



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 31 2014

PLEASE TYPE OR PRINT

Candidate Name **EMIL (YITZ) STERN**

Candidate Committee Name **STERN FOR COUNCIL 2014**

Address (Number and Street, City, State, Zip Code)
309 Edgewood Ave., Teaneck, NJ 07666

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

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

Election Date **5/13/2014** Political Party, if any **n/a** Office Sought **Councilmember**

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

CHAIRPERSON

Name **EMIL (YITZ) STERN**

Mailing Address **309 Edgewood Ave**

City **Teaneck** State **NJ** Zip Code **07666**

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

TREASURER

Name **GILLA STERN**

Mailing Address **309 Edgewood Ave.**

City **Teaneck** State **NJ** Zip Code **07666**

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

Resident Address **same**

City _____ State _____ Zip Code _____

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 **STERN FOR COUNCIL 2014** Account Number **625413494**

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

Name
GILLA STERN

Mailing Address
309 Edgewood Ave.

City Teaneck	State NJ	Zip Code 07666
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*(Area) Day Telephone	*(Area) Evening Telephone
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Name
EMIL (YITZ) STERN

Mailing Address
309 Edgewood Ave.

City Teaneck	State NJ	Zip Code 07666
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*(Area) Day Telephone	*(Area) Evening Telephone
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Name

Mailing Address

City	State	Zip Code
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*(Area) Day Telephone	*(Area) Evening Telephone
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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

3/27/14
DATE

EMIL (YITZ) STERN
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

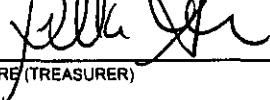
3/27/14
DATE

EMIL (YITZ) STERN
PRINT FULL NAME (CHAIRPERSON)


SIGNATURE (CHAIRPERSON)

3/27/14
DATE

GILLA STERN
PRINT FULL NAME (TREASURER)


SIGNATURE (TREASURER)

Treasurers for Governatorial 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# _____



SUPPLEMENTAL CONTRIBUTOR INFORMATION
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
 P O Box 185, Trenton, NJ 08625-0185
 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
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FORM C-1
FOR STATE USE ONLY
ELEC RECEIVED
MAY 14 2014

RECEIVED
VIA FAX

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: **EMIL (YITZ) STERN** Election Date: **5/13/14**
 Committee Name: **STERN FOR COUNCIL 2014** Election District/Municipality: **TEANECK**
 Candidate or Committee Address (Number and Street, City, State, Zip Code): **309 Edgewood Ave., Teaneck, NJ 07666**
 Office Sought: **Councilmember** County: **Bergen** *(Area) Day Telephone:
 Political Party: **n/a** *(Area) Evening Telephone:

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

Date Received 5/12/14	Contributor Name SCHAER FOR ASSEMBLY		Aggregate Amount \$ 2000.	Amount \$ 2000.
Address (Number and Street, City, State, Zip Code) 511 Passaic Ave., Passaic, NJ 07055		Occupation (if Individual)	Receipt Type A	Check if Currency <input type="checkbox"/>
Employer Name (if Individual)		Employer Mailing Address (if Individual)		
Date Received	Contributor Name		Aggregate Amount	Amount
Address (Number and Street, City, State, Zip Code)		Occupation (if Individual)	Receipt Type	Check if Currency <input type="checkbox"/>
Employer Name (if Individual)		Employer Mailing Address (if Individual)		
Date Received	Contributor Name		Aggregate Amount	Amount
Address (Number and Street, City, State, Zip Code)		Occupation (if Individual)	Receipt Type	Check if Currency <input type="checkbox"/>
Employer Name (if Individual)		Employer Mailing Address (if Individual)		
Date Received	Contributor Name		Aggregate Amount	Amount
Address (Number and Street, City, State, Zip Code)		Occupation (if Individual)	Receipt Type	Check if Currency <input type="checkbox"/>
Employer Name (if Individual)		Employer Mailing Address (if Individual)		
Date Received	Contributor Name		Aggregate Amount	Amount
Address (Number and Street, City, State, Zip Code)		Occupation (if Individual)	Receipt Type	Check if Currency <input type="checkbox"/>
Employer Name (if Individual)		Employer Mailing Address (if Individual)		

(COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$ **2000.**
 (COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$ **2000.**
 Candidate or Treasurer Signature: *[Signature]* Date: **5/14/14**

FORM R-1	REPORT OF CONTRIBUTIONS AND EXPENDITURES	REPORT (CHECK ONE): <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, _____	
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			
CANDIDATE OR COMMITTEE NAME STERN FOR COUNCIL			
STREET ADDRESS 309 Edgewood Ave.		Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
CITY Teaneck	STATE NJ	ZIP CODE 07666	
COUNTY BERGEN	ELECTION DISTRICT OR MUNICIPALITY TEANECK		
POLITICAL PARTY, IF ANY N/A	OFFICE SOUGHT COUNCIL MEMBER		
For State Use Only ELEC RECEIVED APR 14 2014			
ELECTION DATE	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	
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		\$ 5077.00	\$ 5077.00
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]		\$ 1000.00	\$ 1000.00
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS		\$ -	\$ -
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]		\$ -	\$ -
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]		\$ -	\$ -
6 SUB TOTAL (ADD LINES 1 THRU 5)		\$ 6077.00	\$ 6077.00
7 REFUND OF CONTRIBUTIONS [Adjustment Schedule]	(-)	\$ -	\$ -
8 TOTAL CONTRIBUTIONS		\$ 6077.00	\$ 6077.00
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN	(+)	\$ -	\$ -
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)		\$ 6077.00	\$ 6077.00
TABLE II. EXPENDITURES			
1 DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]		\$ 2499.55	\$ 2499.55
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 SUB TOTAL (ADD LINES 1 THRU 6)		\$ 2499.55	\$ 2499.55
8 REFUNDED DISBURSEMENTS [Schedule F]	(-)	\$ -	\$ -
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)		\$ 2499.55	\$ 2499.55

SCHEDULE A

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

CONTRIBUTOR NAME Robert Lebovis			EMPLOYER NAME St. Luke's-Roosevelt Hospital	
CONTRIBUTOR ADDRESS 156 Dwight Pl. Englewood NJ 07631			EMPLOYER ADDRESS 425 W. 59th St. New York NY 10019	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 500.	DATE(S) RECEIVED 4/3/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 500.
OCCUPATION Physician				
CONTRIBUTOR NAME Michael Wildes			EMPLOYER NAME Wildes & Weinberg, PC	
CONTRIBUTOR ADDRESS 515 Madison Ave. New York NY 10022			EMPLOYER ADDRESS 515 Madison Ave. New York NY 10022	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 500.	DATE(S) RECEIVED 4/6/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 500.
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	\$ 1000.00	
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 1000.00	

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)			
(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		0	
		\$	

ADJUSTMENT SCHEDULE

Refund of Contributions

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
			\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 0
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 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
4/4/14	101	Viccaro Printing Paramus NJ	printing	\$ 321.00	\$ 321.00	\$ -
4/7/14	102	Royal Printing West New York NJ	printing	848.70	848.70	-
4/9/14	103	Teaneck Southern Baseball League Teaneck NJ	fundraiser donation	160.00	160.00	-
4/10/14	104	Staples Hackensack NJ	printing	385.85	385.85	-
4/10/14	105	US Postal Service Teaneck NJ	postage	784.00	784.00	-
				\$ 2499.55	\$ 2499.55	\$ -
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 2499.55	\$ -
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 2499.55	\$ -

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

PAYMENT DATE	CHECK NO	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
				\$
TOTAL, THIS PAGE				\$ 0
(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)				(+)
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				
				1 \$ 0
				2 \$ 0
				3 \$ 0

SCHEDULE E
Outstanding Obligations

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

SCHEDULE F
Refunded Disbursements

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

SCHEDULE G
Recipients of In-Kind Contributions

NONE

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)	\$	0
Funds Transferred from Prior Campaign	\$	0
Deposits (Include interest)	\$	6077.00
Disbursements (Include bank charges)	\$	2499.55
Closing Balance, this Report	\$	3577.45

LAKELAND BANK	STERN FOR COUNCIL
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
417 Cedar Lane, Teaneck, NJ 07666	
Gilla Stern	ADDRESS OF BANK OR DEPOSITORY
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
309 Edgewood Ave., Teaneck, NJ 07666	
ADDRESS OF TREASURER	

CERTIFICATION

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

4/11/14 DATE	EMIL (YITZ) STERN PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
4-11-14 DATE	GILLA STERN 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) <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, _____
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) <i>www.elec.state.nj.us</i>		
CANDIDATE OR COMMITTEE NAME STERN FOR COUNCIL		
STREET ADDRESS 309 Edgewood Ave.		Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
CITY Teaneck	STATE NJ	ZIP CODE 07666
COUNTY BERGEN	ELECTION DISTRICT OR MUNICIPALITY TEANECK	
POLITICAL PARTY, IF ANY N/A	OFFICE SOUGHT COUNCIL MEMBER	
ELECTION DATE	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
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	\$ 3373.00	\$ 8450.00
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 7700.00	\$ 8700.00
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$	\$
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$	\$
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$	\$
6 SUB TOTAL (ADD LINES 1 THRU 5)	\$ 11073.00	\$ 17150.00
7 REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$	\$
8 TOTAL CONTRIBUTIONS	\$ 11073.00	\$ 17150.00
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$	\$
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 11073.00	\$ 17150.00
TABLE II EXPENDITURES		
1 DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 3257.41	\$ 5756.96
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 SUB TOTAL (ADD LINES 1 THRU 6)	\$ 3257.41	\$ 5756.96
8 REFUNDED DISBURSEMENTS [Schedule F] (-)	\$	\$
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 3257.41	\$ 5756.96

SCHEDULE A

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

CONTRIBUTOR NAME Nathan Lindenbaum			EMPLOYER NAME n/a	
CONTRIBUTOR ADDRESS 464 Winthrop Rd.			EMPLOYER ADDRESS	
Teaneck NJ 07666				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 500.	DATE(S) RECEIVED 4/14/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 500.00
OCCUPATION retired				
CONTRIBUTOR NAME David Carmel			EMPLOYER NAME self	
CONTRIBUTOR ADDRESS 1 Bridge Plaza			EMPLOYER ADDRESS same	
Fort Lee, NJ				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 500.	DATE(S) RECEIVED 4/14/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 500.00
OCCUPATION attorney				
CONTRIBUTOR NAME Jack Eizikovits			EMPLOYER NAME self	
CONTRIBUTOR ADDRESS 253 Frances St.			EMPLOYER ADDRESS same	
Teaneck, NJ				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 500.	DATE(S) RECEIVED 4/14/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 500.00
OCCUPATION financial consultant				
CONTRIBUTOR NAME Ben Sanzari			EMPLOYER NAME ALSAN REALTY	
CONTRIBUTOR ADDRESS 25 Main St.			EMPLOYER ADDRESS 25 Main St.	
Hackensack, NJ			Hackensack, NJ	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 2600.00	DATE(S) RECEIVED 4/14/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 2600.00
OCCUPATION real estate management				
CONTRIBUTOR NAME Richard Kurtz			EMPLOYER NAME KAMSON CORP.	
CONTRIBUTOR ADDRESS 270 Sylvan Ave.			EMPLOYER ADDRESS 270 Sylvan Ave.	
Englewood Cliffs, NJ			Englewood Cliffs, NJ	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 1000.00	DATE(S) RECEIVED 4/14/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 1000.00
OCCUPATION real estate management				
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 5100.00	
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$	

SCHEDULE A

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

CONTRIBUTOR NAME David Sanzari			EMPLOYER NAME ALSAN REALTY	
CONTRIBUTOR ADDRESS 25 Main St.			EMPLOYER ADDRESS 25 Main St.	
Hackensack, NJ			Hackensack, NJ	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 2600.	DATE(S) RECEIVED 4/14/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 2600.00
OCCUPATION real estate management				
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	\$ 2600.00
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ 7700.00

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)			
(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		0	
		\$	

ADJUSTMENT SCHEDULE

Refund of Contributions

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
			\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 0
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 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
4/12	debit	AGE GRAPHICS Long Bottom, OH	lawn signs	\$ 1165.00	\$ 1165.00	\$ -
4/12	debit	CANDIDATE ONLINE Montgomery, NY	website	149.00	149.00	-
4/16	106	APPLIED AESTHETIC MEDIA Philadelphia, PA	graphic design	50.00	50.00	-
4/17	debit	US POSTAL SERVICE	postage	245.00	245.00	-
4/18	debit	STAPLES Paramus, NJ	printing	16.05	16.05	-
4/18	debit	US POSTAL SERVICE	postage	95.20	95.20	-
4/23	debit	MAADAN Teaneck, NJ	food - volunteers	127.87	127.87	-
4/25	107	ROTARY CLUB Teaneck, NJ 07666	donation	200.00	200.00	-
4/28	debit	POSTCARDS R US Fort Lee, NJ	printing	1209.29	1209.29	-
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 3257.41	\$ 3257.41	\$ -
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 3257.41	\$ 3257.41	\$ -

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)				\$ 0
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 \$ 0
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				2 \$ 0
				3 \$ 0

SCHEDULE E
Outstanding Obligations

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

SCHEDULE F
Refunded Disbursements

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

SCHEDULE G
Recipients of In-Kind Contributions

NONE

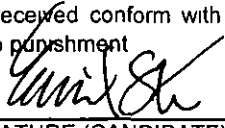
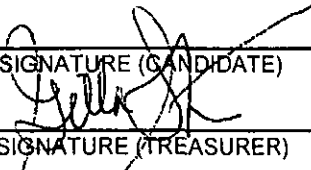
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT 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)	\$ 3577.45
Funds Transferred from Prior Campaign	\$ -
Deposits (Include interest)	\$ 11073.00
Disbursements (Include bank charges)	\$ 3257.41
Closing Balance, this Report	\$ 11393.04
LAKELAND BANK	STERN FOR COUNCIL
NAME OF BANK OR DEPOSITORY 417 Cedar Lane, Teaneck, NJ 07666	NAME OF ACCOUNT
ADDRESS OF BANK OR DEPOSITORY Gilla Stern	
NAME OF TREASURER 309 Edgewood Ave., Teaneck, NJ 07666	*TELEPHONE NUMBER (DAY)
ADDRESS OF TREASURER	

CERTIFICATION

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

4/30/14 DATE	EMIL (YITZ) STERN PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
4/30/14 DATE	GILLA STERN 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) <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, <u>2014</u> <input type="checkbox"/> Oct 15, _____ <input type="checkbox"/> Jan 15, _____	
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			
CANDIDATE OR COMMITTEE NAME STERN FOR COUNCIL			
STREET ADDRESS 309 Edgewood Ave.		Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
CITY Teaneck	STATE NJ	ZIP CODE 07666	
COUNTY BERGEN	ELECTION DISTRICT OR MUNICIPALITY TEANECK		
POLITICAL PARTY, IF ANY N/A	OFFICE SOUGHT COUNCIL MEMBER		
For State Use Only ELEC RECEIVED JUL 14 2014			
ELECTION DATE	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	
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		\$ 780.00	\$ 13873.38
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]		\$	\$ 11700.00
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS		\$	\$
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]		\$	\$
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]		\$	\$
6 SUB TOTAL (ADD LINES 1 THRU 5)		\$ 780.00	\$ 25573.38
7 REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)		\$	\$
8 TOTAL CONTRIBUTIONS		\$ 780.00	\$ 25573.38
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)		\$	\$
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)		\$ 780.00	\$ 25573.38
TABLE II EXPENDITURES			
1 DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]		\$ 1053.89	\$ 24993.14
2 DISBURSEMENTS - OTHER [Schedule 2(D)]		\$ 580.24	\$ 580.24
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 SUB TOTAL (ADD LINES 1 THRU 6)		\$ 1634.13	\$ 25573.38
8 REFUNDED DISBURSEMENTS [Schedule F] (-)		\$	\$
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)		\$ 1634.13	\$ 25573.38

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				
(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)			
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		0	
		\$	

ADJUSTMENT SCHEDULE

Refund of Contributions

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
			\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 0
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 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
6/10/14	debit	Y. STERN Teaneck, NJ	auto expense	\$ 53.28	\$ 53.28	0
6/19	debit	NOAH'S ARK Teaneck, NJ	food	280.61	280.61	0
6/23	119	JEWISH LINK Teaneck, NJ	advertising	720.00	720.00	0
				\$ 1053.89	\$ 1053.89	\$ 0
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 1053.89	\$ 0
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 1053.89	\$ 0

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

PAYMENT DATE	CHECK NO	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
				\$
TOTAL, THIS PAGE				\$ 0
(COMPLETE THIS LINE FOR EVERY PAGE USED)				
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED				
SCHEDULE 3(D) GRAND TOTAL				
				1 \$ 0
				2 \$ 0
				3 \$ 0
ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)				
(+)				
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				

SCHEDULE E
Outstanding Obligations

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

SCHEDULE F
Refunded Disbursements

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

SCHEDULE G
Recipients of In-Kind Contributions

NONE

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 \$

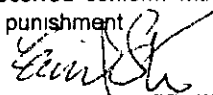
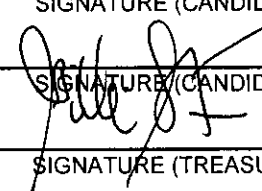
STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

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)	\$ 854.13
Funds Transferred from Prior Campaign	\$ -
Deposits (Include interest)	\$ 780.00
Disbursements (Include bank charges)	\$ 1634.13
Closing Balance, this Report	\$ 0

LAKELAND BANK	STERN FOR COUNCIL
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
417 Cedar Lane, Teaneck, NJ 07666	
Gilla Stern	ADDRESS OF BANK OR DEPOSITORY
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
309 Edgewood Ave., Teaneck, NJ 07666	
ADDRESS OF TREASURER	

CERTIFICATION

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

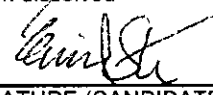
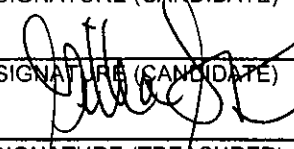
<u>7/11/14</u>	<u>EMIL (YITZ) STERN</u>	
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
<u> </u>	<u> </u>	<u> </u>
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
<u> </u>	<u> </u>	<u> </u>
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
<u>7/11/14</u>	<u>GILLA STERN</u>	
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)

Treasurers for Governatorial 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>7/11/14</u>	<u>EMIL (YITZ) STERN</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>7/11/14</u>	<u>GILLA STERN</u>	
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) <i>www.elec.state.nj.us</i>		<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 STERN FOR COUNCIL		For State Use Only ELEC RECEIVED JUN 11 2014	
STREET ADDRESS 309 Edgewood Ave.			
CITY Teaneck	STATE NJ		ZIP CODE 07666
COUNTY BERGEN	ELECTION DISTRICT OR MUNICIPALITY TEANECK		
POLITICAL PARTY, IF ANY N/A	OFFICE SOUGHT COUNCIL MEMBER		
ELECTION DATE	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"/> SPECIAL <input type="checkbox"/> FIRE DISTRICT	
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	\$ 4643.38	\$ 13093.38	
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 3000.00	\$ 11700.00	
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$	\$	
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$	\$	
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$	\$	
6 SUB TOTAL (ADD LINES 1 THRU 5)	\$ 7643.38	\$ 24793.38	
7 REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$	\$	
8 TOTAL CONTRIBUTIONS	\$ 7643.38	\$ 24793.38	
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$	\$	
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 7643.38	\$ 24793.38	
TABLE II EXPENDITURES			
1 DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 18182.29	\$ 23939.25	
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 SUB TOTAL (ADD LINES 1 THRU 6)	\$ 18182.29	\$ 23939.25	
8 REFUNDED DISBURSEMENTS [Schedule F] (-)	\$	\$	
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 18182.29	\$ 23939.25	

SCHEDULE A

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

CONTRIBUTOR NAME MICHAEL GERVIS			EMPLOYER NAME self	
CONTRIBUTOR ADDRESS 785 W. 254th St. Bronx, NY 10471			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 500.	DATE(S) RECEIVED 5/10/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 500.
OCCUPATION real estate management				
CONTRIBUTOR NAME JOSEPH MONAGHAN			EMPLOYER NAME self	
CONTRIBUTOR ADDRESS 11 State St. Hackensack, NJ 07601			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 500.	DATE(S) RECEIVED 5/12/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 500.
OCCUPATION attorney				
CONTRIBUTOR NAME SCHAER FOR ASSEMBLY			EMPLOYER NAME n/a	
CONTRIBUTOR ADDRESS 511 Passaic Ave. Passaic, NJ 07055			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 2000.	DATE(S) RECEIVED 5/12/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 2000.
OCCUPATION n/a				
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	\$ 3000.	
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 3000.	

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	\$ 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		0	
		\$	

ADJUSTMENT SCHEDULE

Refund of Contributions

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
			\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 0
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 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	
4/30	debit	POSTCARDS R US Fort Lee NJ	printing	\$ 1209.29	\$ 1209.29	\$ -	
	108	PRINTING FACTORY Brooklyn NY	printing	425.00	425.00	-	
5/1	debit	POSTCARDS R US Fort Lee NJ	printing	1211.42	1211.42	-	
	debit	POSTCARDS R US Fort Lee NJ	printing	1772.11	1772.11	-	
5/2	debit	AKIVA FISCHMAN Deerfield Beach FL	graphic artist	500.00	500.00	-	
5/4	109	J E S C River Edge NJ	donation	100.00	100.00	-	
5/5	debit	VERIZON WIRELESS	service	37.45	37.45	-	
	debit	STAPLES Bergenfield NJ	supplies	59.67	59.67	-	
	debit	USPS	postage	857.85	857.85	-	
	debit	USPS	postage	863.10	863.10	-	
	debit	USPS	postage	675.15	675.15	-	
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 7711.04	\$ 7711.04	\$ -
(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	
5/5	debit	USPS	postage	\$ 795.03	\$ 795.03	\$ -	
	debit	USPS	postage	856.10	856.10	-	
5/6	debit	USPS	postage	819.18	819.18	-	
	debit	USPS	postage	795.03	795.03	-	
5/7	debit	USPS	postage	347.38	347.38	-	
	debit	USPS	postage	616.35	616.35	-	
	debit	STAPLES Hackensack NJ	envelopes	19.24	19.24	-	
	debit	STAPLES Bergenfield NJ	printing	243.83	243.83	-	
	debit	USPS	postage	781.90	781.90	-	
5/8	110	USPS	postage	1614.21	1614.21	-	
	debit	SMOKEY JOE'S Teaneck NJ	food	85.01	85.01	-	
	debit	MISHPACHA Lakewood NJ	ad	179.00	179.00	-	
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 7152.26	\$ 7152.26	\$ -
(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	
5/9	111	W. MCCLINTOCK Scotch Plains NJ	labels	\$ 65.03	\$ 65.03	\$ -	
	112	SHAAREI TEFILLAH Teaneck NJ	donation	25.00	25.00	-	
	113	JOHNSON COPY CENTER Teaneck NJ	door hangers	189.04	189.04	-	
	debit	STAPLES Bergenfield NJ	printing	20.54	20.54	-	
5/11	114	ROBOCENTRAL Ft. Lauderdale FL	robocalls	754.06	754.06	-	
	114	CONG. BNAI YESHURUN Teaneck NJ	donation	180.00	180.00	-	
	116	CONG. BNAI YESHURUN	ad	200.00	200.00	-	
	debit	USPS	postage	102.00	102.00	-	
	117	USPS	postage	490.00	490.00	-	
	debit	CEDAR MARKET Teaneck NJ	food	63.67	63.67	-	
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 2089.34	\$ 2089.34	\$ -
(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	
5/12	debit 118	AMAZON USPS (reimburse to E. STERN)	printer/toner postage	\$ 222.00 980.00	\$ 222.00 980.00	\$ - -	
		LAKELAND BANK	check printing	27.65	27.65	-	
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 1229.65	\$ 1229.65	\$ -
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 18182.29	\$ 18182.29	\$ -

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

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)				\$ 0
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED				TOTAL, THIS PAGE
SCHEDULE 3(D) GRAND TOTAL				1 \$ 0
ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)				2 \$ 0 (+)
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				3 \$ 0

SCHEDULE E
Outstanding Obligations

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

SCHEDULE F
Refunded Disbursements

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

SCHEDULE G
Recipients of In-Kind Contributions

NONE

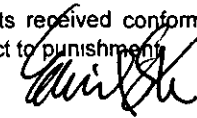

NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT 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)	\$ 11393.04
Funds Transferred from Prior Campaign	\$ -
Deposits (Include interest)	\$ 7643.38
Disbursements (Include bank charges)	\$ 18182.29
Closing Balance, this Report	\$ 854.13
LAKELAND BANK	STERN FOR COUNCIL
NAME OF BANK OR DEPOSITORY 417 Cedar Lane, Teaneck, NJ 07666	NAME OF ACCOUNT
Gilla Stern	ADDRESS OF BANK OR DEPOSITORY
NAME OF TREASURER 309 Edgewood Ave., Teaneck, NJ 07666	*TELEPHONE NUMBER (DAY)
ADDRESS OF TREASURER	

CERTIFICATION

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

6/5/14 DATE	EMIL (YITZ) STERN PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
6/5/14 DATE	GILLA STERN PRINT FULL NAME (TREASURER)	 SIGNATURE (TREASURER)
_____ 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)