfeited. All funds payable in US dollars.				

#### 

Contact abgspecial@gannett.com to sign-up for the convenience of having your invoice e-mailed to you. Once signed up you can also enjoy the convenience of making online payments.

Date	Description	Amount
6/1/20	Balance Forward	\$2,133.00

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT						
		ACCOUN	ACCOUNT NAME All County Media		DUE DATE	AMOUNT PAID
northier	northjersey.com				0, 2020	
norenjer			NUMBER	STATEMENT NUMBER		
		404114		0003392979		
CURRENT DUE	30 DAYS PAST DUE	60 DAYS PAST DUE	90 DAYS PAST DUE	120+ DAYS PAST DUE	UNAPPLIED PAYMENTS	TOTAL AMOUNT DUE
\$0.00	\$993.00	\$1,140.00	\$0.00	\$0.00	\$0.00	\$2,133.00
REMITTANCE ADD	RESS (Include Account# 8	Statement# on check)	т	O PAY WITH CREDIT	CARD PLEASE FILL OU	JT BELOW:
North Jersey Media Group P.O. Box 630703			VISA Card Number	MASTERCARD	DISCOVER A	MEX
Cinc	innati, OH 45263-(	0703	Exp Date	<u>/ /</u>	CVV Code Date	

PAGE 5 0F 5

Invoice



P.O. Box 1000 West New York, NJ 07093

> Bill To MOVING TEANECK FORWARD

 Date
 Invoice #

 5/6/2020
 155999

		P.O. No.	Terms	Shipping Method
			Due on receipt	RPS
Quantity	Desc	ription		Amount
17,500	POSTCARDS MAIL SHOP SERVICES INCLUDED POSTAGE (CREDIT OF \$459.39 APPLIED - OVE MAILING #2) RE: TEANECK MAILING #3	ERPAYMENT ON	POSTAGE OF	1,895.00 5,053.27 -459.39
			Subtotal	\$6,488.8
			Sales Tax (6.625%	<b>%)</b> \$429.89
			Total Invoice Amo	<b>50,918.77</b>
			Payments/Credits	\$ \$0.00

TOTAL

\$6,918.77

# 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
				\$	\$	\$
(COMPLETE TH		R EVERY PAGE USED)	TOTAL, THIS PAGE	\$	\$	\$
(COMPLETE TH	(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ O	\$	\$

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
				\$
(COMPLETE THIS L	INE FOR EVERY PA	GE USED)	TOTAL, THIS PAGE	\$
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:				
SCHEDULE 3(D) GRAND TOTAL				
ADD THE "PRO - F	2. \$			
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				

## SCHEDULE E

### **Outstanding Obligations**

Date(s)	Creditor's Name	Address	Description	Amount
5/1/20	ROYAL PRINTING PAID 6/29/20	PO BOX 1000 WNY NJ 07093	PRINTING #3	\$
4/30/20	NORTHJERSEY.COM PAID 7/14/20	PO BOX 630703 CINCINNATI OHIO 45263	ADVERTISING	
4/20/20	MV DIGITAL GROUP PAID 9/ 9/20 \$6000.00 PAID 9/22/20 \$5000.00	DEPT # 77571 PO BOX 77000 DETROIT MI 48277	FACEBOOK ADS	
ALL	DEBTS PAID		TOTAL OUTSTANDING OBLIGATIONS	-

## SCHEDULE F

#### **Refunded Disbursements**

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

### SCHEDULE G Recipients of In-Kind Contributions

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

STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN	N 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>\$ 15338.97</u>
Funds Transferred from Prior Campaign	<u>\$</u>
Deposits (Include interest)	<u>\$ 5350.00</u>
Disbursements (Include bank charges)	<u>\$</u> 20359.27
Closing Balance, this Report	<u>\$</u> 329.70
CROSS RIVER BANK MOVING T	EANECK FORWARD
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
885 TEANECK ROAD TEANECK NJ 07666	
ADDRESS OF BANK OR DEPOSITORY	
GERALD T REINER JR	
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
105 BERGEN AVE TEANECK NJ 07666	
ADDRESS OF TREASURER	

#### CERTIFICATION

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

1-19-2021	MARK SCHWARTZ	Mark Schwartz
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
1-19-2021	KAREN ORGEN	Karen Orgen
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
1-19-2021	MICHAEL PAGAN	Michael Pagan
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
1/18/2021	GERALD T REINER JR	Mala
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)				

New Jersey Election Law Enforcement Commission 11 FORM R-1 Revised 02.28.2018 \*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

FORM R-1	REPORT	OF CONTR	RIBUTIONS AND		REPORT (CHECK	<b>ONE):</b> RE-ELECTION
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.nj.gov						EEFECTION 2021 PM
	EANECK FORW	ARD			Oct. 15, Jan. 15,_20	
STREET ADDRES 105 BERGEN					Amendment Yes	
CITY TEANECK		STATE NJ	ZIP CODE 07666		For Sta	te Use Only
COUNTY BERGEN		ELECTION DIS	STRICT OR MUNICIPALITY	(		
POLITICAL PARTY		OFFICE SOUC	ЭНТ			
ELECTION DATE MAY 12 2020	ELECTION TYPE (CHECK ONE)			IPA		
SUMMARY TAB			ETE TABLES I AND II UNT	ΓIL		
TABLE I. RECEI	PTS				THIS REPORT	CUMULATIVE TO DATE
1. MONETARY CO	ONTRIBUTIONS / LOA	NS OF \$300 OI	R LESS	\$		\$ 6051.00
	ONTRIBUTIONS IN EX	CESS OF \$300	AND ALL CURRENCY	\$		\$ 51399.00
	RIBUTIONS OF \$300	OR LESS		\$		\$
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]			\$		\$ 4300.00	
	VED IN EXCESS OF \$	300 AND ALL C	URRENCY LOANS	\$		\$
[Schedule C]         6. SUB TOTAL         (ADD LINES 1 THRU 5)			\$	0	<sup>\$</sup> 61750.00	
7. REFUND OF C	ONTRIBUTIONS [Adju	stment Schedul	e] (-)	\$		\$
8. TOTAL CONTR	RIBUTIONS			\$ (	)	\$ 61750.00
9. ADD FUNDS TI	RANSFERRED FROM	PRIOR CAMPA	AIGN (+)	\$		\$
10. TOTAL RECEI	PTS		(ADD LINE 8 + LINE 9)	\$ (	)	\$61750.00
TABLE II. EXPE	NDITURES					
1. DISBURSEME	NTS - CAMPAIGN EX	PENSES [Schee	dule 1(D)]	\$		\$57120.30
	NTS - OTHER [Schedu			\$		\$
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]			\$		\$	
			\$		\$	
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)			\$		\$	
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)			\$		\$ 4300.00	
7. SUB TOTAL (ADD LINES 1 THRU 6)			\$	0	\$ 61420.30	
8. REFUNDED D	ISBURSEMENTS [Sch	edule F]	(-)	\$		\$
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)			\$	0	\$ 61420.30	

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

		y contributions
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF CURRENCY C \$ OCCUPATION	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF 👝 AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
		\$
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF CURRENCY S OCCUPATION	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
		-
CHECK IF CURRENCY C \$ OCCUPATION	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF CURRENCY S OCCUPATION	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	I DTAL, THIS PAGE	\$
	RAND TOTAL	\$ O

#### 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 CONTRIE	BUTION(S)		·	
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	3	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION	-			
DESCRIPTION OF IN-KIND CONTRIE	BUTION(S)	1		
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS		
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION	ł			
DESCRIPTION OF IN-KIND CONTRIE	BUTION(S)	1		
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS		
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD	
OCCUPATION			Ŷ	
DESCRIPTION OF IN-KIND CONTRIE	BUTION(S)		1	
(COMPLETE THIS LINE FOR EVER)	( PAGE USED) TO	TAL, THIS PAGE	\$	
(COMPLETE THIS LINE FOR LAST	PAGE USED) GF	AND TOTAL	\$O	

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

Loans Receive	ed in Excess of	\$300 and /		urrency Loans
LENDER NAME		EMPLOYER	NAME	
LENDER ADDRESS		EMPLOYER /	ADDRI	ESS
OCCUPATION		-		
CO-SIGNER NAME		EMPLOYER	NAME	
CO-SIGNER ADDRESS		EMPLOYER /	ADDRE	ESS
OCCUPATION		AMOUNT(S)	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO	UNT		
LENDER NAME	-	EMPLOYER	NAME	
LENDER ADDRESS		EMPLOYER /	ADDRI	ESS
OCCUPATION				
CO-SIGNER NAME		EMPLOYER	NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS		
OCCUPATION		\$	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO \$	UNT		
TOTAL AMOUNT OF LOANS RECEIVED		DD	\$ O	
			IΨU	

#### ADJUSTMENT SCHEDULE

#### **Refund of Contributions**

PAYMENT DATE	CHECK NO.	PA	YEE NAME AND ADDF	RESS	REFUNDED AMOUNT
					\$
(COMPLETE THIS	LINE FOR EVERY PA	GE USED)	TOTAL, THIS PAGE	\$	
(COMPLETE THIS	LINE FOR LAST PAG	E USED)	GRAND TOTAL	<b>\$</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
				\$	\$	\$
			TOTAL, THIS PAGE GRAND TOTAL	\$ \$ 0	\$	\$

# 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
				\$	\$	\$
(COMPLETE TH		R EVERY PAGE USED)	TOTAL, THIS PAGE	\$	\$	\$
(COMPLETE TH	HIS LINE FOR		GRAND TOTAL	\$ O	\$	\$

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
				\$
(COMPLETE THIS L	INE FOR EVERY PA	GE USED)	TOTAL, THIS PAGE	\$
COMPLETE THE F	FOLLOWING LINES F	OR LAST PAGE USED:		
SCHEDULE 3(D) G	GRAND TOTAL			1. \$
ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D) (+)			2. \$	
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES			3. \$ <sup>O</sup>	

## SCHEDULE E

### **Outstanding Obligations**

Date(s)	Creditor's Name	Address	Description	Amount
12/31/20	KIM SZEZORAK	140 BRIDGE STREET HONESDALE PA 18431	NJ ELECT AUDIT	\$ 1500.00
			TOTAL OUTSTANDING OBLIGATIONS	1000.00

## SCHEDULE F

#### **Refunded Disbursements**

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

### SCHEDULE G Recipients of In-Kind Contributions

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

STATEMENT OF CAMPAIGN DEPOSITORY AND C	AMPAIGN 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 the insert zero.)	his election, <u>\$ 329.70</u>
Funds Transferred from Prior Campaign	\$
Deposits (Include interest)	\$
Disbursements (Include bank charges)	\$
Closing Balance, this Report	<u>\$</u> 329.70
CROSS RIVER BANK	MOVING TEANECK FORWARD
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
885 TEANECK ROAD TEANECK NJ 07666	
ADDRESS OF BANK OR DEPOSITOR	/
GERALD T REINER JR	
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
105 BERGEN AVE TEANECK NJ 07666	
ADDRESS OF TREASURER	

#### **CERTIFICATION**

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

1-19-2021	MARK SCHWARTZ	Mark Schwartz
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
1-19-2021	KAREN ORGEN	Karen Orgen
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
1-19-2021	MICHAEL PAGAN	Michael Pagan
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
1-18-2021	GERALD T REINER JR	
DATE	PRINT FULL NAME (TREASURER)	SIGNATÚRE (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 F	REPORT
	n applicable Declaration below as well as Certificatio ue to file reports with the Commission until all campai	
I certify that all contribution loans or other obligation	utions or other monies received by this election fund hons, and that the election fund has wound up its busin	ave been disbursed, that there are no outstanding ess 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)

New Jersey Election Law Enforcement Commission 11 FORM R-1 Re \*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form. FORM R-1 Revised 02.28.2018