



**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)  
 www.elec.state.nj.us/

**FORM D-1**  
 FOR STATE USE ONLY

**ELEC RECEIVED**  
**MAR 07 2014**

PLEASE TYPE OR PRINT

Candidate Name **Elie Y Katz**

Candidate Committee Name **Committee to Elect Elie Y Katz**

Address (Number and Street, City, State, Zip Code) **1415 Queen Anne Road Ste 203 Teaneck, NJ 07666**

\*(Area) Day Telephone **201 833-1984**

\*(Area) Evening Telephone **201 745-8788**

County **Bergen**

Legal Name of Election District or Municipality **Township of Teaneck**

Election Date **05/13/14**

Political Party, if any

Office Sought **Council Member**

Election Type (CHECK ONE)

Primary  General  May Municipal  Run-Off  School  Fire District  Special  Amendment  Yes  No

**CHAIRPERSON**

Name **N/A**

Mailing Address

City

State

Zip Code

\*(Area) Day Telephone

\*(Area) Evening Telephone

**TREASURER**

Name **Harry Szafranski**

Mailing Address **1415 Queen Anne Road Suite 203**

City **Teaneck**

State **NJ**

Zip Code **07666**

\*(Area) Day Telephone **201 833-1984**

\*(Area) Evening Telephone **201 745-8788**

Resident Address **557 S. Forest Dr**

City **Teaneck**

State **NJ**

Zip Code **07666**

**DEPOSITORY INFORMATION**

Name of Bank or Depository **Hudson City Savings Bank**

Mailing Address **790 Queen Anne Rd**

City **Teaneck**

State **NJ**

Zip Code **07666**

(Area) Day Telephone **201 836-7772**

Account Name **Committee to Elect Elie Y Katz**

Account Number **05008 0816 5**

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

Name <b>Harry Szafranski</b>		
Mailing Address <b>1415 Queen Anne Road Suite 203</b>		
City <b>Teaneck</b>	State <b>NJ</b>	Zip Code <b>07666</b>
*(Area) Day Telephone <b>201 833-1984</b>	*(Area) Evening Telephone <b>201 745-8788</b>	

Name		
Mailing Address		
City	State	Zip Code
*(Area) Day Telephone	*(Area) Evening Telephone	

Name		
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

DATE \_\_\_\_\_ **Elie Y Katz** \_\_\_\_\_  
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

DATE **2/26/2014** \_\_\_\_\_ **Harry Szafranski** \_\_\_\_\_  
DATE PRINT FULL NAME (CHAIRPERSON) SIGNATURE (CHAIRPERSON)  
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# \_\_\_\_\_

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>	<b>REPORT (CHECK ONE).</b> <input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct 15, _____ <input checked="" type="checkbox"/> Jan 15, <u>14</u>
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P O Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) - www.elec.state.nj.us		
<b>CANDIDATE OR COMMITTEE NAME</b> Committee to Elect Elie Y Katz		
<b>STREET ADDRESS</b> 1415 Queen Anne Road Suite 203		Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>CITY</b> Teaneck	<b>STATE</b> NJ	<b>ZIP CODE</b> 07666
<b>COUNTY</b> Bergen	<b>ELECTION DISTRICT OR MUNICIPALITY</b> Township of Teaneck	
<b>POLITICAL PARTY, IF ANY</b>	<b>OFFICE SOUGHT</b> Council Member	
<b>For State Use Only</b> <b>ELEC RECEIVED</b> <b>MAR 24 2014</b>		
<b>ELECTION DATE</b> 5/13/14	<b>ELECTION TYPE (CHECK ONE)</b> <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL	<input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF
		<input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT <input type="checkbox"/> SPECIAL
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED		
<b>TABLE I. RECEIPTS</b>		
	<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>
1 MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS	\$ 0	\$ 0
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 0	\$ 0
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ 0	\$ 0
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ 0	\$ 0
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ 0	\$ 0
6 <b>SUB TOTAL</b> (ADD LINES 1 THRU 5)	\$ 0	\$ 0
7 REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ 0	\$ 0
8 <b>TOTAL CONTRIBUTIONS</b>	\$ 0	\$ 0
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ 9,562.60	\$ 9,562.60
10 <b>TOTAL RECEIPTS</b> (ADD LINE 8 + LINE 9)	\$ 9,562.60	\$ 9,562.60
<b>TABLE II. EXPENDITURES</b>		
1 DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 0	\$ 0
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)	\$	\$
7 <b>SUB TOTAL</b> (ADD LINES 1 THRU 6)	\$ -0-	\$ -0-
8 REFUNDED DISBURSEMENTS [Schedule F] (-)	\$	\$
9 <b>TOTAL EXPENDITURES</b> (LINE 7 MINUS LINE 8)	\$ -0-	\$ -0-

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

CONTRIBUTOR NAME			EMPLOYER NAME			
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS			
<div style="text-align: center; font-size: 2em; font-weight: bold;">N/A</div>			CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
			OCCUPATION			
CONTRIBUTOR NAME			EMPLOYER NAME			
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS			
<div style="text-align: center; font-size: 2em; font-weight: bold;">N/A</div>			CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
			OCCUPATION			
CONTRIBUTOR NAME			EMPLOYER NAME			
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS			
<div style="text-align: center; font-size: 2em; font-weight: bold;">N/A</div>			CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
			OCCUPATION			
CONTRIBUTOR NAME			EMPLOYER NAME			
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS			
<div style="text-align: center; font-size: 2em; font-weight: bold;">N/A</div>			CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
			OCCUPATION			
CONTRIBUTOR NAME			EMPLOYER NAME			
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS			
<div style="text-align: center; font-size: 2em; font-weight: bold;">N/A</div>			CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
			OCCUPATION			
CONTRIBUTOR NAME			EMPLOYER NAME			
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS			
<div style="text-align: center; font-size: 2em; font-weight: bold;">N/A</div>			CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
			OCCUPATION			
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>		<b>\$</b>	
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>		<b>\$</b>	

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

**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		\$	

N/A

**ADJUSTMENT SCHEDULE**

**Refund of Contributions**

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
		N/A	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	<b>\$</b>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	<b>\$</b>

**SCHEDULE 1(D) - DISBURSEMENTS**

**Campaign Expenses**

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
			<i>N/A</i>	\$	\$	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>				TOTAL, THIS PAGE	\$	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>				GRAND TOTAL	\$	\$





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

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

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

Date(s)	Creditor's Name	Address	Description	Amount
		N/A		\$
			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**

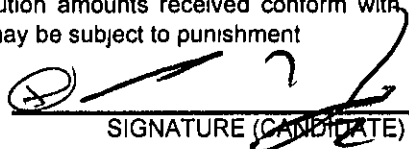
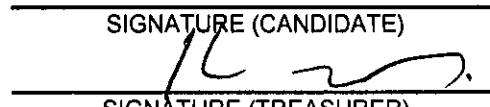
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
N/A		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT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

## STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

<b>Opening Balance, this report</b> (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero)	\$ <u>          -0-</u>
<b>Funds Transferred from Prior Campaign</b>	\$ <u>          9,562 60</u>
<b>Deposits</b> (Include interest)	\$ <u>          -0-</u>
<b>Disbursements</b> (Include bank charges)	\$ <u>          -0-</u>
<b>Closing Balance, this Report</b>	\$ <u>          9,562 60</u>
Hudson City Savings Bank	Committee to Elect Elie Y Katz
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
790 Queen Anne Road, Teaneck, NJ 07666	
ADDRESS OF BANK OR DEPOSITORY	
Harry Szafranski	201 833-1984
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
1415 Queen Anne Road Suite 203 Teaneck, NJ 07666	
ADDRESS OF TREASURER	

### CERTIFICATION

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

<u>3/17/14</u> DATE	<u>Elie Y. Katz</u> PRINT FULL NAME (CANDIDATE)	<u></u> SIGNATURE (CANDIDATE)
<u>          </u> DATE	<u>          </u> PRINT FULL NAME (CANDIDATE)	<u>          </u> SIGNATURE (CANDIDATE)
<del><u>3/17/14</u></del> DATE	<u>          </u> PRINT FULL NAME (CANDIDATE)	<u>          </u> SIGNATURE (CANDIDATE)
<u>3/17/14</u> DATE	<u>Harry Szafranski</u> PRINT FULL NAME (TREASURER)	<u></u> SIGNATURE (TREASURER)

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

### DECLARATION OF FINAL REPORT

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

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

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

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>	<b>REPORT (CHECK ONE):</b> <input checked="" type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct 15, _____ <input type="checkbox"/> Jan. 15, _____	
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.state.nj.us			
<b>CANDIDATE OR COMMITTEE NAME</b> Committee to Elect Elie Y Katz			
<b>STREET ADDRESS</b> 1415 Queen Anne Road Suite 203		Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>CITY</b> Teaneck	<b>STATE</b> NJ	<b>ZIP CODE</b> 07666	
<b>COUNTY</b> Bergen	<b>ELECTION DISTRICT OR MUNICIPALITY</b> Township of Teaneck		
<b>POLITICAL PARTY, IF ANY</b>	<b>OFFICE SOUGHT</b> Council Member		
<b>ELECTION DATE</b> 5/13/14	<b>ELECTION TYPE (CHECK ONE)</b> <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL	<input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF	
	<input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT	<input type="checkbox"/> SPECIAL	
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED			
<b>TABLE I. RECEIPTS</b>		<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS		\$ 4,775.00	\$ 4,775.00
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]		\$ 6,200.00	\$ 6,200.00
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS		\$ -0-	\$ -0-
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]		\$ -0-	\$ -0-
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]		\$ -0-	\$ -0-
6. SUB TOTAL (ADD LINES 1 THRU 5)		\$ 10,975.00	\$ 10,975.00
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)		\$ -0-	\$ -0-
8. TOTAL CONTRIBUTIONS		\$ 10,975.00	\$ 10,975.00
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)		\$ 9,562.60	\$ 9,562.60
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)		\$ 20,537.60	\$ 20,537.60
<b>TABLE II. EXPENDITURES</b>			
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]		\$ 1,941.89	\$ 1,941.89
2. DISBURSEMENTS - OTHER [Schedule 2(D)]		\$ -0-	\$ -0-
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]		\$ -0-	\$ -0-
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]		\$ -0-	\$ -0-
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)		\$ -0-	\$ -0-
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)		\$ -0-	\$ -0-
7 SUB TOTAL (ADD LINES 1 THRU 6)		\$ 1,941.89	\$ 1,941.89
8 REFUNDED DISBURSEMENTS [Schedule F] (-)		\$ -0-	\$ -0-
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)		\$ 1,941.89	\$ 1,941.89

For State Use Only  
**ELEC RECEIVED**  
**APR 21 2014**

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>	<b>REPORT (CHECK ONE):</b> <input checked="" type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct 15, _____ <input type="checkbox"/> Jan. 15, _____
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<b>CANDIDATE OR COMMITTEE NAME</b> Committee to Elect Elie Y Katz		
<b>STREET ADDRESS</b> 1415 Queen Anne Road Suite 203		Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>CITY</b> Teaneck	<b>STATE</b> NJ	<b>ZIP CODE</b> 07666
<b>COUNTY</b> Bergen	<b>ELECTION DISTRICT OR MUNICIPALITY</b> Township of Teaneck	
<b>POLITICAL PARTY, IF ANY</b>	<b>OFFICE SOUGHT</b> Council Member	
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1 DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 1,941.89	\$ 1,941.89
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ -0-	\$ -0-
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ -0-	\$ -0-
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ -0-	\$ -0-
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ -0-	\$ -0-
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ -0-	\$ -0-
7 SUB TOTAL (ADD LINES 1 THRU 6)	\$ 1,941.89	\$ 1,941.89
8 REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ -0-	\$ -0-
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 1,941.89	\$ 1,941.89

### SCHEDULE A

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

CONTRIBUTOR NAME <b>Ben Sanzari</b>		EMPLOYER NAME <b>Alsan Realty Company LP</b>		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS <b>21 Main St</b>		
		<b>Hackensack, NJ 07601</b>		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$ 2,600.00</b>	DATE(S) RECEIVED <b>3/24/14</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$</b>
OCCUPATION <b>Real Estate</b>				
CONTRIBUTOR NAME <b>David Sanzari</b>		EMPLOYER NAME <b>Alsan Realty Company LP</b>		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS <b>21 Main St</b>		
		<b>Hackensack, NJ 07601</b>		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$ 2,600.00</b>	DATE(S) RECEIVED <b>3/24/14</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$</b>
OCCUPATION <b>Real Estate</b>				
CONTRIBUTOR NAME <b>Maternal Resources Obstetrics PC</b>		EMPLOYER NAME		
CONTRIBUTOR ADDRESS <b>358 Beech St.</b>		EMPLOYER ADDRESS		
		<b>Hackensack, NJ 07601</b>		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$ 500.00</b>	DATE(S) RECEIVED <b>3/24/14</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$</b>
OCCUPATION				
CONTRIBUTOR NAME <b>Robert Alan Schundler</b>		EMPLOYER NAME		
CONTRIBUTOR ADDRESS <b>151 Prospect Ave Apt 8E</b>		EMPLOYER ADDRESS		
		<b>Hackensack, NJ 07601</b>		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$ 500.00</b>	DATE(S) RECEIVED <b>3/15/14</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$</b>
OCCUPATION				
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$</b>	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD <b>\$</b>
OCCUPATION				
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	<b>\$ 6,200.00</b>	
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	<b>\$ 6,200.00</b>	



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

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

**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**

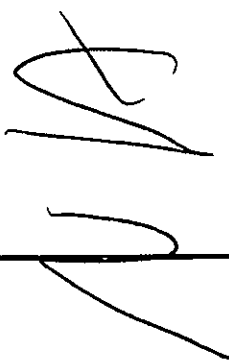
**Refund of Contributions**

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

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

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	Name	Date	Name Address	PURPOSE	FULL AMOUNT	Item	Account	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
Bill Pmt -Check	8501	Cadett Marketing, Inc		3/12/2014	183 Market Street Saddlebrook, NJ 07663				Hudson City Savin...		
Bill	32899			2/6/2014				Promotional Material		-642 39	
TOTAL										-642 39	
Bill Pmt -Check	8502	Money Mailer Bergen County		3/19/2014	48 Woods Avenue Bergenfield, NJ 07621				Hudson City Savin.		
Bill	433			3/19/2014				Printing and Copying		-695 50	
TOTAL										-695 50	
Bill Pmt -Check	8504	Chery Schwartz		3/20/2014	654 Rutland Avenue Teaneck, NJ 07666				Hudson City Savin		
Bill	EM 2			3/20/2014				Postage Mailing Se		-4 00	
TOTAL										-4 00	
Bill Pmt -Check	8505	FillerUp Kosher Wines		3/24/2014	174 West Englewood Avenue Teaneck, NJ 07666				Hudson City Savin.		
Bill	793028			3/24/2014				Campaign Events		-150 00	
TOTAL										-150 00	
Bill Pmt -Check	8506	Douglies Bar -B-Que & Grill		3/24/2014	184 West Englewood Ave Teaneck, NJ 07666				Hudson City Savin		
Bill	10430			3/24/2014				Campaign Events		-450 00	
TOTAL										-450 00	
(COMPLETE THIS LINE FOR EVERY PAGE USED)										\$	\$
TOTAL, THIS PAGE										\$ 1,941.89	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)										\$	\$
GRAND TOTAL										\$ 1,941.89	\$

**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 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				
ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)				1 \$
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				2 \$
				3 \$

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

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

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

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

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

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

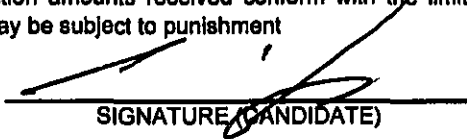



## STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

<b>Opening Balance, this report</b> (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero)	\$ <u>0</u>
<b>Funds Transferred from Prior Campaign</b>	\$ <u>9,562.60</u>
<b>Deposits (Include interest)</b>	\$ <u>10,975.00</u>
<b>Disbursements (Include bank charges)</b>	\$ <u>6,941.89</u>
<b>Closing Balance, this Report</b>	\$ <u>18,595.71</u>
<u>Hudson City Savings Bank</u>	<u>Committee to Elect Elie Y. Katz</u>
<small>NAME OF BANK OR DEPOSITORY</small>	<small>NAME OF ACCOUNT</small>
<u>790 Queen Anne Road Teaneck NJ 07660</u>	
<small>ADDRESS OF BANK OR DEPOSITORY</small>	
<u>Harry Szafranski</u>	<u>201 833-1984</u>
<small>NAME OF TREASURER</small>	<small>*TELEPHONE NUMBER (DAY)</small>
<small>ADDRESS OF TREASURER</small>	

### CERTIFICATION

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

<u>4/14/14</u> <small>DATE</small>	<u>Elie Y. Katz</u> <small>PRINT FULL NAME (CANDIDATE)</small>	 <small>SIGNATURE (CANDIDATE)</small>
_____ <small>DATE</small>	_____ <small>PRINT FULL NAME (CANDIDATE)</small>	_____ <small>SIGNATURE (CANDIDATE)</small>
<u>4/14/14</u> <small>DATE</small>	<u>Harry Szafranski</u> <small>PRINT FULL NAME (TREASURER)</small>	 <small>SIGNATURE (TREASURER)</small>
_____ <small>DATE</small>	_____ <small>PRINT FULL NAME (TREASURER)</small>	_____ <small>SIGNATURE (TREASURER)</small>

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.

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

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>	<b>REPORT (CHECK ONE):</b> <input checked="" type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct 15, _____ <input type="checkbox"/> Jan 15, _____
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.state.nj.us		<b>Amendment Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b> <i>2ND AMEND</i>  <b>For State Use Only</b>  <b>ELEC RECEIVED</b>  <b>MAY 07 2014</b>
<b>CANDIDATE OR COMMITTEE NAME</b> <b>Committee to Elect Elie Y Katz</b>		
<b>STREET ADDRESS</b> <b>1415 Queen Anne Road Suite 203</b>		
<b>CITY</b> <b>Teaneck</b>	<b>STATE</b> <b>NJ</b>	
<b>COUNTY</b> <b>Bergen</b>	<b>ELECTION DISTRICT OR MUNICIPALITY</b> <b>Township of Teaneck</b>	
<b>POLITICAL PARTY, IF ANY</b>	<b>OFFICE SOUGHT</b> <b>Council Member</b>	
<b>ELECTION DATE</b> <b>5/13/14</b>	<b>ELECTION TYPE (CHECK ONE)</b> <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT <input type="checkbox"/> SPECIAL
<b>SUMMARY TABLES DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED</b>		
<b>TABLE I. RECEIPTS</b>		
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS	\$ 4,275	\$ 4,275
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 6,700	\$ 6,700
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)	\$ 10,975.00	\$ 10,975.00
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ -0-	\$ -0-
8. TOTAL CONTRIBUTIONS	\$ 10,975.00	\$ 10,975.00
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$	\$ 8,562.60
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 10,975.00	\$ 20,537.60
<b>TABLE II. EXPENDITURES</b>		
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 1,941.89	\$ 1,941.89
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ -0-	\$ -0-
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ -0-	\$ -0-
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ -0-	\$ -0-
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ -0-	\$ -0-
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ -0-	\$ -0-
7. SUB TOTAL (ADD LINES 1 THRU 6)	\$ 1,941.89	\$ 1,941.89
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ -0-	\$ -0-
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 1,941.89	\$ 1,941.89

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

CONTRIBUTOR NAME Ben Sanzari			EMPLOYER NAME Alsan Realty Company LP	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS 21 Main St	
			Hackensack, NJ 07601	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 2,600.00	DATE(S) RECEIVED 3/24/14	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION Real Estate				
CONTRIBUTOR NAME David Sanzari			EMPLOYER NAME Alsan Realty Company LP	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS 21 Main St	
			Hackensack, NJ 07601	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 2,600.00	DATE(S) RECEIVED 3/24/14	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION Real Estate				
CONTRIBUTOR NAME Maternal Resources Obstetrics PC			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 358 Beech St.			EMPLOYER ADDRESS	
			Hackensack, NJ 07601	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 500.00	DATE(S) RECEIVED 3/24/14	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME Robert Alan Schundler			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 151 Prospect Ave Apt 8E			EMPLOYER ADDRESS	
			Hackensack, NJ 07601	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 500.00	DATE(S) RECEIVED 3/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME Jack Forqash			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 1279 Trafalgar St.			EMPLOYER ADDRESS	
			Teaneck, NJ 07666	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 500.00	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ 6,700.00
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ 6,700.00

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

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

**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 Contributions**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
		N/A	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	<b>\$</b> _____
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	<b>\$</b> _____

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

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
Type	Item	Name	Name Address	Item	Account	Paid Amount
Bill Print - Check	8501	Cadent Marketing, Inc	183 Market Street Saddlebrook, NJ 07663		Hudson City Sawin...	
Bill	32888				Promotional Material	-642.39
TOTAL						-642.39
Bill Print - Check	8502	Money Mailer Bergen County	48 Woods Avenue Bergenfield, NJ 07621		Hudson City Sawin...	
Bill	433				Printing and Copying	-695.50
TOTAL						-695.50
Bill Print - Check	8504	Cherry Schwartz	654 Rutland Avenue Teaneck, NJ 07666		Hudson City Sawin...	
Bill	EM 2...				Postage, Mailing Se	-4.00
TOTAL						-4.00
Bill Print - Check	8505	FillarUp Kosher Wines	174 West Englewood Avenue Teaneck, NJ 07666		Hudson City Sawin...	
Bill	793028				Campaign Events	-150.00
TOTAL						-150.00
Bill Print - Check	8506	Douglas Bar -B-Que & Grill	184 West Englewood Ave Teaneck, NJ 07666		Hudson City Sawin...	
Bill	10430				Campaign Events	-450.00
TOTAL						-450.00

(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 1,941.89	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 1,941.89	\$	\$
TOTAL, THIS PAGE						
GRAND TOTAL						

**SCHEDULE 2(D) - DISBURSEMENTS**

Other

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
			<p style="text-align: center; font-size: 2em;">N/A</p>	\$	\$	\$
(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
				\$
(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 \$

**SCHEDULE E**  
Outstanding Obligations

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

**SCHEDULE F**  
Refunded Disbursements

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

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

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

**STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER**

<b>Opening Balance, this report</b> (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero.)	\$ 9,562.60
<b>Funds Transferred from Prior Campaign</b>	\$ .
<b>Deposits (Include Interest)</b>	\$ 10,975.00
<b>Disbursements (Include bank charges)</b>	\$ 1,941.89
<b>Closing Balance, this Report</b>	\$ 18,595.71
Hudson City Savings Bank	Committee to Elect Elie Y. Katz
<small>NAME OF BANK OR DEPOSITORY</small>	<small>NAME OF ACCOUNT</small>
790 Queen Anne Road Teaneck NJ 07660	
<small>ADDRESS OF BANK OR DEPOSITORY</small>	
Harry Szafranski	201 833-1984
<small>NAME OF TREASURER</small>	<small>*TELEPHONE NUMBER (DAY)</small>
<small>ADDRESS OF TREASURER</small>	

**CERTIFICATION**

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

<u>4/29/14</u> <small>DATE</small>	<u>Elie Y. Katz</u> <small>PRINT FULL NAME (CANDIDATE)</small>	 <small>SIGNATURE (CANDIDATE)</small>
_____ <small>DATE</small>	_____ <small>PRINT FULL NAME (CANDIDATE)</small>	_____ <small>SIGNATURE (CANDIDATE)</small>
<u>4/29/14</u> <small>DATE</small>	<u>Harry Szafranski</u> <small>PRINT FULL NAME (TREASURER)</small>	 <small>SIGNATURE (TREASURER)</small>
_____ <small>DATE</small>	_____ <small>PRINT FULL NAME (TREASURER)</small>	_____ <small>SIGNATURE (TREASURER)</small>

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.

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

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>	<b>REPORT (CHECK ONE):</b> <input checked="" type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr. 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct 15, _____ <input type="checkbox"/> Jan 15, _____
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) <i>www.elec.state.nj.us</i>		
<b>CANDIDATE OR COMMITTEE NAME</b> Committee to Elect Elie Y Katz		
<b>STREET ADDRESS</b> 1415 Queen Anne Road Suite 203		Amendment Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>CITY</b> Teaneck	<b>STATE</b> NJ	<b>ZIP CODE</b> 07666
<b>COUNTY</b> Bergen	<b>ELECTION DISTRICT OR MUNICIPALITY</b> Township of Teaneck	
<b>POLITICAL PARTY, IF ANY</b>	<b>OFFICE SOUGHT</b> Council Member	
<b>For State Use Only</b> <b>ELEC RECEIVED</b> <b>MAY 08 2014</b>		
<b>ELECTION DATE</b> 5/13/14	<b>ELECTION TYPE (CHECK ONE)</b> <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT <input type="checkbox"/> SPECIAL
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED		
<b>TABLE I. RECEIPTS</b>		
	<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS	\$ 4,775.00	\$ 4,775.00
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 6,200.00	\$ 6,200.00
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ -0-	\$ -0-
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ -0-	\$ -0-
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ -0-	\$ -0-
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$ 10,975.00	\$ 10,975.00
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ -0-	\$ -0-
8. TOTAL CONTRIBUTIONS	\$ 10,975.00	\$ 10,975.00
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$	\$ 9,562.60
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 10,975.00	\$ 20,537.60
<b>TABLE II. EXPENDITURES</b>		
	<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 1,941.89	\$ 1,941.89
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ -0-	\$ -0-
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ -0-	\$ -0-
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ -0-	\$ -0-
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ -0-	\$ -0-
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ -0-	\$ -0-
7. SUB TOTAL (ADD LINES 1 THRU 6)	\$ 1,941.89	\$ 1,941.89
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ -0-	\$ -0-
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 1,941.89	\$ 1,941.89

**SCHEDULE A**

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

CONTRIBUTOR NAME <i>Ben Sanzari</i>			EMPLOYER NAME <i>Alsan Realty Company LP</i>		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS <i>21 Main St</i>		
			<i>Hackensack, NJ 07601</i>		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>2,600.00</i>	DATE(S) RECEIVED <i>3/24/14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION <i>Real Estate</i>					
CONTRIBUTOR NAME <i>David Sanzari</i>			EMPLOYER NAME <i>Alsan Realty Company LP</i>		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS <i>21 Main St</i>		
			<i>Hackensack, NJ 07601</i>		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>2,600.00</i>	DATE(S) RECEIVED <i>3/24/14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION <i>Real Estate</i>					
CONTRIBUTOR NAME <i>Maternal Resources Obstetrics PC</i>			EMPLOYER NAME		
CONTRIBUTOR ADDRESS <i>358 Beech St.</i>			EMPLOYER ADDRESS		
			<i>Hackensack, NJ 07601</i>		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>500.00</i>	DATE(S) RECEIVED <i>3/24/14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION					
CONTRIBUTOR NAME <i>Robert Alan Schundler</i>			EMPLOYER NAME		
CONTRIBUTOR ADDRESS <i>151 Prospect Ave Apt 8E</i>			EMPLOYER ADDRESS		
			<i>Hackensack, NJ 07601</i>		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>500.00</i>	DATE(S) RECEIVED <i>3/15/14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION					
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	<b>\$ <i>6,200.00</i></b>	
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	<b>\$ <i>6,200.00</i></b>	

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

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

**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 Contributions**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
		N/A	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	<b>\$</b> _____
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	<b>\$</b> _____


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

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
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Type	Num	Date	Name	Name Address	Item	Account	Paid Amount
Bill Pmt-Check	8501	3/12/2014	Cadett Marketing, Inc	183 Market Street Saddlebrook, NJ 07663		Hudson City Savin...	
Bill	32899	2/6/2014				Promotional Material	-642.39
<b>TOTAL</b>							<b>-642.39</b>
Bill Pmt-Check	8502	3/19/2014	Money Mailer Bergen County	48 Woods Avenue Bergenfield, NJ 07621		Hudson City Savin...	
Bill	433	3/19/2014				Printing and Copying	-695.50
<b>TOTAL</b>							<b>-695.50</b>
Bill Pmt-Check	8504	3/20/2014	Chery Schwartz	654 Rutland Avenue Teaneck, NJ 07666		Hudson City Savin .	
Bill	EM 2	3/20/2014				Postage, Mailing Se	-4.00
<b>TOTAL</b>							<b>-4.00</b>
Bill Pmt-Check	8505	3/24/2014	FillerUp Kosher Wines	174 West Englewood Avenue Teaneck, NJ 07666		Hudson City Savin...	
Bill	793028	3/24/2014				Campaign Events	-150.00
<b>TOTAL</b>							<b>-150.00</b>
Bill Pmt-Check	8506	3/24/2014	Dougles Bar -B-Que & Grill	184 West Englewood Ave Teaneck, NJ 07666		Hudson City Savin ..	
Bill	10430	3/24/2014				Campaign Events	-450.00
<b>TOTAL</b>							<b>-450.00</b>

(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 1,941.89	\$	\$	
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 1,941.89	\$	\$	
<b>TOTAL, THIS PAGE</b>							
<b>GRAND TOTAL</b>							

**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
				\$	\$	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>				\$	\$	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>				\$	\$	\$

**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)				\$
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. \$
TOTAL, THIS PAGE				

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

Date(s)	Creditor's Name	Address	Description	Amount
		N/A		\$
<b>TOTAL OUTSTANDING OBLIGATIONS</b>				<b>\$</b>

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

Date(s)	Check #	Full Name	Address	Description	Amount
			N/A		\$
<b>SCHEDULE F TOTAL</b>					<b>\$</b>

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

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

**STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER**

**Opening Balance, this report**

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

\$ 9,562.60

**Funds Transferred from Prior Campaign**

\$                     

**Deposits (Include interest)**

\$ 10,975.00

**Disbursements (Include bank charges)**

\$ 6,941.89

**Closing Balance, this Report**

\$ 18,595.71

Hudson City Savings Bank Committee to Elect Elie Y. Katz  
NAME OF BANK OR DEPOSITORY NAME OF ACCOUNT  
790 Queen Anne Road Teaneck NJ 07660  
ADDRESS OF BANK OR DEPOSITORY  
Harry Szafranski 201 833-1984  
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.

4/24/14  
DATE

Elie Y. Katz  
PRINT FULL NAME (CANDIDATE)

[Signature]  
SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

4/24/14  
DATE

Harry Szafranski  
PRINT FULL NAME (TREASURER)

[Signature]  
SIGNATURE (TREASURER)

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**DECLARATION OF FINAL REPORT**

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

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

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (TREASURER)

SIGNATURE (TREASURER)

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>	<b>REPORT (CHECK ONE):</b> <input type="checkbox"/> 29 - DAY PRE-ELECTION <input checked="" type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct 15, _____ <input type="checkbox"/> Jan 15, _____
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.state.nj.us		
<b>CANDIDATE OR COMMITTEE NAME</b> Committee To elect Elie Y. Katz		
<b>STREET ADDRESS</b> 1415 Queen Anne Road Suite 203		<b>Amendment</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>CITY</b> Teaneck	<b>STATE</b> NJ	<b>ZIP CODE</b> 07666
<b>COUNTY</b> Bergen	<b>ELECTION DISTRICT OR MUNICIPALITY</b> Township of Teaneck	
<b>POLITICAL PARTY, IF ANY</b>	<b>OFFICE SOUGHT</b> Council Member	
<b>ELECTION DATE</b> 5/14/2014	<b>ELECTION TYPE (CHECK ONE)</b> <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT <input type="checkbox"/> SPECIAL
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED		
<b>TABLE I. RECEIPTS</b>		
	<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>
1 MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS	\$ 467.00	\$ 4,742.00
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 2,160.00	\$ 8,860.00
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 <b>SUB TOTAL</b> (ADD LINES 1 THRU 5)	\$ 2,627.00	\$ 13,602.00
7 REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ —	\$ —
8. TOTAL CONTRIBUTIONS	\$ 2,627.00	\$ 13,602.00
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ —	\$ 9,562.60
10 <b>TOTAL RECEIPTS</b> (ADD LINE 8 + LINE 9)	\$ 2,627.00	\$ 23,164.60
<b>TABLE II. EXPENDITURES</b>		
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 8,444.64	\$ 10,386.53
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)	\$ —	\$ —
7. <b>SUB TOTAL</b> (ADD LINES 1 THRU 6)	\$ 8,444.64	\$ 10,386.53
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ —	\$ —
9 <b>TOTAL EXPENDITURES</b> (LINE 7 MINUS LINE 8)	\$ 8,444.64	\$ 10,386.53



**SCHEDULE A**

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

CONTRIBUTOR NAME <b>Marcal Group LLC</b>		EMPLOYER NAME		
CONTRIBUTOR ADDRESS <b>620 Foster Ave Suite 301</b>		EMPLOYER ADDRESS		
<b>Brooklyn, NY 11230</b>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$ 560.00</b>	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION <b>Real Estate</b>				
CONTRIBUTOR NAME <b>Seven Eleven</b>		EMPLOYER NAME		
CONTRIBUTOR ADDRESS <b>1247 Teaneck Road</b>		EMPLOYER ADDRESS		
<b>Teaneck, NJ 07666</b>				
	CHECK IF CURRENCY <input checked="" type="checkbox"/>	AGGREGATE AMOUNT <b>\$ 500.00</b>	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION <b>Convenience Store</b>				
CONTRIBUTOR NAME <b>Jack Eizikowitz</b>		EMPLOYER NAME		
CONTRIBUTOR ADDRESS <b>Frances &amp; Frances St.</b>		EMPLOYER ADDRESS		
<b>Teaneck, NJ 07660</b>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$ 500.00</b>	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION <b>Investments</b>				
CONTRIBUTOR NAME <b>Mindy Orlinsky</b>		EMPLOYER NAME		
CONTRIBUTOR ADDRESS <b>556 Sunderland Road</b>		EMPLOYER ADDRESS		
<b>Teaneck, NJ 07666</b>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$ 360.00</b>	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION <b>Investments</b>				
CONTRIBUTOR NAME <del>Jaime</del> <b>Jaime Weiss</b>		EMPLOYER NAME		
CONTRIBUTOR ADDRESS <b>250 Moonachie Rd</b>		EMPLOYER ADDRESS		
<b>Moonachie, NJ 07074</b>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$ 300.00</b>	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION <b>Real Estate</b>				
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	<b>\$ 2,160.00</b>	
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	<b>\$ 2,160.00</b>	

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

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

**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 Contributions**

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
		<i>N/A</i>	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	\$ _____
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	\$ _____

**Committee To Elect Elie Y. Katz  
Schedule 1 (D) - Disbursements**

Check No.	Payment Date	Payee Name	Payee Address	Purpose	FullAmount
8507	04/29/2014	Majestic Signs	951 Teaneck Road Teaneck, NJ 07666	Election Signs	192.20
8508	04/29/2014	Political Services Co	11440 Sample Road, Coral Springs, FL 33065	Lawn Signs	4,857.00
8509	04/29/2014	SendoutCards.Com	Via Internet	Mallings	58.17
8510	04/14/2014	OrangeTruck Billboards, LLC	239 Colonial Ct, Teaneck, NJ 07666	Advertising	300.00
8511	04/28/2014	TotallyPromotional .Com	128 W. MarketSt, Celina, OH 45822	Lip Balm Giveaway	300.00
8512	04/28/2014	Epromos	120 Broadway Suite 1360, New York, NY 10271	Water Bottles Giveaway	676.04
8513	04/28/2014	Mailworks	45 Prospect Ave, Albany, NY 12206	Mailing	899.00
8514	05/01/2014	Postmaster Teaneck	Palisade Ave, Teaneck, NJ 07666	Postage	1,030.00
8515	05/01/2014	Staples	466 Hackensack Ave, Hackensack, NJ 07602	Office Supplies	131.83
<b>TOTAL THIS PAGE</b>					<b>\$ 8,444.24</b>
<b>GRAND TOTAL</b>					<b>\$ 8,444.24</b>

**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	\$	\$	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>				\$	\$	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>				\$	\$	\$
<b>TOTAL, THIS PAGE</b>				\$	\$	\$
<b>GRAND TOTAL</b>				\$	\$	\$

**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)				\$
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. \$

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

Date(s)	Creditor's Name	Address	Description	Amount
		N/A		\$
<b>TOTAL OUTSTANDING OBLIGATIONS</b>				<b>\$</b>

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

Date(s)	Check #	Full Name	Address	Description	Amount
			N/A		\$
<b>SCHEDULE F TOTAL</b>					<b>\$</b>



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

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

**STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER**

**Opening Balance, this report**  
 (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero.) \$ 18,595.71

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

**Deposits (Include interest)** \$ 2,627.00

**Disbursements (Include bank charges)** \$ 8,444.64

**Closing Balance, this Report** \$ 12,778.07

Hudson City Savings Bank Committee to Elect Elie Y. Katz  
 NAME OF BANK OR DEPOSITORY NAME OF ACCOUNT

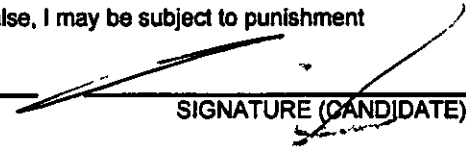

796 Queen Anne Road, Teaneck, NJ 07666  
 ADDRESS OF BANK OR DEPOSITORY

Harry Szafranski 201 833-1984  
 NAME OF TREASURER TELEPHONE NUMBER (DAY)

1415 Queens Anne Road, Suite 203, Teaneck, NJ 07666  
 ADDRESS OF TREASURER

**CERTIFICATION**

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

<u>5/2/14</u> DATE	<u>Elie Y. Katz</u> PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
_____	_____	_____
_____	_____	_____
<u>5/2/14</u> DATE	<u>Harry Szafranski</u> PRINT FULL NAME (TREASURER)	 SIGNATURE (TREASURER)

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

**DECLARATION OF FINAL REPORT**

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

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

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

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>	<b>REPORT (CHECK ONE):</b> <input type="checkbox"/> 29 - DAY PRE-ELECTION <input 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, _____
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.state.nj.us		
<b>CANDIDATE OR COMMITTEE NAME</b> Committee To elect Elie Y. Katz		
<b>STREET ADDRESS</b> 1415 Queen Anne Road Suite 203		Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>CITY</b> Teaneck	<b>STATE</b> NJ	<b>ZIP CODE</b> 07666
<b>COUNTY</b> Bergen	<b>ELECTION DISTRICT OR MUNICIPALITY</b> Township of Teaneck	
<b>POLITICAL PARTY, IF ANY</b>	<b>OFFICE SOUGHT</b> Council Member	
<b>ELECTION DATE</b> 5/14/2014	<b>ELECTION TYPE (CHECK ONE)</b> <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL	<input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF
		<input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT <input type="checkbox"/> SPECIAL

**For State Use Only**  
**ELEC RECEIVED**  
**JUL 1 - 2014**

**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 / LOANS OF \$300 OR LESS	\$ 486.00	\$ 5,228.00
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 2,200.00	\$ 11,060.00
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ -0-	\$ -0-
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ 400.00	\$ 400.00
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ -0-	\$ -0-
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$ 3,086.00	\$ 16,688.00
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ -0-	\$ -0-
8. TOTAL CONTRIBUTIONS	\$ 3,086.00	\$ 16,688.00
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ -0-	\$ 9,562.60
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 3,086.00	\$ 26,250.60

TABLE II. EXPENDITURES	THIS REPORT	CUMULATIVE TO DATE
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 7,359.01	\$ 17,745.54
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ -0-	\$ -0-
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ -0-	\$ -0-
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ -0-	\$ -0-
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ -0-	\$ -0-
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$	\$
7. SUB TOTAL (ADD LINES 1 THRU 6)	\$ 7,359.01	\$ 17,745.54
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$	\$
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 7,359.01	\$ 17,745.54

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

CONTRIBUTOR NAME BML PRODUCTIONS LLC			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 1 AQUARIUM DRIVE			EMPLOYER ADDRESS	
SEACAUCUS, NJ 07094				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 300.00	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION			5/5/2014	\$
CONTRIBUTOR NAME JOHN R McGEE MD LLC			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 817 AVENUE C			EMPLOYER ADDRESS	
BAYONNE, NJ 07002				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 300.00	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION DOCTOR			5/5/2014	\$
CONTRIBUTOR NAME LAKOS CONSTRUCTION INC			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 20 WILSEY SQ			EMPLOYER ADDRESS	
RIDGEWOOD, NJ 07450				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 300.00	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION CONSTRUCTION			5/16/2014	\$
CONTRIBUTOR NAME RICHARD KURTZ			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 270 SYLVAN AVE			EMPLOYER ADDRESS	
ENGLEWOOD CLIFFS, NJ 07632				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 1,000.00	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION			5/5/2014	\$
CONTRIBUTOR NAME RALPH & LUCIA PASSANTE			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 441 51ST STREET			EMPLOYER ADDRESS	
WEST NEW YORK, NJ 07093-7433				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 300.00	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION			5/5/2014	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$	2,200 00
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$	2,200.00

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


CONTRIBUTOR NAME VAL PAK		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$ 400.00	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION		5/2014	400.00
DESCRIPTION OF IN-KIND CONTRIBUTION(S) MASS MAILING			
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	\$ 400.00
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 400.00

**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 Contributions**

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

## Committee To Elect Elie Y. Katz Schedule D Disbursements

May 2 - 31, 2014

Num	Date	Name	Name Address	Memo	Paid Amount
7730	05/15/2014	Shanna Brown	C/O TEANECK HIGHSCHOOL	Flyer Distribution Elie Y Katz	33.00
7731	05/15/2014	Mauricio Cross	C/O TEANECK HIGHSCHOOL	Flyer Distribution Elie Y Katz	33.00
7732	05/15/2014	Onandi Wint	C/O TEANECK HIGHSCHOOL	Flyer Distribution Elie Y Katz	88.00
7736	05/15/2014	Onandi Wint	C/O TEANECK HIGHSCHOOL	Flyer Distribution Elie Y Katz	33.00
7737	05/15/2014	Deja Marsh	C/O TEANECK HIGHSCHOOL	Flyer Distribution Elie Y Katz	33.00
7738	05/15/2014	Jonathan Rosa	C/O TEANECK HIGHSCHOOL	Flyer Distribution Elie Y Katz	33.00
7739	05/15/2014	Dannette Yahn	C/O TEANECK HIGHSCHOOL	Flyer Distribution Elie Y Katz	38.50
7740	05/15/2014	Nigel Fincher	C/O TEANECK HIGHSCHOOL	Flyer Distribution Elie Y Katz	33.00
7741	05/15/2014	Chase Elder	C/O TEANECK HIGHSCHOOL	Flyer Distribution Elie Y Katz	33.00
7742	05/15/2014	Justin Pines	C/O TEANECK HIGHSCHOOL	Flyer Distribution Elie Y Katz	33.00
7743	05/15/2014	Marisol Vargas	C/O TEANECK HIGHSCHOOL	Flyer Distribution Elie Y Katz	33.00
7744	05/15/2014	Calique Varlack	C/O TEANECK HIGHSCHOOL	Flyer Distribution Elie Y Katz	33.00
7745	05/15/2014	Tyler Latney	C/O TEANECK HIGHSCHOOL	Flyer Distribution Elie Y Katz	33.00
7746	05/15/2014	Javier Caldeora	C/O TEANECK HIGHSCHOOL	Flyer Distribution Elie Y Katz	38.50
8516	05/05/2014	OrangeTruck Billboards, LLC	239 Colonial Ct. Teaneck, NJ 07666	Advertising	201.00
8517	05/06/2014	The Printing Factory	1940 Utica Ave Brooklyn, NY 11234	Printing	575.00
8518	05/07/2014	The Jewish Link of Bergen County	1415 Queen Anne Road Teaneck, NJ 07666	Advertising	470.00
8519	05/08/2014	Isaac Lester	239 Colonial Ct. Teaneck, NJ 07666	Campaign Event Entertainment	170.00
8520	05/09/2014	Shanna Brown	C/O TEANECK HIGHSCHOOL	Flyer Distribution	93.50
8521	05/09/2014	Mauricio Cross	C/O TEANECK HIGHSCHOOL	Flyer Distribution	66.00
8523	05/09/2014	Deja Marsh	C/O TEANECK HIGHSCHOOL	Flyer Distribution	66.00
8524	05/09/2014	Tiera Miller	C/O TEANECK HIGHSCHOOL	Flyer Distribution	33.00
8525	05/09/2014	Jonathan Rosa	C/O TEANECK HIGHSCHOOL	Flyer Distribution	93.50
8526	05/09/2014	Daniel Williford	C/O TEANECK HIGHSCHOOL	Flyer Distribution	66.00
8527	05/09/2014	Ronandi Wint	C/O TEANECK HIGHSCHOOL	Flyer Distribution	55.00
8528	05/09/2014	Malik wright	C/O TEANECK HIGHSCHOOL	Flyer Distribution	33.00
8530	05/13/2014	Fox Marketing Services	836 Palisade Ave Teaneck, NJ 07666	INV # 5416	392.10
8531	05/14/2014	Bauer Printing Company	PO Box 512 Paramus, NJ 07653-0512	Advertising & Promotions	587.43
8532	05/15/2014	All County Media	77 Hudson Street Hackensack, NJ 07601	Brochure Design & Printing	1,909.15
9004	05/20/2014	Emmanuel Bautista	C/O TEANECK HIGHSCHOOL	Flyer Distribution	33.00
9005	05/20/2014	Shaheim Saunders	C/O TEANECK HIGHSCHOOL	Flyer Distribution	33.00
9006	05/20/2014	Michael Archar	C/O TEANECK HIGHSCHOOL	Flyer Distribution	33.00
9007	05/20/2014	David Spellman	TEANECK, NJ 07666	Travel Expenses	463.67
9008	05/16/2014	Douglas Bar -B-Que & Grill	184 West Englewood Ave Teaneck, NJ 07666	Campaign Events	481.50
9012	05/16/2014	Johnson copy Center	1438 Queen Anne Road Teaneck, NJ 07666	Printing	497.55
9013	05/27/2014	RoboCent Inc	2129 General Booth Blvd Suite 103-277 Virginia Robocalls		412.61
9014	05/27/2014	Dannette Yahn	C/O TEANECK HIGHSCHOOL	Flyer distribution	33.00
9015	05/27/2014	Daniel Williford	C/O TEANECK HIGHSCHOOL	Flyer distribution	33.00
<b>GRAND TOTAL</b>					<b>7,359.01</b>





**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)				\$
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. \$

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

Date(s)	Creditor's Name	Address	Description	Amount
		N/A		\$
<b>TOTAL OUTSTANDING OBLIGATIONS</b>				<b>\$</b>

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

Date(s)	Check #	Full Name	Address	Description	Amount
			N/A		\$
<b>SCHEDULE F TOTAL</b>					<b>\$</b>

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

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

*N/A*

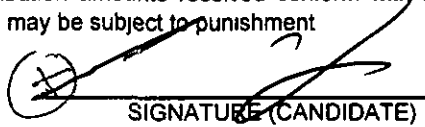
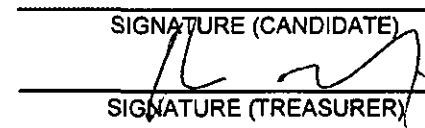
## STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

<b>Opening Balance, this report</b> (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero)	\$ 12,778 07
<b>Funds Transferred from Prior Campaign</b>	\$ -0-
<b>Deposits (Include interest)</b>	\$ 2,686 00
<b>Disbursements (Include bank charges)</b>	\$ 7,359 01
<b>Closing Balance, this Report</b>	\$ 8,105 06

HUDSON CITY SAVINGS BANK	COMMITTEE TO ELECT ELIE Y KATZ
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
790 QUEEN ANNE ROAD, TEANECK, NJ 07666	
ADDRESS OF BANK OR DEPOSITORY	
HARRY SZAFRANSKI	201 833-1984
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
1415 QUEEN ANNE ROAD SUITE 203, TEANECK, NJ 07666	
ADDRESS OF TREASURER	

### CERTIFICATION

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

<u>6/22/2014</u> DATE	<u>Elie Y. Katz</u> PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
<u>        </u> DATE	<u>        </u> PRINT FULL NAME (CANDIDATE)	<u>        </u> SIGNATURE (CANDIDATE)
<u>        </u> DATE	<u>        </u> PRINT FULL NAME (CANDIDATE)	<u>        </u> SIGNATURE (CANDIDATE)
<u>6/22/2014</u> DATE	<u>Harry Szafranski</u> PRINT FULL NAME (TREASURER)	 SIGNATURE (TREASURER)
<u>        </u> DATE	<u>        </u> PRINT FULL NAME (TREASURER)	<u>        </u> SIGNATURE (TREASURER)

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

### DECLARATION OF FINAL REPORT

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

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

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

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>	<b>REPORT (CHECK ONE)</b> <input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input checked="" type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct 15, _____ <input type="checkbox"/> Jan 15, _____
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P O Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) <i>www.elec.state.nj.us</i>		
<b>CANDIDATE OR COMMITTEE NAME</b> Committee To elect Elie Y Katz		
<b>STREET ADDRESS</b> 1415 Queen Anne Road Suite 203		Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>CITY</b> Teaneck	<b>STATE</b> NJ	<b>ZIP CODE</b> 07666
<b>COUNTY</b> Bergen	<b>ELECTION DISTRICT OR MUNICIPALITY</b> Township of Teaneck	
<b>POLITICAL PARTY, IF ANY</b>	<b>OFFICE SOUGHT</b> Council Member	
<b>ELECTION DATE</b> 5/14/2014	<b>ELECTION TYPE (CHECK ONE)</b> <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT <input type="checkbox"/> SPECIAL

**For State Use Only**

OCT 07 2014

**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 / LOANS OF \$300 OR LESS	\$ -0-	\$ 5,228 00
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ -0-	\$ 11,060 00
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ -0-	\$ -0-
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ -0-	\$ 400 00
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ -0-	\$ -0-
6 <b>SUB TOTAL</b> (ADD LINES 1 THRU 5)	\$ -0-	\$ 16,688 00
7 REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ -0-	\$ -0-
8 <b>TOTAL CONTRIBUTIONS</b>	\$ -0-	\$ 16,688 00
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ -0-	\$ 9,562 60
10 <b>TOTAL RECEIPTS</b> (ADD LINE 8 + LINE 9)	\$ -0-	\$ 26,250 60

TABLE II. EXPENDITURES		
1 DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 797 78	\$ 18,543 32
2 DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ -0-	\$ -0-
3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ -0-	\$ -0-
4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ -0-	\$ -0-
5 IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ -0-	\$ -0-
6 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ -0-	\$ 400 00
7 <b>SUB TOTAL</b> (ADD LINES 1 THRU 6)	\$ -0-	\$ 18,943 32
8 REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ -0-	\$ -0-
9 <b>TOTAL EXPENDITURES</b> (LINE 7 MINUS LINE 8)	\$ 797 78	\$ 18,943 32

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

CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
<b>N/A</b>					
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
<b>N/A</b>					
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION					
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	<b>\$</b>	
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	<b>\$</b>	

**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	
	N/A	AGGREGATE AMOUNT \$	DATE(S) RECEIVED
OCCUPATION			AMOUNT(S) RECEIVED THIS PERIOD \$
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	N/A	AGGREGATE AMOUNT \$	DATE(S) RECEIVED
OCCUPATION			AMOUNT(S) RECEIVED THIS PERIOD \$
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
		AGGREGATE AMOUNT \$	DATE(S) RECEIVED
OCCUPATION			AMOUNT(S) RECEIVED THIS PERIOD \$
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	
N/A		\$	
DATE(S) RECEIVED	AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>	
	\$		
LENDER NAME		EMPLOYER NAME	
LENDER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
N/A			
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 Contributions**

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
		N/A	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	<b>\$</b>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	<b>\$</b>

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

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
6/24/14	9016	JOHNSON COPY CENTER 1438 QUEEN ANNE ROAD TEANECK, NJ 07666	PRINTING	\$ 189 03	\$	\$
6/25/14	9017	CHOPSTIX 172 WEST ENGLEWOOD AVE TEANECK, NJ 07666	CAMPAIGN EVENT	475 00		
6/25/14	9018	FILLER UP KOSHER WINES	CAMPAIGN EVENT	189 03		
				\$ 797 78	\$	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>				<b>TOTAL, THIS PAGE</b>	<b>\$ 797 78</b>	<b>\$</b>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>				<b>GRAND TOTAL</b>	<b>\$ 797 78</b>	<b>\$</b>

**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)				\$
<p align="center">TOTAL, THIS PAGE</p> <p align="center">1 \$</p> <p align="center">2 \$</p> <p align="center">3 \$</p> <p align="center">(+)</p> <p align="center">GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES</p>				

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

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

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

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

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

NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
N/A		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
N/A		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
N/A		
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 ) \$ 8,105 06

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

**Deposits** (Include interest) \$ -0-

**Disbursements** (Include bank charges) \$ 797 78

**Closing Balance, this Report** \$ 7,307.28

**HUDSON CITY SAVINGS BANK**

**COMMITTEE TO ELECT ELIE Y KATZ**

NAME OF BANK OR DEPOSITORY NAME OF ACCOUNT

790 QUEEN ANNE ROAD, TEANECK, NJ 07666

ADDRESS OF BANK OR DEPOSITORY

HARRY SZAFRANSKI

201 833-1984

NAME OF TREASURER

\*TELEPHONE NUMBER (DAY)

1415 QUEEN ANNE ROAD SUITE 203, 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.

9/30/14  
DATE

Elie Y Katz  
PRINT FULL NAME (CANDIDATE)

X  
SIGNATURE (CANDIDATE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT FULL NAME (CANDIDATE)

\_\_\_\_\_  
SIGNATURE (CANDIDATE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT FULL NAME (CANDIDATE)

\_\_\_\_\_  
SIGNATURE (CANDIDATE)

9/30/14  
DATE

Harry Szafranski  
PRINT FULL NAME (TREASURER)

[Signature]  
SIGNATURE (TREASURER)

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

**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.

9/30/2014  
DATE

ELIE Y KATZ  
PRINT FULL NAME (CANDIDATE)

X  
SIGNATURE (CANDIDATE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT FULL NAME (CANDIDATE)

\_\_\_\_\_  
SIGNATURE (CANDIDATE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT FULL NAME (CANDIDATE)

\_\_\_\_\_  
SIGNATURE (CANDIDATE)

9/30/2014  
DATE

HARRY SZAFRANSKI  
PRINT FULL NAME (TREASURER)

[Signature]  
SIGNATURE (TREASURER)



FORM R-1		REPORT OF CONTRIBUTIONS AND EXPENDITURES		REPORT (CHECK ONE).	
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P O Box 185, Trenton, NJ 08625-0185 (809) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) <i>www.elec.state.nj.us</i>				<input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input checked="" type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct 15, _____ <input type="checkbox"/> Jan 15, _____	
CANDIDATE OR COMMITTEE NAME <b>Committee To elect Elie Y Katz</b>				Amendment Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS <b>1415 Queen Anne Road Suite 203</b>				<b>For State Use Only</b> <b>ELEC RECEIVED</b>  <b>NOV 03 2014</b>	
CITY <b>Teaneck</b>	STATE <b>NJ</b>	ZIP CODE <b>07666</b>			
COUNTY <b>Bergen</b>	ELECTION DISTRICT OR MUNICIPALITY <b>Township of Teaneck</b>				
POLITICAL PARTY, IF ANY	OFFICE SOUGHT <b>Council Member</b>				
ELECTION DATE <b>5/14/2014</b>	ELECTION TYPE (CHECK ONE)	<input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL	<input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT	<input type="checkbox"/> SPECIAL
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED					
<b>TABLE I. RECEIPTS</b>			<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>	
1 MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS			\$ -0-	\$ 5,228 00	
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			\$ -0-	\$ 11,060 00	
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$ -0-	\$ -0-	
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]			\$ -0-	\$ 400 00	
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]			\$ -0-	\$ -0-	
6 SUB TOTAL (ADD LINES 1 THRU 5)			\$ -0-	\$ 16,688 00	
7 REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)			\$ -0-	\$ -0-	
8 TOTAL CONTRIBUTIONS			\$ -0-	\$ 16,688 00	
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)			\$ -0-	\$ 9,562 60	
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)			\$ -0-	\$ 26,250 60	
<b>TABLE II. EXPENDITURES</b>					
1 DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]			\$ 797 78	\$ 18,543 32	
2 DISBURSEMENTS - OTHER [Schedule 2(D)]			\$ -0-	\$ -0-	
3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]			\$ -0-	\$ -0-	
4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]			\$ -0-	\$ -0-	
5 IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)			\$ -0-	\$ -0-	
6 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)			\$ -0-	\$ 400 00	
7 SUB TOTAL (ADD LINES 1 THRU 6)			\$ -0-	\$ 18,943 32	
8 REFUNDED DISBURSEMENTS [Schedule F] (-)			\$ -0-	\$ -0-	
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)			\$ 797 78 -	\$ 18,943 32	

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

CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
N/A				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
N/A				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	<b>\$</b>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	<b>\$</b>

**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	
	N/A 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	
	N/A 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	
N/A		\$	
DATE(S) RECEIVED	AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>	
	\$		
LENDER NAME		EMPLOYER NAME	
LENDER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
N/A			
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 Contributions**

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

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

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
6/24/14	9016	JOHNSON COPY CENTER 1438 QUEEN ANNE ROAD TEANECK, NJ 07666	PRINTING	\$ 189 03	\$	\$
6/25/14	9017	CHOPSTIX 172 WEST ENGLEWOOD AVE TEANECK, NJ 07666	CAMPAIGN EVENT	475 00		
6/25/14	9018	FILLER UP KOSHER WINES	CAMPAIGN EVENT	189 03		
				\$ 797 78	\$	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 797 78	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$	\$

FORM R-1 Revised 03/07/2013



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

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



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

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

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

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

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

NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
N/A		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
N/A		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
N/A		
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 ) \$ 8,105 06

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

**Deposits (Include interest)** \$ -0-

**Disbursements (Include bank charges)** \$ 797 78

**Closing Balance, this Report** \$ 7,307.28

HUDSON CITY SAVINGS BANK		COMMITTEE TO ELECT ELIE Y KATZ	
NAME OF BANK OR DEPOSITORY		NAME OF ACCOUNT	
790 QUEEN ANNE ROAD, TEANECK, NJ 07666			
ADDRESS OF BANK OR DEPOSITORY			
HARRY SZAFRANSKI		201 833-1984	
NAME OF TREASURER		*TELEPHONE NUMBER (DAY)	
1415 QUEEN ANNE ROAD SUITE 203, TEANECK, NJ 07666			
ADDRESS OF TREASURER			

**CERTIFICATION**

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

<u>9/30/14</u>	<u>Elie Y Katz</u>	<u>X</u>
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
<u>          </u>	<u>          </u>	<u>          </u>
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
<u>          </u>	<u>          </u>	<u>          </u>
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
<u>9/30/14</u>	<u>Harry Szafranski</u>	<u>[Signature]</u>
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.

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

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>		<b>REPORT (CHECK ONE)</b> <input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input type="checkbox"/> July 15, _____ <input checked="" type="checkbox"/> Oct 15, <u>2014</u> <input type="checkbox"/> Jan 15, _____	
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P O Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.state.nj.us				
<b>CANDIDATE OR COMMITTEE NAME</b> Committee To elect Elie Y Katz				
<b>STREET ADDRESS</b> 1415 Queen Anne Road Suite 203				
<b>CITY</b> Teaneck		<b>STATE</b> NJ	<b>ZIP CODE</b> 07666	
<b>COUNTY</b> Bergen		<b>ELECTION DISTRICT OR MUNICIPALITY</b> Township of Teaneck		
<b>POLITICAL PARTY, IF ANY</b>		<b>OFFICE SOUGHT</b> Council Member		
<b>ELECTION DATE</b> 5/14/2014		<b>ELECTION TYPE (CHECK ONE)</b> <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF		
		<input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT <input type="checkbox"/> SPECIAL		
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED				
<b>TABLE I RECEIPTS</b>		<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>	
1 MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS		\$ -0-	\$ 5,228.00	
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]		\$ -0-	\$ 16,060.00	
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS		\$ -0-	\$ -0-	
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]		\$ -0-	\$ 400 00	
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]		\$ -0-	\$ -0-	
6 <b>SUB TOTAL</b> (ADD LINES 1 THRU 5)		\$ -0-	\$ 16,688 00	
7 REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)		\$ -0-	\$ -0-	
8 <b>TOTAL CONTRIBUTIONS</b>		\$ -0-	\$ 16,688 00	
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)		\$ -0-	\$ 9,562.60	
10 <b>TOTAL RECEIPTS</b> (ADD LINE 8 + LINE 9)		\$ -0-	\$ 26,250 60	
<b>TABLE II. EXPENDITURES</b>				
1 DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]		\$ -0-	\$ 18,543 32	
2 DISBURSEMENTS - OTHER [Schedule 2(D)]		\$ -0-	\$ -0-	
3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]		\$ -0-	\$ -0-	
4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]		\$ -0-	\$ -0-	
5 IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)		\$ -0-	\$ -0-	
6 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)		\$ -0-	\$ 400 00	
7 <b>SUB TOTAL</b> (ADD LINES 1 THRU 6)		\$ -0-	\$ 18,943 32	
8 REFUNDED DISBURSEMENTS [Schedule F] (-)		\$ -0-	\$ -0-	
9 <b>TOTAL EXPENDITURES</b> (LINE 7 MINUS LINE 8)		\$ -0-	\$ 18,943 32	

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

CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
<b>N/A</b>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
<b>N/A</b>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
<b>N/A</b>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
<b>N/A</b>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
<b>N/A</b>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
<b>N/A</b>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	<b>\$</b>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	<b>\$</b>

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

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

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

LENDER NAME		EMPLOYER NAME	
LENDER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION N/A			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION N/A		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 Contributions**

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



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

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
			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)				\$
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 \$

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

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

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

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

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

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

## STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

<b>Opening Balance, this report</b> (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero)	\$ 7,307 28
<b>Funds Transferred from Prior Campaign</b>	\$ -0-
<b>Deposits</b> (Include interest)	\$ -0-
<b>Disbursements</b> (Include bank charges)	\$ -0-
<b>Closing Balance, this Report</b>	\$ 7,307 28
HUDSON CITY SAVINGS BANK                      COMMITTEE TO ELECT ELIE Y KATZ	
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
790 QUEEN ANNE ROAD, TEANECK, NJ 07666	
ADDRESS OF BANK OR DEPOSITORY	
HARRY SZAFRANSKI	(201) 833-1984
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
1415 QUEEN ANNE ROAD SUITE 203 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.

10/30/14	Elie Y Katz	X
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
10/30/14	Harry Szafranski	
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)

# AMENDED

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>	<b>REPORT (CHECK ONE):</b> <input type="checkbox"/> 29 - DAY PRE-ELECTION <input 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, _____	
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.state.nj.us		<b>For State Use Only</b> <b>ELEC RECEIVED</b>  <b>JUN 15 2017</b>	
<b>CANDIDATE OR COMMITTEE NAME</b> COMMITTEE TO ELECT ELIE Y. KATZ			
<b>STREET ADDRESS</b> 1415 QUEEN ANNE ROAD SUITE 203			
<b>CITY</b> TEANECK	<b>STATE</b> N.J.		<b>ZIP CODE</b> 07666
<b>COUNTY</b> BERGEN	<b>ELECTION DISTRICT OR MUNICIPALITY</b> TOWNSHIP OF TEANECK		
<b>POLITICAL PARTY, IF ANY</b>		<b>OFFICE SOUGHT</b> COUNCIL MEMBER	
<b>ELECTION DATE</b> 5/14/2014	<b>ELECTION TYPE (CHECK ONE)</b> <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> GENERAL <input type="checkbox"/> RUN-OFF <input type="checkbox"/> FIRE DISTRICT		
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED			
<b>TABLE I. RECEIPTS</b>			
	<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>	
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS	\$ -0-	\$ 5,228.00	
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ -0-	\$ 11,060.00	
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ -0-	\$ 400.00	
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)	\$ -0-	\$ 16,688.00	
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ -0-	\$ -0-	
8. TOTAL CONTRIBUTIONS	\$ -0-	\$ 16,688.00	
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ -0-	\$ 9,562.60	
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ -0-	\$ 26,250.60	
<b>TABLE II. EXPENDITURES</b>			
	<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>	
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 189.03	\$ 18,732.35	
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ -0-	\$ -0-	
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ -0-	\$ -0-	
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ -0-	\$ -0-	
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ -0-	\$ -0-	
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ -0-	\$ 400.00	
7. SUB TOTAL (ADD LINES 1 THRU 6)	\$ 189.03	\$ 19,132.35	
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ -0-	\$ -0-	
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 189.03	\$ 19,132.35	

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

CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	
			\$ - 0 -	
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	
			\$ - 0 -	



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

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

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

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

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

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

**SCHEDULE 1(D) - DISBURSEMENTS**

**Campaign Expenses**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
3/11/2015	9020	Johnson Copy Center 1438 Queen Anne Rd Teaneck, NJ 07666	Advertising	\$ 189.03	\$ 189.03	\$ ✓
TOTAL, THIS PAGE				\$ 189.03	\$ 189.03	\$ ✓
GRAND TOTAL				\$ 189.03	\$ 189.03	\$ ✓

(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
				\$
(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. \$

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

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

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

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

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

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



**STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER**

<b>Opening Balance, this report</b> (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero.)	\$ 7,307.28
<b>Funds Transferred from Prior Campaign</b>	\$ -0-
<b>Deposits (Include interest)</b>	\$ -0-
<b>Disbursements (include bank charges)</b>	\$ 189.03
<b>Closing Balance, this Report</b>	\$ 7,118.25

HUDSON CITY BANK	COMMITTEE TO ELECT ELIE Y. KATZ
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
790 QUEEN ANNE ROAD, TEANECK, NJ 07666	
ADDRESS OF BANK OR DEPOSITORY	
HARRY SZAFRANSKI	(201) 833-1984
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
1415 QUEEN ANNE ROAD SUITE 203 TEANECK, NJ 07666	
ADDRESS OF TREASURER	

**CERTIFICATION**

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

<u>6/7/2017</u> DATE	<u>ELIE Y. KATZ</u> PRINT FULL NAME (CANDIDATE)	<u>X</u> SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>6/7/2017</u> DATE	<u>HARRY SZAFRANSKI</u> PRINT FULL NAME (TREASURER)	<u>[Signature]</u> SIGNATURE (TREASURER)

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

**DECLARATION OF FINAL REPORT**

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

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

<u>6/7/2017</u> DATE	<u>ELIE Y KATZ</u> PRINT FULL NAME (CANDIDATE)	<u>X</u> SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>6/7/2017</u> DATE	<u>HARRY SZAFRANSKI</u> PRINT FULL NAME (TREASURER)	<u>[Signature]</u> SIGNATURE (TREASURER)

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>	<b>REPORT (CHECK ONE):</b> <input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input checked="" type="checkbox"/> Apr. 15, 2015 <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct. 15, _____ <input type="checkbox"/> Jan. 15, _____	
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.state.nj.us		<b>For State Use Only</b> <b>ELEC RECEIVED</b>  <b>JUL 24 2017</b>	
<b>CANDIDATE OR COMMITTEE NAME</b> COMMITTEE TO ELECT ELIE Y. KATZ			
<b>STREET ADDRESS</b> 1415 QUEEN ANNE ROAD SUITE 203			
<b>CITY</b> TEANECK	<b>STATE</b> N.J.		<b>ZIP CODE</b> 07666
<b>COUNTY</b> BERGEN	<b>ELECTION DISTRICT OR MUNICIPALITY</b> TOWNSHIP OF TEANECK		
<b>POLITICAL PARTY, IF ANY</b>	<b>OFFICE SOUGHT</b> COUNCIL MEMBER		
<b>ELECTION DATE</b> 5/14/2014	<b>ELECTION TYPE (CHECK ONE)</b> <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL	<input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF	
		<input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT	
<b>Amendment</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			

**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 / LOANS OF \$300 OR LESS	\$ -0-	\$ 5,228.00
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ -0-	\$ 11,060.00
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ -0-	\$ 400.00
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)	\$ -0-	\$ 16,688.00
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ -0-	\$ -0-
8. TOTAL CONTRIBUTIONS	\$ -0-	\$ 16,688.00
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ -0-	\$ 9,562.60
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ -0-	\$ 26,250.60

TABLE II. EXPENDITURES		
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 189.03	\$ 18,732.35
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ -0-	\$ -0-
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ 7,118.25	\$ 7,118.25
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ -0-	\$ -0-
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ -0-	\$ -0-
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ -0-	\$ 400.00
7. SUB TOTAL (ADD LINES 1 THRU 6)	\$ 7,307.28	\$ 26,250.60
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ -0-	\$ -0-
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 7,307.28	\$ 26,250.60

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

CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
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				
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	<b>\$</b>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	<b>\$</b>

**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 Contributions**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
		<i>N/A</i>	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	<b>\$</b>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	<b>\$</b>







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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
<del>3/30/15</del> 3/30/15		Committee to Elect Elie Y. Katz	1415 Queen Anne Rd # 205 Teaneck, NJ 07666	\$7,118.25
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$7,118.25
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:				
SCHEDULE 3(D) GRAND TOTAL				1. \$7,118.25
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. \$7,118.25

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

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

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

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

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

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

N/A



## STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

<b>Opening Balance, this report</b> (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero.)	\$ 7,307.28
<b>Funds Transferred from Prior Campaign</b>	\$ -0-
<b>Deposits (Include interest)</b>	\$ -0-
<b>Disbursements (Include bank charges)</b>	\$ 7,307.28
<b>Closing Balance, this Report</b>	\$ -0-

HUDSON CITY BANK	COMMITTEE TO ELECT ELIE Y. KATZ
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
790 QUEEN ANNE ROAD, TEANECK, NJ 07666	
ADDRESS OF BANK OR DEPOSITORY	
HARRY SZAFRANSKI	(201) 833-1984
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
1415 QUEEN ANNE ROAD SUITE 203 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.


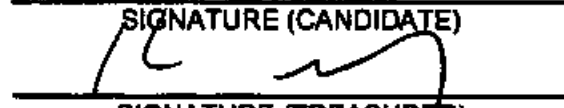
	ELIE Y. KATZ	
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
	HARRY SZAFRANSKI	
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)

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.

7/19/2017	ELIE Y KATZ	
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
7/19/2017	HARRY SZAFRANSKI	
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)