



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

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

FORM D-1
FOR STATE USE ONLY

ELEC RECEIVED
APR 20 2010

PLEASE TYPE OR PRINT

Candidate Name
 Adam Gussen

Candidate Committee Name
 Gussen for Council

Address (Number and Street, City, State, Zip Code)
 482 Claremont Avenue Teaneck, NJ 07666

*(Area) Day Telephone 201-245-1585 *(Area) Evening Telephone 201-245-1585

County Bergen Legal Name of Election District or Municipality Township of Teaneck

Election Date May 11, 2010 Political Party, if any nonpartisan Office Sought council

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

CHAIRPERSON

Name Adam Gussen

Mailing Address 482 Claremont Avenue

City Teaneck State NJ Zip Code 07666

*(Area) Day Telephone 201-245-1585 *(Area) Evening Telephone 201-245-1585

TREASURER

Name Asif Mustafa

Mailing Address 263 Griggs Avenue

City Teaneck State NJ Zip Code 07666

*(Area) Day Telephone 201-320-5986 *(Area) Evening Telephone 201-320-5986

Resident Address same

City State Zip Code

DEPOSITORY INFORMATION

Name of Bank or Depository Cross River Bank

Mailing Address 885 Teaneck Rd

City Teaneck State NJ Zip Code 07666

(Area) Day Telephone 201-808-7000

Account Name 021214273 Account Number 2000/2/331

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

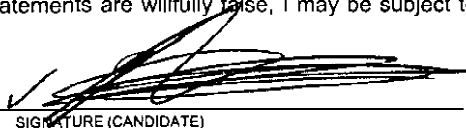
Name Adam Gussen		
Mailing Address 482 Claremont Avenue		
City Teaneck	State NJ	Zip Code 07666
*(Area) Day Telephone 201-245-1585	*(Area) Evening Telephone 201-245-1585	

Name Asif Mustafa		
Mailing Address 263 Griggs Avenue		
City Teaneck	State NJ	Zip Code 07666
*(Area) Day Telephone 201-320-5986	*(Area) Evening Telephone 201-320-5986	

Name none		
Mailing Address		
City	State	Zip Code
*(Area) Day Telephone	*(Area) Evening Telephone	


CANDIDATE CERTIFICATION

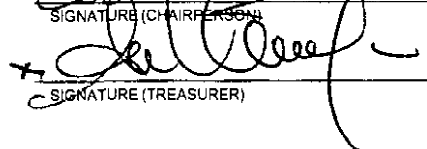
I certify that the statements on this document are true. I further certify that I have not, and will not during the existence of the candidate committee, establish, authorize the establishment of, maintain, or participate directly or indirectly in the management or control of any political committee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

4/14/2010 Adam Gussen 
 DATE PRINT FULL NAME (CANDIDATE) SIGNATURE (CANDIDATE)

CHAIRPERSON/TREASURER CERTIFICATION

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

4/14/2010 Adam Gussen 
 DATE PRINT FULL NAME (CHAIRPERSON) SIGNATURE (CHAIRPERSON)

4/14/2010 Asif Mustafa 
 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# _____



CANDIDATE - SWORN STATEMENT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
P.O. Box 185, Trenton, NJ 08625-0185
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Website: www.elec.state.nj.us

FORM A-1
ELEC RECEIVED

APR 20 2009

Amendment

Candidate Name
ADAM GUSSEN

Office Sought
COUNCIL OR MUNICIPAL OFFICE

Candidate Committee Name
GUSSEN FOR COUNCIL

Street Address
482 CLAREMONT AVE

City
TEANECK

State
NJ

Zip Code
07666-0000

*(Area) Day Telephone
201-245-1585

*(Area) Evening Telephone
2012451585

Election Type (Select One)

Primary General May Municipal June Run-Off Special

Election Date
05/11/2010

County
BERGEN COUNTY (200)

Legal Name of Election District or Municipality
TEANECK TOWNSHIP

Political Party
NONPARTISAN

I, the undersigned, do hereby certify as follows.

- 1. The total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person, or committee shall be zero, or shall not, in the aggregate, exceed \$4,000 for this election.
2. I am aware that in the event the total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person or committee shall, in the aggregate, exceed \$4,000, I am required to file a "Report of Contributions and Expenditures," Form R-1, on each subsequent reporting date
3. I am aware that if I receive a contribution in excess of \$300 in the aggregate from one source in an election or a currency (cash) contribution in any amount, I am required to report the contribution to the Commission on "Supplemental Contributor Information," Form C-1, including the identity of the source and the aggregate total of contributions therefrom, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer
4. I am aware that if I receive a contribution in excess of \$1,200 in the aggregate from one source starting with the 13th day before the election up to, and including, the day of the election, I am required to notify the Commission in writing on the "Supplemental Contributor Information," Form C-1, within 48 hours of receipt of the contribution and to identify the source and the aggregate amount received therefrom during the period, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer.
5. I am aware that if I make, incur, or authorize an expenditure of money or other thing of value in excess of \$1,200 in the aggregate to support or defeat a candidate or public question, starting with the 13th day before the election up to and including the day of the election, I am required to notify the Commission in writing within 48 hours of the expenditure on the Form E-1, "Supplemental Expenditure Information "
6. I am aware that I, as a candidate, am required to designate a campaign treasurer and a campaign depository and that I am required to file with the Commission a "Certificate of Organization and Designation of Campaign Treasurer and Depository," Form D-1, no later than 10 days after receipt of any contribution on behalf of my candidacy or 10 days after making any expenditure on behalf of my candidacy, whichever comes first.

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 No

PIN

Candidate

Date April 16, 2010



SUPPLEMENTAL CONTRIBUTOR INFORMATION

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

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

FORM C-1

FOR STATE USE ONLY

ELEC RECEIVED

APR 20 2010

CONTRIBUTIONS REPORT TYPE (CHECK ONE)

- Committee filing either the Form A-1, A-2, or A-4 and receiving a contribution in excess of \$300 in the aggregate from one source in the election, or any currency (cash) contributions
Committee receiving a contribution in excess of \$1,200 in the aggregate from one source starting with the 13th day before the election up to, and including the day of the election (48-Hour Notice)

Amendment?

Yes No

SECTION I CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION

Candidate or Committee Name: Gussen for Council Election Date: 5/11/2010

Candidate or Committee Address (Number and Street, City, State, Zip Code): 482 Claremont Ave

(Area) Day Telephone: 201-245-1585

(Area) Evening Telephone: 201 245 1585

Office Sought: Council County: Bergen

Election District/Municipality: Teaneck

Committee Treasurer Name: ASI F Mustafa

Political Party: Non Partisan

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

Date Received: 4/19/2010 Contributor Name: Henry Wistheimer

Address (Number and Street, City, State, Zip Code): 709 Cedarlane, Teaneck NJ 07666 Aggregate Amount: \$ 750 Amount: \$ 750

Occupation (If Individual): Real Estate Receipt Type: A Check if Currency: [] Description, if In-Kind Contribution:

Employer Name (If Individual): Max Floss Employer Mailing Address (If Individual): 709 Cedarlane, Teaneck NJ 07666

Date Received: Contributor Name:

Address (Number and Street, City, State, Zip Code): Aggregate Amount: \$ Amount: \$

Occupation (If Individual): Receipt Type: Check if Currency: [] Description, if In-Kind Contribution:

Employer Name (If Individual): Employer Mailing Address (If Individual):

Date Received: Contributor Name:

Address (Number and Street, City, State, Zip Code): Aggregate Amount: \$ Amount: \$

Occupation (If Individual): Receipt Type: Check if Currency: [] Description, if In-Kind Contribution:

Employer Name (If Individual): Employer Mailing Address (If Individual):

Date Received: Contributor Name:

Address (Number and Street, City, State, Zip Code): Aggregate Amount: \$ Amount: \$

Occupation (If Individual): Receipt Type: Check if Currency: [] Description, if In-Kind Contribution:

Employer Name (If Individual): Employer Mailing Address (If Individual):

(COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$ 750

(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$ 750

Candidate or Treasurer Signature: Date: 4/19/2010



SUPPLEMENTAL CONTRIBUTOR INFORMATION

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

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FORM C-1
FOR STATE USE ONLY

ELEC RECEIVED

APR 26 2010

CONTRIBUTIONS REPORT TYPE (CHECK ONE)

- Committee filing either the Form A-1, A-2, or A-4 and receiving a contribution in excess of \$300 in the aggregate from one source in the election, or any currency (cash) contributions
Committee receiving a contribution in excess of \$1,200 in the aggregate from one source starting with the 13th day before the election up to, and including the day of the election (48-Hour Notice)

Amendment?

Yes No

SECTION I CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION

Candidate or Committee Name: Gussen for Council, Election Date: 5/11/2010
Candidate or Committee Address: 482 Clement Ave
Office Sought: Council, County: Bergen, Election District/Municipality: Teaneck
Committee Treasurer Name: Asif Mustafa, Political Party: Non Partisan

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

Multiple rows of contribution information for Michael Wildes, including date received (4/23/2010), address (750 Allison Ct, Englewood NJ 07631), occupation (Attorney), and amount (\$350).

TOTAL, THIS PAGE \$ 350
GRAND TOTAL \$ 350
Candidate or Treasurer Signature: [Signature], Date: 4/23/2010

FORM R-1	REPORT OF CONTRIBUTIONS AND EXPENDITURES	REPORT (CHECK ONE):	
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P O Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site http://www.elec.state.nj.us/		<input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input checked="" type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct 15, _____ <input type="checkbox"/> Jan 15, _____	
CANDIDATE OR COMMITTEE NAME <i>Gussen for Council</i>		For State Use Only ELEC RECEIVED JUN 03 2010	
STREET ADDRESS <i>482 claremont Ave</i>			
CITY <i>Teaneck</i>	STATE <i>NJ</i>		ZIP CODE <i>07666</i>
COUNTY <i>Belgen</i>	ELECTION DISTRICT OR MUNICIPALITY <i>Teaneck</i>		
POLITICAL PARTY, IF ANY <i>N/A</i>	OFFICE SOUGHT <i>Council</i>		
ELECTION DATE <i>5/11/2010</i>	ELECTION TYPE (CHECK ONE)	Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	<input type="checkbox"/> PRIMARY RUN-OFF <input checked="" type="checkbox"/> MUNICIPAL SCHOOL <input type="checkbox"/> GENERAL SPECIAL		
SUMMARY TABLES DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED			
TABLE I. RECEIPTS			
	THIS REPORT	CUMULATIVE TO DATE	
1 MONETARY CONTRIBUTIONS OF \$300 OR LESS	\$ 4535	\$ 4535	
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 4100	\$ 4100	
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ 0	\$ 0	
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ 0	\$ 0	
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ 0	\$ 0	
6 SUB TOTAL (ADD LINES 1 THRU 5)	\$ 8635	\$ 8635	
7. REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)	\$ 0	\$ 0	
8 TOTAL CONTRIBUTIONS	\$ 8635	\$ 8635	
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ 0	\$ 0	
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 8635	\$ 8635	
TABLE II. EXPENDITURES			
1 DISBURSEMENTS -CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 6870 ⁴⁹	\$ 6870 ⁴⁹	
2 DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ 0	\$ 0	
3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ 0	\$ 0	
4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ 774 ³⁰	\$ 774 ³³	
5 IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ 0	\$ 0	
6 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ 0	\$ 0	
7 SUB TOTAL (ADD LINES 1 THRU 6)	\$ 7644 ⁸²	\$ 7644 ⁸²	
8 REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ 0	\$ 0	
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 7644 ⁸²	\$ 7644 ⁸²	

SCHEDULE A

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

CONTRIBUTOR NAME <i>Schaef for Assembly</i>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>511 Passaic Ave</i>			EMPLOYER ADDRESS	
<i>Passaic NJ 07055</i>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>1500</i>	DATE(S) RECEIVED <i>5/10/2010</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>1500</i>
OCCUPATION				
CONTRIBUTOR NAME <i>David Sanzari</i>			EMPLOYER NAME <i>Alison Realty</i>	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS <i>250 Oak Ridge Rd</i>	
			<i>Oak Ridge NJ</i>	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>1500</i>	DATE(S) RECEIVED <i>5/2/2010</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>1500</i>
OCCUPATION				
CONTRIBUTOR NAME <i>Michael Wildes</i>			EMPLOYER NAME <i>Wildes + Wembely PC</i>	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS <i>575 Madison Ave.</i>	
			<i>NY, NY 10022</i>	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>350</i>	DATE(S) RECEIVED <i>4/23/2010</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>350</i>
OCCUPATION				
CONTRIBUTOR NAME <i>Henry Witherm</i>			EMPLOYER NAME <i>Max Fluss</i>	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS <i>709 Cedar Ave</i>	
			<i>Teaneck NJ 07666</i>	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>750</i>	DATE(S) RECEIVED <i>4/19/2010</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>750</i>
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ <i>4100</i>	
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ <i>4100</i>	

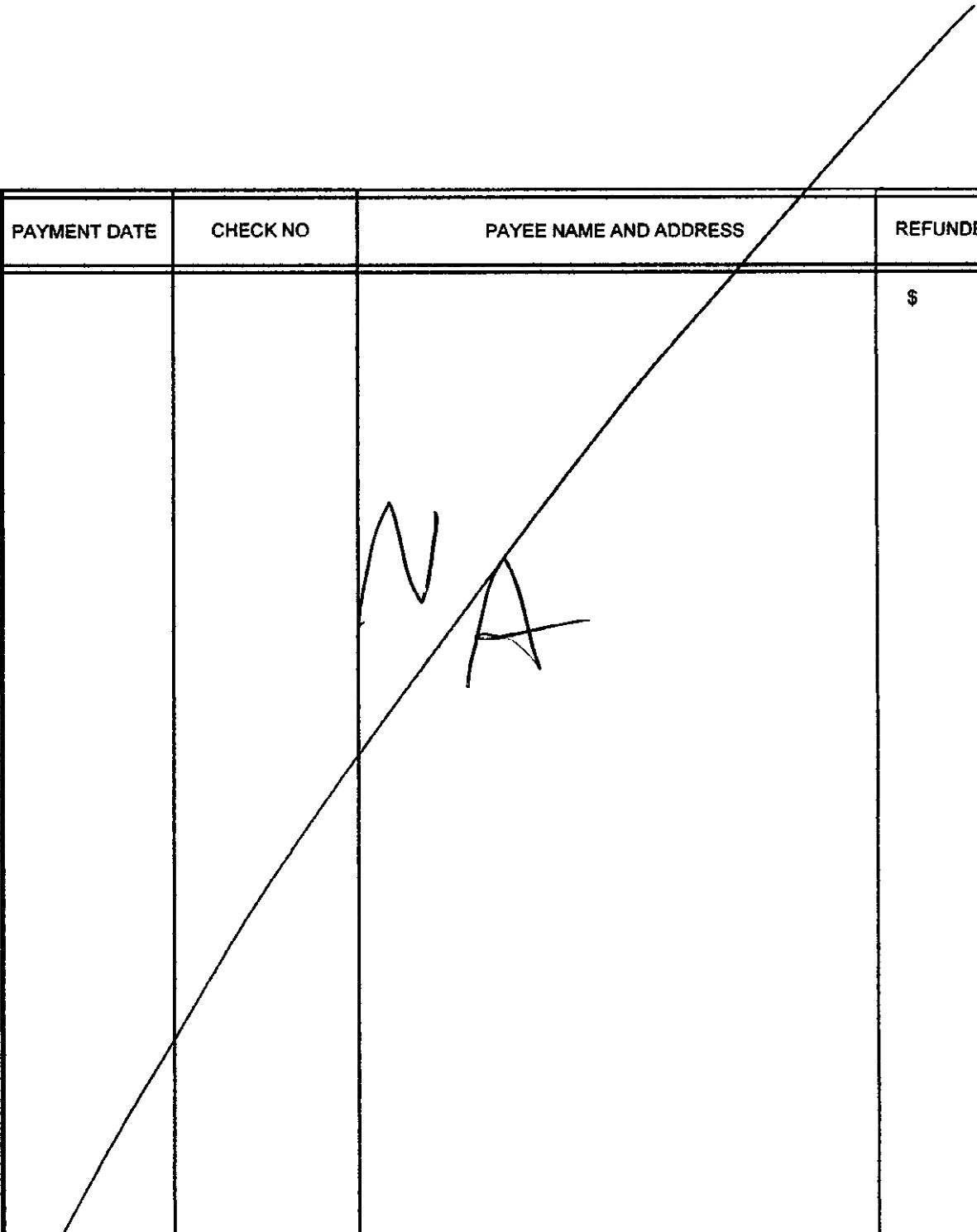
SCHEDULE B
In-Kind Contributions in Excess of \$300

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

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

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

ADJUSTMENT SCHEDULE
Refund of Excessive Contributions

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

(COMPLETE THIS LINE FOR EVERY PAGE USED)

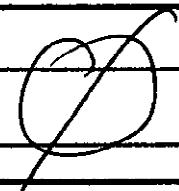
TOTAL, THIS PAGE

\$

(COMPLETE THIS LINE FOR LAST PAGE USED)

GRAND TOTAL

\$



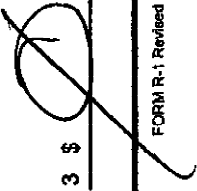
SCHEDULE 1(D) - DISBURSEMENTS
Campaign Expenses

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
4/25/10	89	Bates Printing Paramus, NJ	Trifold flyers	\$ 539.00	\$ 539.00	\$ 0
5/27/10	90	Adam Gussen Reimbursment	Door hangers (Tech Graphics) NJ	\$ 825.00	\$ 206.25	\$ 618.75
5/27/10	91	Richard Gussen (Reimbursment)	Lawn Signs Long Branch, NJ	\$ 1130.00	\$ 1130.00	\$ 0
5/27/10	95	Adam Gussen (Reimbursment)	A.G.E. Graphics Teaneck Suburbanite	\$ 207.44	\$ 51.86	\$ 155.58
5/27/10	96	The County Seat Hackensack NJ	Newspaper ad	\$ 543.38	\$ 543.38	\$ 0
5/27/10	97	Adam Gussen Reimbursment	GOTV, NY, NH, Robo-calls	\$ 150.00	\$ 150.00	\$ 0
5/27/10	92	Silver Strategies & Communications	Mailed	\$ 4250.00	\$ 4250.00	\$ 0
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 6870.49	\$ 774.33
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 6870.49	\$ 774.33

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
			N	\$	\$	\$
A						
				\$	\$	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$	\$	\$
				\$	\$	\$

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

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

SCHEDULE E
Outstanding Obligations

Date Incurred	Creditor's Name	Address	Description	Amount
N A				\$
TOTAL OUTSTANDING OBLIGATIONS				\$ 0

SCHEDULE F
Refunded Disbursements

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

SCHEDULE G
Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE/COMMITTEE Stefn for Council		
MAILING ADDRESS 309 Edgewood Ave, Teaneck NJ		
OFFICE SOUGHT Council	ELECTION DISTRICT OR MUNICIPALITY Teaneck	
CHECK NUMBER 90 & 95	PAYMENT DATE 5/27/10	AMOUNT \$ 258.11
NAME OF RECIPIENT CANDIDATE/COMMITTEE Committee to Re Elect Elie Y Katz		
MAILING ADDRESS 300 Fairview Terrace, Teaneck NJ		
OFFICE SOUGHT Council	ELECTION DISTRICT OR MUNICIPALITY Teaneck	
CHECK NUMBER 90 & 95	PAYMENT DATE 5/27/2010	AMOUNT \$ 258.11
NAME OF RECIPIENT CANDIDATE/COMMITTEE Committee to Re Elect Lizette Parker		
MAILING ADDRESS 87 Seluge Ave, Teaneck NJ		
OFFICE SOUGHT Council	ELECTION DISTRICT OR MUNICIPALITY Teaneck	
CHECK NUMBER 90 & 95	PAYMENT DATE 5/27/2010	AMOUNT \$ 258.11
NAME OF RECIPIENT CANDIDATE/COMMITTEE _____		
MAILING ADDRESS _____		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE _____		
MAILING ADDRESS _____		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$

STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

Opening Balance, this report

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

\$ 0

Funds Transferred from Prior Campaign

\$ 0

Deposits (Include interest)

\$ 8635⁰⁰

Disbursements (Include bank charges)

\$ 7644⁸²

Closing Balance, this Report

\$ 990¹⁸

Cross River Bank

Gessen for Council

Teaneck, NJ

ADDRESS OF BANK OR DEPOSITORY

Asif Mustafa

NAME OF TREASURER

*TELEPHONE NUMBER (DAY)

ADDRESS OF TREASURER

CERTIFICATION

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

5/27/10

DATE

Adam Gessen

PRINT FULL NAME (CANDIDATE)



SIGNATURE (CANDIDATE)

5/28/10

DATE

Asif Mustafa

PRINT FULL NAME (CANDIDATE)



SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

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)