



CANDIDATE – SWORN STATEMENT

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

FORM A-1
FOR STATE USE ONLY

ELEC RECEIVED
APR 14 2014

PLEASE TYPE OR PRINT

Candidate Name
ALEXANDER RASHIN

Candidate Committee Name
DR. ALEX RASHIN FOR COUNCIL

Address (Number and Street, City, State, Zip Code)
543 SAGAMORE AVE

*(Area) Day Telephone
201-836-7960

*(Area) Evening Telephone
201-836-7960

County
BERGEN

Legal Name of Election District or Municipality
TEANECK

Election Date
MAY 13, 2014

Political Party, if any

Office Sought
COUNCIL MEMBER

Election Type: (CHECK ONE)
[] Primary [] General [X] May Municipal [] Run-Off [] Fire District [] Special
Amendment [] Yes [X] No

I, the undersigned, do hereby certify as follows
1 The total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person, or committee shall be zero, or shall not, in the aggregate, exceed \$4,500 for this election
2 I am aware that in the event the total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person or committee shall, in the aggregate, exceed \$4,500, I am required to file a "Report of Contributions and Expenditures," Form R-1, on each subsequent reporting date
3 I am aware that if I receive a contribution in excess of \$300 in the aggregate from one source in an election or a currency (cash) contribution in any amount, I am required to report the contribution to the Commission on "Supplemental Contributor Information," Form C-1, including the identity of the source and the aggregate total of contributions therefrom, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer
4 I am aware that if I receive a contribution in excess of \$1,400 in the aggregate from one source starting with the 13th day before the election up to, and including, the day of the election, I am required to notify the Commission in writing on the "Supplemental Contributor Information," Form C-1, within 48 hours of receipt of the contribution and to identify the source and the aggregate amount received therefrom during the period, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer
5 I am aware that if I make, incur, or authorize an expenditure of money or other thing of value in excess of \$1,400 in the aggregate to support or defeat a candidate or public question, starting with the 13th day before the election up to and including the day of the election, I am required to notify the Commission in writing within 48 hours of the expenditure on the Form E-1, "Supplemental Expenditure Information "
6 I am aware that I, as a candidate, am required to designate a campaign treasurer and a campaign depository and that I am required to file with the Commission a "Certificate of Organization and Designation of Campaign Treasurer and Depository," Form D-1, no later than 10 days after receipt of any contribution on behalf of my candidacy or 10 days after making any expenditure on behalf of my candidacy, whichever comes first

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

Candidate Signature
Alexander Rashin

Date
4/11/2014



SUPPLEMENTAL CONTRIBUTOR INFORMATION

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CONTRIBUTIONS REPORT TYPE (CHECK ONE)

- Committee spending under the R-1 reporting threshold (A-1 or A-2 filers etc.) who received a contribution in excess of \$300 in the aggregate from one source in the election, or any currency (cash) contributions
Committee receiving a contribution in excess of \$1,400 in the aggregate from one source starting with the 13th day before the election up to, and including the day of the election (48-Hour Notice)

Amendment?

Yes No

SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION

Candidate(s) Name: ALEXANDER RASHIN, Election Date: MAY 13, 2014
Committee Name: DR. ALEX RASHIN FOR COUNCIL, Election District/Municipality: TEANECK
Candidate or Committee Address: 543 SACAMORE AVE, TEANECK, NJ 07666
Office Sought: COUNCIL MEMBER, County: BERGEN, Telephone: (201) 836-7960
Political Party: [blank], Telephone: (201) 836-7960

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

Table with 4 rows of contribution information. Each row includes Date Received, Contributor Name, Address, Occupation, Receipt Type, Check if Currency, Description, and Amount.

(COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$ 1,000.00
(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$ 1,000.00

Candidate or Treasurer Signature: Alexander Rashin, Date: 4/11/2014