



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

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

FORM D-1
FOR STATE USE ONLY

ELEC RECEIVED
JUN 05 2007

PLEASE TYPE OR PRINT

Candidate Name
ELIE Y. KATZ

Candidate Committee Name
COMMITTEE TO REELECT ELIE Y. KATZ

Address (Number and Street, City, State, Zip Code)
500 FAIRIDGEE TERRACE, TEANECK, NJ 07666

*(Area) Day Telephone **201-836-2688** *(Area) Evening Telephone **201-836-2688**

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

Election Date **MAY 9, 2006** Political Party, if any Office Sought **COUNCILMAN**

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

CHAIRPERSON

Name

Mailing Address

City State Zip Code

*(Area) Day Telephone *(Area) Evening Telephone

TREASURER

Name **BRENDA SUTCLIFFE**

Mailing Address **500 FAIRIDGEE TERRACE**

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

*(Area) Day Telephone **201-836-2688** *(Area) Evening Telephone **201-836-2688**

Resident Address

City **same** State **same** Zip Code **same**

DEPOSITORY INFORMATION

Name of Bank or Depository **LAKELAND BANK**

Mailing Address **417 CEDAR LANE**

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

(Area) Day Telephone **201-836-7717**

Account Name **COMMITTEE TO REELECT ELIE Y. KATZ** Account Number **625402649**

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

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	
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 V. 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
BRENDA SUTCLIFFE 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# _____

FORM R-1 **REPORT OF CONTRIBUTIONS AND EXPENDITURES** **REPORT (CHECK ONE)**

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

- 29 - DAY PRE-ELECTION
- 11 - DAY PRE-ELECTION
- 20 - DAY POST-ELECTION
- Apr 15, _____
- July 15, _____
- Oct 15, _____
- Jan 15, _____

CANDIDATE OR COMMITTEE NAME **COUNCILMAN**
COMMITTEE TO REELECT ELEY, KATZ

STREET ADDRESS
500 FAIRIDGE TERRACE

Amendment Yes No

CITY **TEANECK**

STATE **NJ**

ZIP CODE **07646**

For State Use Only

COUNTY **BERGEN**

ELECTION DISTRICT OR MUNICIPALITY
TEANECK

ELEC RECEIVED

POLITICAL PARTY, IF ANY

OFFICE SOUGHT
COUNCILMAN

APR 13 2006

ELECTION DATE
MAY

ELECTION TYPE (CHECK ONE)
 PRIMARY RUN-OFF

MUNICIPAL SCHOOL GENERAL SPECIAL

SUMMARY TABLES DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED

TABLE I RECEIPTS	THIS REPORT	CUMULATIVE TO DATE
1 MONETARY CONTRIBUTIONS OF \$300 OR LESS	\$ 2908	\$ 2908
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 1500	\$ 1500
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)	\$ 4408	\$ 4408
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule I] (-)	\$ 0	\$ 0
8 TOTAL CONTRIBUTIONS	\$ 0	\$ 0
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (-)	\$ 0	\$ 0
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 0	\$ 0

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

SCHEDULE A

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

CONTRIBUTOR NAME MRS PESH KATZ			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 655 RUTLAND AVE.			EMPLOYER ADDRESS	
TEANECK, NJ 07666				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 1000	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION (CANDIDATE'S MOTHER)				
CONTRIBUTOR NAME YONA & LEAH KATZ			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 26 LAUREL AVE			EMPLOYER ADDRESS	
CLIFTON, NJ 07012				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 500	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION (CANDIDATE'S BROTHER)				
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

\$ 1500

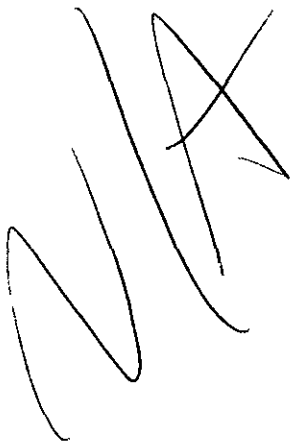
SCHEDULE B
In-Kind Contributions in Excess of \$300

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

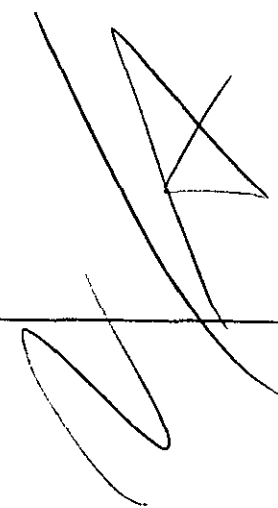
LENDER NAME		EMPLOYER NAME	
LENDER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
DATE(S) RECEIVED		AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>
		\$	
LENDER NAME		EMPLOYER NAME	
LENDER ADDRESS		EMPLOYER ADDRESS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

ADJUSTMENT SCHEDULE
Refund of Excessive Contributions

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

SCHEDULE 1(D) - DISBURSEMENTS

Campaign Expenses

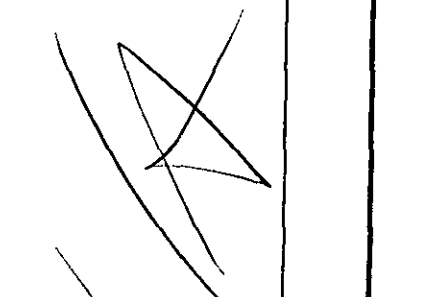
PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
				\$	\$	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$	\$	\$

SCHEDULE 2(D) - DISBURSEMENTS

Other

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
			<i>[Handwritten Signature]</i>	\$	\$	\$
(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 Incurred	Creditor's Name	Address	Description	Amount
				\$
TOTAL OUTSTANDING OBLIGATIONS				\$

SCHEDULE F
Refunded Disbursements

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

SCHEDULE G
Recipients of In-Kind Contributions

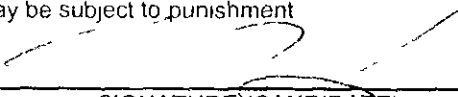
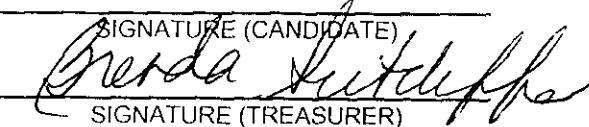
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT 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)	\$ <u>0</u>
Funds Transferred from Prior Campaign	\$ <u>0</u>
Deposits (Include interest)	\$ <u>4408</u>
Disbursements (Include bank charges)	\$ <u>0</u>
Closing Balance, this Report	\$ <u>4408</u>
LAKELAND BANK - TEANECK 625402649	COMMITTEE TO REELECT COUNCILMAN
NAME OF BANK OR DEPOSITORY ACCOUNT NUMBER	NAME OF ACCOUNT
417 CEDAR LAVE, TEANECK, NJ 07660	ELIE Y. KATZ
ADDRESS OF BANK OR DEPOSITORY	
BREND A SUTCLIFFE 201-724-6467	*TELEPHONE NUMBER (DAY)
NAME OF TREASURER	ADDRESS OF TREASURER
500 FAIRIDGE TERRACE, TEANECK, NJ 07660	

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>4-9-06</u> DATE	<u>ELIE Y. KATZ</u> PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>4/9/06</u> DATE	<u>BRENDA SUTCLIFFE</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)

FORM R-1		REPORT OF CONTRIBUTIONS AND EXPENDITURES		REPORT (CHECK ONE)	
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P O Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site http://www.elec.state.nj.us/				<input type="checkbox"/> 29 - DAY PRE-ELECTION <input 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, _____	
CANDIDATE OR COMMITTEE NAME COUNCILMAN COMMITTEE TO REELECT ELIEY KATZ				Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS 500 FAIRIDGE TERRACE				For State Use Only ELEC RECEIVED MAY 01 2006	
CITY TEANECK		STATE NJ	ZIP CODE 07666		
COUNTY BERGEN		ELECTION DISTRICT OR MUNICIPALITY TEANECK			
POLITICAL PARTY, IF ANY		OFFICE SOUGHT COUNCILMAN			
ELECTION DATE MAY		ELECTION TYPE (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> RUN-OFF		<input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> SCHOOL	
				<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL	

SUMMARY TABLES DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED

TABLE I. RECEIPTS	THIS REPORT	CUMULATIVE TO DATE
1 MONETARY CONTRIBUTIONS OF \$300 OR LESS	\$ 1596	\$ 4504
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 300	\$ 1800
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)	\$ 1896	\$ 6304
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)	\$ 0	\$ 0
8 TOTAL CONTRIBUTIONS	\$ 1896	\$ 6304
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ 0	\$ 0
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 1896	\$ 6304

TABLE II. EXPENDITURES	THIS REPORT	CUMULATIVE TO DATE
1 DISBURSEMENTS -CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 2461.12	\$ 2461.12
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)	\$ 2461.12	\$ 2461.12
8 REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ 0	\$ 0
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 2461.12	\$ 2461.12

SCHEDULE A

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

CONTRIBUTOR NAME KEN'S AUTO REPAIR / KEN GALT		EMPLOYER NAME		
CONTRIBUTOR ADDRESS 1456 TEANECK RD		EMPLOYER ADDRESS		
TEANECK, NJ				
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 300-	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION OWNER				
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS		
<input type="checkbox"/>	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		
<input type="checkbox"/>	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		
<input type="checkbox"/>	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		
<input type="checkbox"/>	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	\$ 300
(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	\$ 300

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)			

(COMPLETE THIS LINE FOR EVERY PAGE USED)	TOTAL, THIS PAGE	\$	0
(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	\$	0

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

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

ADJUSTMENT SCHEDULE
Refund of Excessive Contributions

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

SCHEDULE 1(D) - DISBURSEMENTS
Campaign Expenses

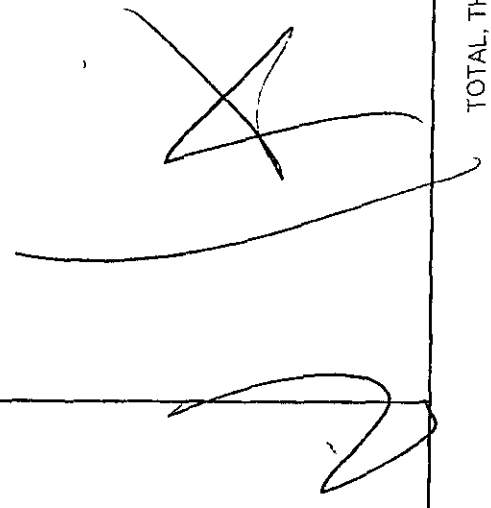

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
4/12/06	100	JOHNSON COPY CENTER 1438 QUEEN ANNE RD TEANECK, NJ 07666	COPYING	\$ 354.71	\$	\$
4/12/06	101	MAKE AN IMPACT 296 S PARKWAY CLIFTON, NJ	ADVERTISING DESIGN OF SIGNS/STICKERS	\$ 42.40		
4/12/06	102	MONEY MAILER MIDBERGEN 412 CEDAR LAKE TEANECK, NJ 07666	MAILING OF CAMPAIGN LITERATURE	\$ 689		
4/18/06	103	JEWISH MEDIA GROUP 1080 TEANECK RD TEANECK, NJ 07666	HOLIDAY AD	\$ 75		
4/18/06	104	CABETT MARKETING, INC 141 LANZA AVE BLDG 12 GARFIELD, NJ 07026	GIVEAWAYS	\$ 963.99		
4/18/06	105	VAL PAK OF NJ 224 JOHNSON AVE HACKENSBACK, NJ 07601	MAILING OF CAMPAIGN LITERATURE	\$ 386.02		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 2461.12	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 2461.12	\$

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
			2/1	\$	\$	\$
				\$	\$	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$	\$	\$

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

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

SCHEDULE E
Outstanding Obligations

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

SCHEDULE F
Refunded Disbursements

Date	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		
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

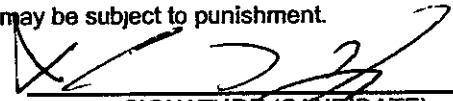
Opening Balance, this report (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero)	\$ <u>4408</u>
Funds Transferred from Prior Campaign	\$ <u>0</u>
Deposits (Include interest)	\$ <u>1896</u>
Disbursements (Include bank charges)	\$ <u>2461.12</u>
Closing Balance, this Report	\$ <u>3842.88</u>
LAKELAND BANK - TEANECK	625402649
NAME OF BANK OR DEPOSITORY	ACCOUNT NUMBER
417 CEDAR LAVE, TEANECK, NJ 07666	COMMITTEE TO REELECT COUNCILMAN EUE Y. KATZ
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
BRENDA SUTCLIFFE	201-724-6467
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
500 FAIRIDGE TERRACE, TEANECK, NJ 07666	
ADDRESS OF TREASURER	

CERTIFICATION

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

4/28/06
DATE

ELIE Y. KATZ
PRINT FULL NAME (CANDIDATE)


SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

4/28/06
DATE

BRENDA SUTCLIFFE
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)

FORM R-1	REPORT OF CONTRIBUTIONS AND EXPENDITURES	REPORT (CHECK ONE)
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P O Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site http://www.elec.state.nj.us/		<input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input checked="" type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct 15, _____ <input type="checkbox"/> Jan 15, _____
CANDIDATE OR COMMITTEE NAME COUNCILMAN COMMITTEE TO REELECT ELEY, KATZ		Amendment Yes <input type="checkbox"/> No <input type="checkbox"/> For State Use Only ELEC RECEIVED JUN 06 2006
STREET ADDRESS 500 FAIRIDGE TERRACE		
CITY TEANECK	STATE NJ	ZIP CODE 07666
COUNTY BERGEN	ELECTION DISTRICT OR MUNICIPALITY TEANECK	
POLITICAL PARTY, IF ANY	OFFICE SOUGHT COUNCILMAN	
ELECTION DATE MAY	ELECTION TYPE (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> RUN-OFF <input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL	
SUMMARY TABLES DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED		
TABLE I. RECEIPTS		
	THIS REPORT	CUMULATIVE TO DATE
1 MONETARY CONTRIBUTIONS OF \$300 OR LESS	\$ 1658	\$ 6162
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 500	\$ 2300
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)	\$ 2158	\$ 8462
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)	\$ 0	\$ 0
8 TOTAL CONTRIBUTIONS	\$ 2158	\$ 8462
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ 0	\$ 0
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 2158	\$ 8462
TABLE II. EXPENDITURES		
1 DISBURSEMENTS -CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 5998.32	\$ 8459.44
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)	\$ 5998.32	\$ 8459.44
8 REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ 0	\$ 0
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 5998.32	\$ 8459.44

SCHEDULE A

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

CONTRIBUTOR NAME ALFRED SANZARI ENTERPRISES			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 25 MAIN STREET			EMPLOYER ADDRESS	
HACKENBACK NJ 07601				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 300	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION BUILDER / OWNER				
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	\$ 300
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ 300

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	\$ <u>0</u>
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ <u>0</u>

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

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

ADJUSTMENT SCHEDULE
Refund of Excessive Contributions

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

SCHEDULE 1(D) - DISBURSEMENTS

Campaign Expenses

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
5/13	106	POSTMASTER, TEANECK, NJ	STAMPS	\$ 600	\$	\$
5/15	107	POSTMASTER, TEANECK NJ	STAMPS	200		
5/13	108	NO. JERSEY MEDIA GR POB 1451 NEWARK, NJ 07101	ADVERTISING	3.51		
5/13	109	BUTTERFLAKE BAKERY 448 CEDAR LANE TEANECK, NJ 07666	CAMPAIGN COOKIES / DOUGHNUTS	168.75		
5/17	1051	JEWISH STANDARD 1080 TEANECK RD TEANECK, NJ 07666	ADVERTISING	287.50		
5/17	1052	JOHNSON COPY CTR 1038 GREENLAND RD TEANECK, NJ 07666	FLYERS	609.50		
5/17	1053	MAKE TU IMPACT 296 S PARKWAY CLIFTON, NJ 07014	WINDOW BADGES	42.40		
5/17	1054	MOOSE LODGE TEANECK W. ENGLEWOOD AVE TEANECK, NJ 07666	ROOM RENTAL FOR VICTORY PARTY	90.-		
5/23	1055	POLITICAL SERVICES CO 4719 REED ROAD COLUMBUS, OHIO 43220	LAWN SIGNS	2398.17		
5/23	1056	CENTURY PRINTING 2096 WEAVER PARK DR CLEARWATER, FL 33765	DOORHANGERS	289		
				0		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 5036.32	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 5036.32	\$

10186
17

SCHEDULE 1(D) - DISBURSEMENTS
Campaign Expenses

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
5/23	1057	MONEY MAILER 412 CEDAR LAKE TEANECK, NJ 07646	PRINTING	\$ 371	\$	\$
5/31	1058	JEWS SALVOICE & OPINION 73 DANA PLACE ENGLEWOOD, NJ 07631	ADVERTISING (AD)	240		
5/31	1059	THE RECORDS NEWSPAPER HACKENSACK, NJ	ADVERTISING (IN SECT)	351		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 961	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 5998.32	\$	\$

page 2 of 17

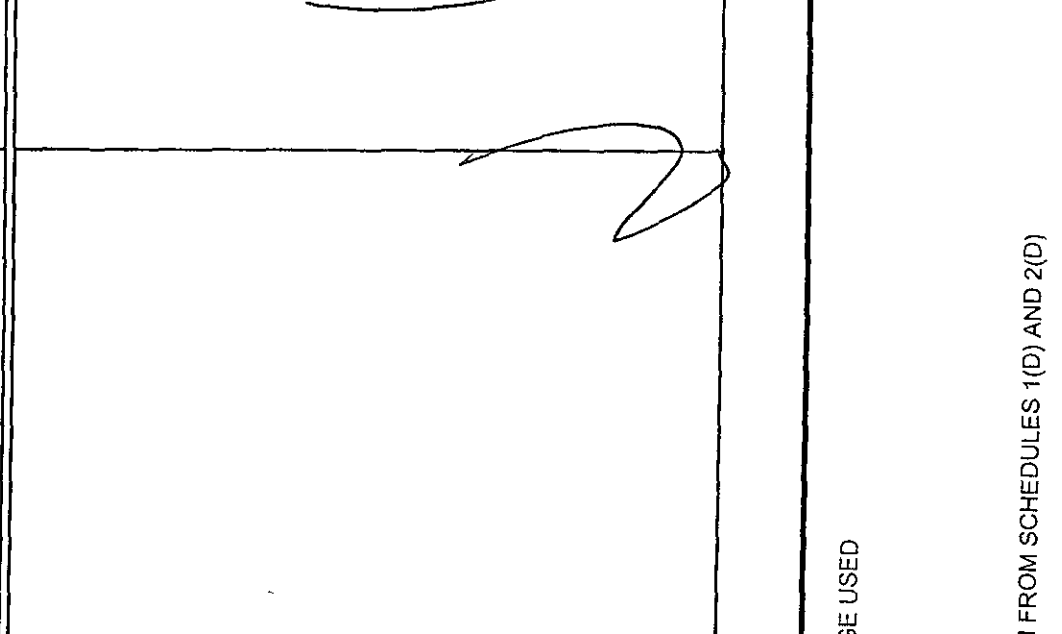
SCHEDULE 2(D) - DISBURSEMENTS

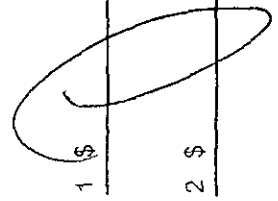
Other

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
			<div style="font-size: 4em; font-family: cursive;"> 2 11 </div>	\$	\$	\$
(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				
ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)				1 \$
(+)				2 \$
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				3 \$

1 \$ 

2 \$

3 \$

SCHEDULE E
Outstanding Obligations

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

SCHEDULE F
Refunded Disbursements

Date	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		
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.)

\$ 3842.88

Funds Transferred from Prior Campaign

\$ 0

Deposits (Include interest)

\$ 2158

Disbursements (Include bank charges)

\$ 5998.32

Closing Balance, this Report

\$ 2.56

LAKELAND BANK - TEANECK	625402649	COMMITTEE TO REELECT COUNCILMAN
NAME OF BANK OR DEPOSITORY	ACCOUNT NUMBER	NAME OF ACCOUNT
417 CEDAR LAVE, TEANECK, NJ 07666	07666	ELIE Y. KATZ
ADDRESS OF BANK OR DEPOSITORY		
BRENDA SUTCLIFFE	201-724-6467	
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)	
500 FAIRIDGE TERRACE, 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>5/28/06</u>	ELIE Y. KATZ	
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
<u>5/28/06</u>	BRENDA SUTCLIFFE	
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)

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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>5/28/06</u>	ELIE Y. KATZ	
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
<u>5/28/06</u>	BRENDA SUTCLIFFE	
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)