

## 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

APR 0 5 2016

		<u> </u>
PLEASE TYPE OR PRINT		
Candidate Name //		
CONTINUED HAMES DUDDIN		
Candidate Committee Name	d HAMEECLUDDIN	
Address (Number and Street, City, State, Zip Code)	D.	D . Truck
799 Redmond St TEANECK	NT 07666+PO	Box 2030 TEANER -
*(Area) Day Telephone	(Area) Evening Telepho	ne _
201 - 362 - 5863  County 7 Legal Name of Election	20/- 36,2-	3863
Dergen Eance	District or Municipality	
Election Date Political Party, if any	Offic	ce Sought
MAY 10, 2014 NONE		ouncilmen
Election Type: (CHECK ONE)	_	Amendment
Primary General May Municipal Run-Off	School Fire District	Special Yes No
CHAIRPERSON		
Fatina Vasmeen Alshehab		
Mailing Address 260 Herrick Ave		
City TEANECK	State New Jerse	7 Zip Code 07666
*(Area) Day Telephone	*(Area) Evening Telephone	)
TREASURER		17.71
Kenneth Robert Hoffman	10.	
Mais Eddre Phelps Road		
TOG FREIDS TICAG		
Teaneck	New Jersey	07666
201-837-0117	267-294-3478	
956 Add Phelps Road		
enteaneck	New Jersey	5 7666
DEPOSITORY INFORMATION		
Name of Bank or Depository First Commerce Bank	· · · · · · · · · · · · · · · · · · ·	
Mailing Address 105 Biver Ave LAKecuro	-	
City LAKewood	State New Jessy	Zip Code 08701
(Area) Day Telephone 800 - 747-7084		
Assessment Names	Account Number	
Friends of Mohammer HAMEROLOPIA	XXX XXX 8864	

LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHOP SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS	NE NUMBER(S) OF ANY PERSON(S	3) AUTHORIZED TO
Name Mohammer Hanjeededdin		
Mailing Address 799 Redmono St		
City To ANECK	State 1	Zip Code O Flolicki
*(Area) Day Telephone 201-362-5863	*(Area) Evening Telephone 201 - 362 - 5863	
Renneth Robert Hoffman		
Mailing Address helps Road	(III - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
CityTeaneck	New Jersey	Zip Code 07666
*(Area) Day Telephone 20   -83   - 0117	*(Area) Evening Telephone 201-294-344	
Name Fatima Yasmeen Al-Shel	ha b	
Mailing Address 260 Herricic Me	100.0	
City Francic	State	Zip Code
*(Area) Day Telephone 201 248-153 1	*(Area) Evening Telephone	
CANDIDATE CE		<u> </u>
I certify that the statements on this document are true. I further certify committee, establish, authorize the establishment of, maintain, or parapolitical committee or continuing political committee. I am aware the punishment.  3-16-2616  PRINT FULL NAME (CANDIDATE)	y that I have not, and will not during the articipate directly or indirectly in the material in the statements are willfully	nagement or control of any
CHAIRPERSON/TREASL	JRER CERTIFICATION	
I certify that the statements on this document are true. I am aware t punishment.	that if any of the statements are willfully	y false, I may be subject to
3/16/2016  DATE  DATE  DATE  DATE  DATE  DATE  DATE  DATE  DATE  FRINT FULL NAME (CHAIRPERSON)  FRINT FULL NAME (TREASURER)  Treasurers for Gubernatorial and Legislative candidates are required Commission. Check here if you have completed the training and	Ffman severely to receive training with the New Jersey	<i>PV</i>

## N IERS

## **CANDIDATE - SWORN STATEMENT**

## **NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION**

P O Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec state ni iis

FORM A-1

FOR STATE USE ONLY

BLBC RECEIVED

**	1971 🗯 🗸		***	W Cicc state II	, 23		Ì	JUL 0 6 2015
PLEAS	SE TYPE	OR PRINT						
	ate Name	nned	tameedudd in	/	·			
	- /	rittee Name	1 Mohammed	1 Hamee	luda	IN_		
Addres		r and Street, C	ity, State, Zip Code)	07666				
*(Area)	Day Tele	phone				*(Area) Eveni	ng Telephone	
County	Be	rgen	L	egal Name of	Election I		icipality	
Electio	n Date .	12016	Political Party, if any	VA		Office Sou	jht	
		CHECK ONE)		☐ Run-Off	ПБ	re District	☐ Special	Amendment Yes No
	<del></del>	<u> </u>	certify as follows		·	no District		10.100/20110
1			nded or to be expended o, or shall not, in the ag					didate, person, or
2	candidat	e, person or co	vent the total amount exp nmittee shall, in the agg -1, on each subsequent	gregate, exceed	1\$4,500,	d on behalf of I am required t	my candidacy by i o file a "Report of	me or by any other Contributions and
3	(cash) co Informati	ontribution in ar ion," Form C-1	ive a contribution in exc ny amount, I am required , including the identity o lual, his/her occupation	I to report the co of the source an	ntribution d the ago	to the Commi regate total of	ssion on "Suppler contributions the	mental Contributor
4	before the "Suppler and the a	ie election up t nental Contribi iggregate amo	eive a contribution in exc o, and including, the da utor Information," Form 0 unt received therefrom o ress of his/her employe	iy of the electio C-1, within 48 h during the perio	n, I am re ours of re	equired to notifeceipt of the co	fy the Commissio intribution and to i	n in writing on the dentify the source
5	aggregat including	te to support o the day of the	ke, incur, or authorize ai or defeat a candidate or e election, I am required mental Expenditure Info	public question to notify the C	n, startın	g with the 13th	day before the	election up to and
6	am requ Deposito	ired to file with bry," Form D-1,	candidate, am required h the Commission a "C no later than 10 days a e on behalf of my candi	Certificate of Oil lifter receipt of a	rganization ny contri	on and Design bution on beha	ation of Campai	gn Treasurer and
I certify punish		statements on	this decument are true	I am aware th	at if any (	of the stateme	nts are wilifully fa	ise, I may be subject to
Candid	ate Signa	ture		<del></del>		D	ate 6 -29	2015

FORM R-1	REPORT	OF CONTRIBUTIONS AN	D	29 - DAY PRI	
NEW JERS	EY ELECTION LAV	V ENFORCEMENT COMMISSIO	N	11 - DAY PRE	(
(609) 2	92-8700 or Toll Free V	nton, NJ 08625-0185 Vithin NJ 1-888-313-ELEC (3532) c.state.nj.us		20 - DAY PO Apr. 15,	
CANDIDATE OR C	of Mahamm	ed Hameeduddin		Oct. 15, Jan. 15,	
STREET ADDRESS		30		Amendment Yes	□ No □
سي CITY		STATE ZIP CODE		For Stat	e Use Only
COUNTY D	/<	ELECTION DISTRICT OR MUNICI	PALITY	H ELEC F	RECEIVED
Bergen Tenneck					_
POLITICAL PARTY, IF ANY  OFFICE SOUGHT  Council Member				APK	1 5 2016
ELECTION DATE 5-10-2016	ELECTION TYPE (CHECK ONE)	☐ PRIMARY ☑ MAY ☐ GENERAL ☐ RUN		AL SCHOOL FIRE DIS	SPECIAL STRICT
SUMMARY TAB	ES DO NOT ATTEM	MPT TO COMPLETE TABLES I AND SCHEDULES HAVE BEEN COMPL	II UNTIL		
TABLE I. RECEI	PTS			THIS REPORT	CUMULATIVE TO DATE
1. MONETARY C	ONTRIBUTIONS / LOA	NS OF \$300 OR LESS	\$		
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			ICY \$	11,800.00/100	\$ 11,800.00/100
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$	250.00/10	s 250. °/100
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]			\$	0	\$ 🔿
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]			\$	0	\$ <i>O</i>
6. SUB TOTAL		(ADD LINES 1 T	4RU 5)	16,660.00/10	\$ 16 660.00/100
7. REFUND OF C	ONTRIBUTIONS [Adju	ustment Schedule]	(-)	<u>'O</u>	5 0
8. TOTAL CONTR	RIBUTIONS		\$	16.660 m	\$ 16,600 como
9. ADD FUNDS T	RANSFERRED FROM	PRIOR CAMPAIGN	(+) \$	0	\$ 0
10. TOTAL RECEI	РТЅ	(ADD LINE 8 + I	LINE 9) \$	6,660. 1/00	\$ 16,660.00/100
TABLE II. EXPE	NDITURES				l. 595 id
i e		PENSES [Schedule 1(D)]	\$	275.00/10	
DISBURSEMENTS - OTHER [Schedule 2(D)]     DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER				0	\$ 0
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)] 4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS			<u> </u>	0	\$ 0
	ONS MADE ON BEHA unt Schedules 1(D) ar			·	, O
5. IN-KIND CON	TRIBUTIONS OF \$300	OR LESS (TABLE I, LINE 3)	4	$\circ$	\$ 0
6. IN-KIND CON	TRIBUTIONS IN EXC	ESS OF \$300 (TABLE I, LINE 4)	3	$\mathcal{O}_{\underline{}}$	\$
7. SUB TOTAL		(ADD LINES 1 T	HRU 6)	275.00/100	\$ 275 00/100
8. REFUNDED D	ISBURSEMENTS [Sc	nedule F]	(-)		\$ 0
9. TOTAL EXPE	NDITURES	(LINE 7 MINUS	LINE 8)	275. 00/10U	\$ 275. 0/100

## **SCHEDULE A**

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

CONTRIBUTOR NAME	EMPLOYER NAME
Steven R. Bothman	Refired N/H
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS /
CHECK IF AGGREGATE AMOUNT	
LCURRENCY L. J. I.S.	l c
OCCUPATION Return '	3-7-16 1,000.00/100
CONTRIBUTOR NAME	EMPLOYER NAME
Mohammed SadigueLA CONTRIBUTOR ADDRESS	Revise Clothing EMPLOYER ADDRESS
94 JACKSON Drive	1466 Broadway
Cress kill NJ 07626	New York NY 10036  DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD
CHECK IF AGGREGATE AMOUNT CURRENCY   \$	DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION BUSINESS OWNER	4-6-2016 2,600.00/100
CONTRIBUTOR NAME	EMPLOYER NAME
CONTRIBUTOR ADDRESS	Thomas Drugs EMPLOYER ADDRESS TO
424 PASCACK Rd	141 Columbus Drive
Paramus 15 07652	New York 11 10023  DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD
CHECK IF AGGREGATE AMOUNT CURRENCY S	\$ \$
OCCUPATION Pharmacist / OWARER	4-6-2016 \$1.000.00/100
CONTRIBUTOR NAME	EMPLOYER NAME  Town of Secaucus
CONTRIBUTOR ADDRESS	1203 PATERSON PLANK Rd 4t Floor
753 9th Street	1005 MATERSON FIANT MY 7 Floor
Sercaucus NJ 07094	Secaucus NJ 07094
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION	3-28-2016 1.500.00/100
CONTRIBUTOR NAME	EMPLOYER NAME
Ali Siddiqui CONTRIBUTOR ADDRESS	UShip TEMPLOYER ADDRESS
991 Alpine Drive	36-36 33rd Street
100	A.1. 11101
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOR
CURRENCY L \$	\$ 2,600.00/100
Frugts Forwarden Owers.	
(COMPLETE THIS LINE FOR EVERY PAGE USED)	STAL, THIS PAGE \$ 8,700.00/100
(COMPLETE THIS LINE FOR LAST PAGE USED) GI	RAND TOTAL \$
I	

## SCHEDULE A

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

CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	Self Employe	d Docton
10-14 Saddle River Rd	EMPLOYER ADDRESS	
FAIr JAWN NJ 07410	FAIrlAWN. A	J 07410
CHECK IF AGGREGATE AMOUNT CURRENCY \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION DOCTOR	4-5-2016	500.00/100
CONTRIBUTOR NAME.  KHALEP VEhIA	EMPLOYER NAME	Health
CONTRIBUTOR ADDRESS  3 Joseph Comee Rd	EMPLOYER ADDRESS	St #100
Lexination, MA 02420	MAIDEN 1	1A 02 148
OCCUPATION DOCTOR / Surger	3/14/16	\$ 2600. 00/100
CONTRIBUTOR NAME	EMPLOYER NAME	3
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
		· · · · · · · · · · · · · · · · · · ·
CHECK IF AGGREGATE AMOUNT CURRENCY S	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
	EMPLOYED MANE	
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION	1	*
CONTRIBUTOR NAME	EMPLOYER NAME	<u>.</u>
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
CURRENCY L   \$	1	\$
	NAME THE BACE	· 2100 00/.m
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	DȚAL, THIS PAGE	11 840 00
(COMPLETE THIS LINE FOR LAST PAGE USED) GI	RAND TOTAL	s 11,800. 100

## SCHEDULE B

## In-Kind Contributions in Excess of \$300

CONTRIBUTOR NAME		EMPLOYER NÂME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	3
OCCUPATION	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
DESCRIPTION OF IN-KIND CONT	RIBUTION(S)	<u> </u>	<u> </u>
CONTRIBUTOR NAME	- 	EMPLOYER NAME	<u>.                                    </u>
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	S
	· · · · · · · · · · · · · · · · · · ·		
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(\$) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONT	RIBUTION(S)		
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	S
			•
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONT	RIBUTION(S)		
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	:S 
	AGGREGATE AMOUNT \$	T DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION	DIDLITION(C)		
DESCRIPTION OF IN-KIND CONT	RIBUTION(S)	<u> </u>	
(COMPLETE THIS LINE FOR EV	ERY PAGE USED) TO	OTAL, THIS PAGE	<u>\$</u>
(COMPLETE THIS LINE FOR LA	ST PAGE USED) G	RAND TOTAL	\$

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

LENDER NAME		EMPLOYER NAME			
LENDER ADDRESS		EMPLOYER AL	DDRE	SS	
OCCUPATION		<u>.                                    </u>			
CO-SIGNER NAME		EMPLOYER NA	AME	<u> </u>	
CO-SIGNER ADDRESS		EMPLOYER AL	DDRE	SS	
OCCUPATION		AMOUNT(S) R	ECEI	VED THIS PERIOD	
DATE(S) RECEIVED	AGGREGATE AMOU	JNT	1	CHECK IF CURRENCY	
LENDER NAME		EMPLOYER N	AME		
LENDER ADDRESS		EMPLOYER A	DDRE	ESS	
OCCUPATION					
CO-SIGNER NAME		EMPLOYER N	AME		
CO-SIGNER ADDRESS		EMPLOYER A	DDRI	ESS	
OCCUPATION		\$	ECE	VED THIS PERIOD	
DATE(S) RECEIVED	AGGREGATE AMO	UNT		CHECK IF CURRENCY	
TOTAL AMOUNT OF LOANS RECEIVED	THIS REPORT PERIO	DD .	\$		
				EORM P. 1 Payread 03/0	17/2042

## **ADJUSTMENT SCHEDULE**

## Refund of Contributions

PAYMENT DATE	CHECK NO.	PAY	EE NAME AND ADDRESS	 REFUNDED AMOUNT
				\$
:				
				į
	;			
				i
(COMPLETE THIS	LINE FOR EVERY PA	AGE USED)	TOTAL, THIS PAGE	\$ 0
(COMPLETE THIS	LINE FOR LAST PAC	GE USED)	GRAND TOTAL	\$ <u>()</u>

## SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

PAYMENT C DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE		FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
3-22-2016	<del>-</del> 8	Tower Copy East 115 West 45th Start Suite 502, New York NY 10036.	Parted Com	ind	\$ 271.00/100	♥	♥
			TOTAL THIS BAGE	\$	271.00/100	\$ \$	Ø \$
PLETE THIS	LINE FOR	(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	\$	271.00/100	\$	\$ 0

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

CHECK NO. RECIPIENT CANDIDATE/COMMITTEE	R EVERY PAGE USED)	VING LINES FOR LAST PAGE USED:	OTHEDS: COLUMN EDOM SCHEDIII ES 1/D) AND 2/D)		
	(COMPLETE THIS LINE FOR EVERY PAGE USED)	COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:	SCHEDULE 3(D) GRAND FOLAL		

## SCHEDULE 2(D) - DISBURSEMENTS Other

PRO-RATA AMOUNT OTHERS	<del>€</del>	\$	() \$	
PRO-RATA AMOUNT THIS REPORTING ENTITY	₩	<del>9</del>	ь	
FULL AMOUNT	₩	€	ь	
PURPOSE		TOTAL THIS BACK	GRAND TOTAL	
PAYEE NAME AND ADDRESS			(COMPLETE THIS LINE FOR EVERT PAGE USED)	
CHECK NO.			IS LINE PUR	
PAYMENT DATE			(COMPLETE IN	

## SCHEDULE E

## **Outstanding Obligations**

Date(s)	Creditor's Name	Address	Description	Amount
3/26/2016 4/3/2016 4/4/2016 4-1-2016 3-29-2016	Mohammed Hamed H-	799 Redmond St. Teamecher 799 Redmond St. Teamecher 799 Redmond St. Teamecher 77 Hoodson St. Hackmah. N.T. 07601 FNSETT Fell color Ad P.O. Box 3131 Teamede N.T. 07666	Stamps Kick of Pacty Supplies Amnaing Saurnes Moose Lodge Reathl. Lawn Signs Invert Full Ghan Add	\$ 245.00/100 \$52.04/100 250.00/100 2,195.00/100 375.00/100
			TOTAL OUTSTANDING OBLIGATIONS	

## SCHEDULE F

## **Refunded Disbursements**

Date(s)	Check #	Full Name	Address	Description	Amount
···			**************************************		\$
	<u> </u>	<u> </u>		SCHEDULE F TOTAL	\$

## SCHEDULE G Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE	/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MUI	NICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDIDATE	/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MUI	NICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDIDATE	/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	NICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDIDATE	COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	NICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDIDATE	COMMITTEE		
MAILING ADDRESS		· · · · · · · · · · · · · · · · · · ·	
OFFICE SOUGHT	ELECTION DISTRICT OR MU	NICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
			I E 1 Poviced 03/07/2013

STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREA	ASURER
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 <u>\$</u>	
Deposits (Include interest) \$	(0,660.00/ww
Disbursements (Include bank charges) \$	27).00/100
Closing Balance, this Report	6,389. 4/100
First Commerce Bruk Mend of Mend	NAME OF ACCOUNT
105 Miver Ave, dahewood J 08701	
NAME OF TREASURER TO TELEP	-837 -0//7 HONE NUMBER (DAY)
956 Phulps Road TEANECK NT 07666 ADDRESS OF TREASURER	,
CERTIFICATION	
I certify that the statements on this document are true, and that the contribution amounts received co- designated by law. I am aware that if any of the statements are willfully false, I may be subject to punishmen	
4-11-2016 Mohammer Hameeduddin /	
DATE PRINT FULL NAME (CANDIDATE) SIGNATURE (CANDIDATE)	ANDIDATE)
DATE PRINT FULL NAME (CANDIDATE) SIGNATURE (CANDIDATE)	ANDIDATE)
DATE PRINT FULL NAME (CANDIDATE)  SIGNATURE (CANDIDATE)  PRINT FULL NAME (TREASURER)  SIGNATURE (TREASURER)	tosman
Treasurers for Gubernatorial and Legislative candidates are required to receive training with the New Jerse Enforcement Commission. Check here [ ] if you have completed the training and enter your Treasurer Train	
DECLARATION OF FINAL REPORT	
If this is the final report, sign applicable Declaration below as well as Certification above. Chapter 65 of the that all filing entities continue to file reports with the Commission until all campaign business is wound up at	Laws of 1993 requires nd the fund is dissolved.
$\square$ I certify that all contributions or other monies received by this election fund have been disbursed, that the loans or other obligations, and that the election fund has wound up its business and has been dissolved.	nere are no outstanding 1.
DATE PRINT FULL NAME (CANDIDATE) SIGNATURE (C.	ANDIDATE)
DATE PRINT FULL NAME (CANDIDATE) SIGNATURE (C	ANDIDATE)
DATE PRINT FULL NAME (CANDIDATE) SIGNATURE (C	ÁNDIDATE)
DATE PRINT FULL NAME (TREASURER) SIGNATURE (TR	REASURER)

FORM R-1	REPORT	OF CONTRIBUTIONS AND EXPENDITURES		29 - DAY PRE-ELECTION		
NEW JERS	NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P.O. Box 185, Trenton, NJ 08625-0185					
(609) 2	92-8700 or Toll Free V	nton, NJ 08625-0185 Vithin NJ 1-888-313-ELEC (3532) c.state.nj.us		Apr. 15,		
CANDIDATE OR C		11	$\dashv$	July 15,		
	of Mohamme	n Hameerfuld in		Oct. 15, Jan. 15,		
STREET ADDRES	Box 2030			Amendment Yes	□ No □	
CITY , STATE ZIP CODE				For Stat	e Use Only	
EANEC!		UT 07666  ELECTION DISTRICT OR MUNICIPALITY	,	ELEC F	RECEIVED	
Pergo	er _	TEANECK			0 9 2016	
POLITICAL PARTY	Y, IF ANY	OFFICE SOUGHT		PAPA I	0 3 2010	
ELECTION DATE 5-10-2016	ELECTION TYPE (CHECK ONE)		lPA	L SCHOOL FIRE DIS	SPECIAL TRICT	
SUMMARY TAB	DO NOT ATTEM	MPT TO COMPLETE TABLES I AND II UNT SCHEDULES HAVE BEEN COMPLETED	ΓIL			
TABLE I. RECEI	PTS			THIS REPORT	CUMULATIVE TO DATE	
1. MONETARY C	ONTRIBUTIONS / LO	ANS OF \$300 OR LESS	\$ 2	2,295.00/100	\$ (2,905.00/100	
		CESS OF \$300 AND ALL CURRENCY	\$.	5.600.00/100	\$17,400,00/100	
CONTRIBUTIONS [Schedule A] 3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$	O.	\$ @250.0/10	
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]			\$	C)	\$ <u>0</u>	
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]			\$	0	\$ 0	
6. SUB TOTAL		(ADD LINES 1 THRU 5)	\$_	1,895.00/100	\$ 24,305.00/w	
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)		\$	O)	\$ 0		
8. TOTAL CONT	RIBUTIONS		\$	7,895.°°/100	\$ 24, 305, 09/m	
9. ADD FUNDS T	RANSFERRED FROM	PRIOR CAMPAIGN (+)	\$	· 0	\$ 0	
10. TOTAL RECE	IPTS	(ADD LINE 8 + LINE 9)	\$	7,895.00/100	\$24,305,00/60	
TABLE II. EXPE	NDITURES		_	<del> </del>	I. M. 1. A. 446	
1		(PENSES [Schedule 1(D)]	\$	6,885,001100	\$ 7,160.00/100	
DISBURSEMENTS - OTHER [Schedule 2(D)]     DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER		\$		5 0		
CANDIDATES/COMMITTEES [Schedule 3(D)]			\$		\$ 0	
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS  [Pro Rata Amount Schedules 1(D) and 2(D)]			\$	0	8 0	
5. IN-KIND CON	ITRIBUTIONS OF \$30	OR LESS (TABLE I, LINE 3)	\$	<u> </u>	\$ 250.00/100	
6. IN-KIND CON	ITRIBUTIONS IN EXC	ESS OF \$300 (TABLE I, LINE 4)	\$	<u> </u>	\$ Ø	
7. SUB TOTAL		(ADD LINES 1 THRU 6)	-	6.882.00/18	\$ 7,160,000	
8. REFUNDED I	DISBURSEMENTS [So	hedule F] (-)	\$	<u> </u>	\$ O	
9. TOTAL EXPE	ENDITURES	(LINE 7 MINUS LINE 8)	\$	6.885.09100	15 7 160 . °1/2	

1

## **SCHEDULE A**

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

CONTRIBUTOR NAME	EMPLOYER NAME
Schaer for Assembly - GARY Schren CONTRIBUTOR ADDRESS 511 Passair NVC	State of NO
CONTRIBUTOR ADDRESS	I PANDIO VED ADMOECO
511 Passaic NVC	1 Howe Ave Soite 401
PASSAIC NJ 07055	PASSA 1C, NJ 07055 DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD
CHECK IF AGGREGATE AMOUNT CURRENCY S 2500 (M)	l - l¢ - 1
OCCUPATION ASSEMBLIMEN	4-28-16 2,500.00/100
CONTRIBUTOR NAME	EMPLOYER NAME
CONTRIBUTOR ADDRESS  52 Fye he LANC	Spirits Spotsweak.
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
52 Fyche LANC	52 Freke LN
TEANECK NO 07666	TEANECK 15
CHECK IF AGGREGATE AMOUNT CURRENCY S	DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD
	4.28-16 1.000.00/10
DOWNES! CENNER	
CONTRIBUTOR NAME	EMPLOYER NAME
NAdeem SAleem	FIDS FINANCIA
CONTRIBUTOR ADDRESS	31 Jefferson Placa
20 Beekman Md	SI GENNAUTI THER
Frank I'M PARY 15 08823	DATE(S) RECEIVED   AMOUNT(S) RECEIVED THIS PERIOD
CURRENCY S	1
OCCUPATION FINANCIA / PLANNER	4-8-16 1,000.00100
CONTRIBUTOR NAME	EMPLOYER NAME ~
Shama BAKENGUALA	Amplus Fundrum
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS 475 WALL ST
19 Setter Mace	773 WAII SI
Kendall PARK NJ 08824	Princeton NT 08540
CHECK IF AGGREGATE AMOUNT	ا ا ا ا ا
OCCUPATION BUSINESS OWNER.	4/9/16 300.00/100
CONTRIBUTOR NAME	EMPLOYER NAME
CARL CASSAZA	CBA Induties
P.O. Box 1717	649 RIVER Drive, Center Two
Elmwood PK NJ 07907	Elmwood PARK NJ 07407
CHECK IF AGGREGATE AMOUN	DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION JUSINESS OWNER	4-15.2016 600.00/100
	F ( 4 0 00/
(COMPLETE THIS LINE FOR EVERY PAGE USED)	STAL, THIS PAGE \$ 5 (00, 1)00
(COMPLETE THIS LINE FOR LAST PAGE USED) G	RAND TOTAL \$ 5600. %

## 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.
<b>\$</b>	3
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) TO	OTAL, THIS PAGE \$
(COMPLETE THIS LINE FOR LAST PAGE USED) G	RAND TOTAL \$

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

LENDER NAME		EMPLOYER NAM	ME		
LENDER ADDRESS		EMPLOYER ADD	DRES	SS	
· · · · · · · · · · · · · · · · · · ·					
OCCUPATION		•			
CO-SIGNER NAME		EMPLOYER NAM	MÉ		1
CO-SIGNER ADDRESS		EMPLOYER ADI	DRES	SS	
		/			
OCCUPATION		AMOUNT(S) RE	CEIV	ED THIS PERIOD	·
		\$			
DATE(S) RECEIVED	AGGREGATE AMO	UNT		CHECK IF CURRENCY	
	\$			CURRENCT —	
LENDER NAME		EMPLOYER NA	ME		
LENDER ADDRESS		EMPLOYER AD	DRE	SS	
	/				
OCCUPATION					
CO-SIGNER NAME		EMPLOYER NA	ME	<u> </u>	•
/					
CO-SIGNER ADDRESS		EMPLOYER AD	DDRE	SS	
	·				
OCCUPATION		AMOUNT(S) RE	ECEI	VED THIS PERIOD	
		\$			
DATE(S) RECEIVED	AGGREGATE AMO	UNT		CHECK IF CURRENCY	
	<b>\</b> \$			CURRENCT L	
TOTAL AMOUNT OF LOANS RECEIVED	THIS REPORT PERIO	ac		(\)	
		i i	\$		

## SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

PRO-RATA AMOUNT OTHERS Ø ₩ ₩ PRO-RATA AMOUNT THIS REPORTING ENTITY H ₩ 5,350.0% CAMPAGE Markets \$ 1,535.19/10. **FULL AMOUNT** LAWN Signs Invites WALKING HEER <del>(/)</del> PURPOSE TOTAL, THIS PAGE **GRAND TOTAL** Cadeth HARKETTA TAC 183 MARKET ST Saddilo Broth NT 07443 PAYEE NAME AND ADDRESS ACM 44 Hodsu st HACKEUSPER NS (COMPLETE THIS LINE FOR EVERY PAGE USED) (COMPLETE THIS LINE FOR LAST PAGE USED) CHECK NO. 400 4-20-2016 OOS PAYMENT DATE 4-20-2014

## SCHEDULE 2(D) - DISBURSEMENTS Other

			1	_
PRO-RATA AMOUNT OTHERS	<b>↔</b>	\$	<b>O</b> \$	
PRO-RATA AMOUNT THIS REPORTING ENTITY	€	\$	\$	
FULL AMOUNT	•	\$	<b>&amp;</b>	
PURPOSE		TOTAL TUIS BACE	GRAND TOTAL	
PAYEE NAME AND ADDRESS			(COMPLETE THIS LINE FOR EVERT PAGE USED)	•
CHECK NO.			IIS LINE FOR	
PAYMENT DATE			(COMPLETE IT	

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

CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE		AMOUNT
(COMPLETE THIS LINE FOR EVERY PAGE USED)	TOT	TOTAL, THIS PAGE	₩
	COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:		
	ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)	£	5. <del>\$</del>
5	GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES		3. \$
1	8		FORM R-1 Revised 03/07/2013

## SCHEDULE E

## **Outstanding Obligations**

Date(s)	Creditor's Name	Address	Description	Amount	
4-11-2016	ACM MediA	71 Hudson St HACKENSACK NO OFGOI	Z MAILINGS 9 Door Hayers	STBD Estrante 40,000.0/100	
			TOTAL OUTSTANDING OBLIGATIONS	\$ Estimate 10,000.00/100	

## SCHEDULE F

## **Refunded Disbursements**

Date(s)	Check #	Full Name	Address	Description	Amount
					\$
			•		;
		;	:		
				SCHEDULE F TOTAL	\$ 🗇

## SCHEDULE G Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDA	TE/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	NICIPALITY ,	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDIDA	TE/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	NICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDIDA	TE/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	NICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDIDA	TE/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	NICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	
NAME OF RECIPIENT CANDIDA	TE/COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	JNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$	

STATEME	NT OF CAMPAIGN DEPOSITORY AND CAMPAIGN	TREASURER
Opening Balance, this ( (Insert closing balance of la insert zero.)	report st report, or, if this is the first report filed by this entity for this election,	\$
Funds Transferred from	n Prior Campaign	<u>\$</u>
Deposits (Include interest	\$	
Disbursements (Include	bank charges)	\$
Closing Balance, this F	Report	<u>\$</u>
NAME OF BANK OR DEP	OSITORY	NAME OF ACCOUNT
	ADDRESS OF BANK OR DEPOSITORY	
	ADDITION OF BANK ON BEING ON ON	THE STANCE OF TH
NAME OF TREASURER		*TELEPHONE NUMBER (DAY)
	ADDRESS OF TREASURER	
	CERTIFICATION	•
DATE  I certify that the statement designated by law. I am away the statement of the statem	PRINT FULL NAME (CANDIDATE) SIGNAT	URE (CANDIDATE)  URE (CANDIDATE)
4-19-2016 DATE  Treasurers for Gubernatori	Kenneth R. Hoffman Gennett	URE (TREASDAER)  ew Jersey Election Law
<u></u>	DECLARATION OF FINAL REPORT	
that all filing entities contin	gn applicable Declaration below as well as Certification above. Chapter ( ue to file reports with the Commission until all campaign business is wou utions or other monies received by this election fund have been disburse ons, and that the election fund has wound up its business and has been	ed, that there are no outstanding
DATE	PRINT FULL NAME (CANDIDATE) SIGNA	TURE (CANDIDATE)
DATE	PRINT FULL NAMÉ (CANDIDATÉ) SIGNA	TURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE) SIGNA	TURE (CANDIDATE)
DATE	PRINT FULL NAME (TREASURER) SIGNAT	TURE (TREASURER)

New Jersey Election Law Enforcement Commission

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FORM R-1 Revised 03/07/2013
\*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

FORM R-1	EXPENDITURES   Language Profit					•	
NEW JERS	SEY ELECTION LA				11 - DAY PRE-ELECTION		
(609) 2	P.O. Box 185, Tro 292-8700 or Toll Free \	enton, NJ 08625-018: Vithin NJ 1-888-313-6			20 - DAY PC	ST-ELECTION	
	www.ele	oc.state.nj.us	,		July 15,		
	OMMITTEE NAME Mahamme	n Hamesoun	n.al		Oct. 15,		
STREET ADDRES	<b>₹</b>	73 TIBRITADVO	0/2		Jan. 15,		
	3030				Amendment Yes		
CITY TEANER	~ <i>k</i>		CODE 7666		ELECTRECT	ENVED Only	
COUNTY		ELECTION DISTRIC	CT OR MUNICIPA	LITY	JUN 0 1 ;	2016	
POLITICAL PARTY		TEANCE K OFFICE SOUGHT			4		
NENE		Courcile	NEN/				
ELECTION DATE	ELECTION TYPE (CHECK ONE)	PRIMARY GENERAL			AL SCHOOL FIRE DIS		
SUMMARY TAB	I <b>16 16</b>	MPT TO COMPLETE SCHEDULES HAVE					
TABLE I. RECEI	PTS		•··		THIS REPORT	CUMULATIVE TO DATE	
1. MONETARY C	ONTRIBUTIONS / LO	ANS OF \$300 OR LE	ss	\$	2 295. 9/10	\$ 6,905,00	
, , , _ ,	ONTRIBUTIONS IN EX INS [Schedule A]	XCESS OF \$300 AND	ALL CURRENC	Y \$	5600.00/10	\$ 14,400.00/10	
L	RIBUTIONS OF \$300	OR LESS		\$	0	\$ 250 60/100	
4. IN-KIND CONT	RIBUTIONS IN EXCE	SS OF \$300 (Schedu	le B]	\$	0	5 0	
5. LOANS RECEI [Schedule C]	VED IN EXCESS OF \$	300 AND ALL CURR	RENCY LOANS	\$	0	\$ 0	
6. SUB TOTAL		(A	DD LINES 1 THR	U 5) \$	4.895.0/10	\$ 24,305.00/m	
7. REFUND OF C	ONTRIBUTIONS (Adje	ustment Schedule]		(-) \$	0	\$ 0	
8. TOTAL CONTR	RIBUTIONS			\$	7.895.9/10	5 24,305.04/10	
9. ADD FUNDS T	RANSFERRED FROM	PRIOR CAMPAIGN		(+) \$	0	s 'O	
10. TOTAL RECEI	PTS	(4	ADD LINE 8 + LIN	E 9) \$	7.895,0/100	\$ 24305. 60/100	
TABLE II. EXPE	NDITURES					····	
1. DISBURSEME	NTS - CAMPAIGN EX	PENSES [Schedule	1(D)]	\$	6,885.00/100	\$ 7,160,0/10	
2. DISBURSEMENTS - OTHER [Schedule 2(D)]			\$	0	\$ 0		
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]				\$	0	\$ G	
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS  [Pro Rata Amount Schedules 1(D) and 2(D)]				\$	$\bigcirc$	\$ O	
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)			\$	Ŏ.	\$ 250 co/kg		
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)			\$	0	s 0		
7. SUB TOTAL		(A	DD LINES 1 THR	U 6} \$	6.885.00/m	s 7 140.00/100	
8, REFUNDED D	ISBURSEMENTS (Sc	hedule F)		(-) \$	0	\$ 0	
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)					6,885 .9/10	5 7, 160, 0%/m	

1

## SCHEDULE A

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

CONTRIBUTOR NAME O A LL A	EMPLOYER NAME	
Schaer for Assembly- GARYSCHAR	State of NU	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS THE Suide 401	/
PASSAIC NJ 07055	PASSAIR 1/1 07055	
CHECK IF AGGREGATE AMOUNT		ERIOD
OCCUPATION Sembly men	9-28-16 2,500.00/100	<i>)</i>
CONTRIBUTOR NAME AMAR ALTANI	Spirits Sportswear	
CONTRIBUTOR ADDRESS 52 Fuck LANC	EMPLOYER ADDRESS	
Traveck 15 07664	Tenveck 10 07666	
CHECK IF AGGREGATE AMOUNT		ERIOD
OCCUPATION BUSINESS OWNER	928-16 \$ 1,000.00/100	
CONTRIBUTOR NAME Saleur	EMPLOYER NAME FINANCIA	
CONTRIBUTOR ADDRESS 20 Beeknan Road	31 Jeller Plaza	
Franklin Pack NJ. 08823	Princeton 15 08540	
CHECK IF AGGREGATE AMOUNT CURRENCY \$	T DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS P	ERIOD
OCCUPATION FINANCIA! PINNICR	4-8-16 1,000.00/100	
Shama Bakenwala	Amolus Fundias	
CONTRIBUTOR ADDRESS PACE	475 WALL ST	
Kendall PARK NJ 08824	Princeton 15 08540	
CHECK IF AGGREGATE AMOUNT		ERIOD
OCCUPATION	4/9/16 500.00/100	
CARL CASSAZA	CBA Judustries	
CONTRIBUTOR ADDRESS  P. O. Box 1414	669 River Drive, Center Two	2
Elywood PX NJ 07-407	6/MWood PARK 115 0740	DF 1000
CHECK IF AGGREGATE AMOUNT CURRENCY S  OCCUPATION	TDATE(S) RECEIVED AMOUNT(S) RECEIVED THIS P $\frac{4-15-2016}{3}$	CKIOD
<u></u>	, ,	
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	OTAL, THIS PAGE \$ 5600,00/100	
(COMPLETE THIS LINE FOR LAST PAGE USED) G	RAND TOTAL \$ 5 600. 00/100	)

## 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 CONTRIBU	JTION(S)			
CONTRIBUTOR NAME	<del></del>	EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	S	
	/			
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION				
DESCRIPTION OF IN-KIND CONTRIBU	JTION(S)	•	·	
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	S	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION				
DESCRIPTION OF IN-KIND CONTRIBI	JTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	<b></b>	
CONTRIBUTOR ODDRESS		EMPLOYER ADDRES	S	
	·- <u>-</u>			
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION	<u> </u>			
DESCRIPTION OF IN-KIND CONTRIBI	UTION(S)			
(COMPLETE THIS LINE FOR EVERY	PAGE USED) TO	TAL, THIS PAGE	\$ <u>Q</u>	
(COMPLETE THIS LINE FOR LAST F	AGE USED) GF	RAND TOTAL	<u>\$ ()</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) F	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO	UNT		CHECK IF CURRENCY
LENDER NAME		EMPLOYER N	AME	
LENDER ADDRESS		EMPLOYER ADDRESS		
OCCUPATION				
CO-SIGNER NAME	<u> </u>	EMPLOYER N	IAME	· · · · · ·
CO-SIGNER ADDRESS		EMPLOYER ADDRESS		
OCCUPATION		S S AMOUNT(S) F	RECEI	VED THIS PERIOD
DATE(SYRECEIVED AGGREGATE AMO		UNT		CHECK IF CURRENCY
TOTAL AMOUNT OF LOANS RECEIVED 1	THIS REPORT PERIC	DD Q	\$	

## **ADJUSTMENT SCHEDULE**

## **Refund of Contributions**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
	LINE FOR EVERY PA	<del></del>	Q ()
(COMPLETE THIS  New Jersey Election Law Enfo	LINE FOR LAST PAG	E USED) GRAND TOTAL \$	FORM R-1 Revised 03/07/2013

## 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
420-2016 420-2016	400 700	Cadeth Marketing Inc. 183 Market St. O. Saddlie Broch NJ 07663 ACM St. St. 146450 St. 1760 I	WATER Bother Hand Shurt Zers, Compried Truck ts, LAW Signs Iurits, WALKING PIECE.	\$ 1,535. 4/6	↔	€
T alla idnios/	INE INE EDI	COMPLETE THIS I INE EOD EVEDY DAGE LISED!	TOTAL THIS DAGE \$ 6,881	385. 19/100	\$	\$
(COMPLETE THIS LINE FOR LAST	IIS LINE FO	R LAST PAGE USED)	<del>9</del>		\$	\$
			<b>†</b>			

## SCHEDULE 2(D) - DISBURSEMENTS Other

PRO-RATA AMOUNT OTHERS ₩ ₩ ₩ PRO-RATA AMOUNT THIS REPORTING ENTITY 69 ₩ ₩ **FULL AMOUNT** ₩ ₩ 4) PURPOSE TOTAL, THIS PAGE GRAND TOTAL PAYEE NAME AND ADDRESS (COMPLETE THIS LINE FOR EVERY PAGE USED) (COMPLETE THIS LINE FOR LAST PAGE USED) CHECK NO. PAYMENT DATE

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

AMOUNT	€	₩	1. \$	2. \$	3. \$
ADDRESS		TOTAL, THIS PAGE		£	
RECIPIENT CANDIDATE/COMMITTEE		GE USED)	COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED: SCHEDULE &(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
CHECK NO.		(COMPLETE THIS LINE FOR EVERY PAGE USED)	OCLOWING LINES FOR	VATA AMOUNT OTHE	CONTRIBUTIONS N
PAYMENT DATE		(COMPLETE THIS L	COMPLETE THE FOLLOWING LI SCHEDULE &(D) GRAND TOTAL	ADD THE "PRO - R	GRAND TOTAL OF

## SCHEDULE E

## **Outstanding Obligations**

Date(s)	Creditor's Name	Address	Description	Amount
4-11-2016	ACM Modia	77 Hoden St Hackerone L NJ 07601	2 Mailings 2 Door Hangers	STAD Estimate 10,000.00/100
			TOTAL OUTSTANDING OBLIGATIONS	s Estimate 10,000.00/hv

## SCHEDULE F

## Refunded Disbursements

Date(s)	Check #	Full Name	Address	Description	Amount
,					\$
		<u> </u>		SCHEDULE F TOTAL	\$ /

## SCHEDULE G Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE/COMM	ITTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMM	ITTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMM	ITTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	\$
NAME OF RECIPIENT CANDIDATE/COMM	ITTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMM	ITTEE	
MAILING ADDRESS		· <u></u>
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK WUMBER	PAYMENT DATE	\$

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.)	s 16,389.00/100
Funds Transferred from Prior Campaign	<u>s</u> ()
Deposits (Include interest)	s 4,895 00/100
Disbursements (Include bank charges)	\$ 6,885, 1/00
Closing Balance, this Report	s 17,399.00/100
First Commerce Bowl Frunds of Mohan	um Anmecdudd IV
NAME OF BANK OR DEPOSITORY  105 Miver Ave Lakewood NS 08701	NAME OF ACCOUNT
housely Robert Hoffman	201-837-011 <del>7</del>
NAME OF TREASURER  956 Phelps Rd January 15 07	*TELEPHONE NUMBER (DAY)
ADDRESS OF TREASURER  CERTIFICATION	
CERTIFICATION  I certify that the statements on this document are true, and that the contribution amounts received conform with the limitations designated by law. I am aware that if any of the statements are willfully false, I may be subject to punishment.	
5-31-2016 Mohanned Hanneduddin SIGNAT	1/4
	TURIZ (CANDIDATE)
DATE PRINT FULL NAME (CANDIDATE) SIGNA	TURE (CANDIDATE)
5-31-206 henneth Hobert Hoffman permit  DATE PRINT FULL NAME (TREASURER) SIGNAT	URE (TREASURIE)
	VV
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) SIGNA	TURE (CANDIDATE)
DATE PRINT FULL NAME (CANDIDATE) SIGNA	TURE (CANDIDATE)
DATE PRINT FULL NAME (CANDIDATE) SIGNAT	TURE (CANDIDATE)
DATE PRINT FULL NAME (TREASURER) SIGNAT	TURE (TREASURER)

FORM R-1	REPORT		29 - DAY PR	ONE): E-ELECTION	
	P.O. Box 185, Tre		11 - DAY PRI		
(609) 2	92-8700 or Toll Free V www.ele		Apr. 15, July 15,		
CANDIDATE OR C	1 111		Oct. 15,		
STREET ADDRES			Amendment Yes		
CITY )		STATE ZIP CODE		EE <b>E</b> C年	E C EN VED
COUNTY	<u> </u>	O7666 ELECTION DISTRICT OR MUNICIPALITY	·	JUN (	0 1 2016
Derge POLITICAL PARTY		TFANECK- OFFICE SOUGHT			
NON		Councilmenter			
ELECTION DATE	ELECTION TYPE (CHECK ONE)		IPAI	SCHOOL FIRE DIS	<del></del> -
SUMMARY TABI		MPT TO COMPLETE TABLES I AND II UNT SCHEDULES HAVE BEEN COMPLETED			
TABLE I. RECEI	PTS			THIS REPORT	CUMULATIVE TO DATE
		NS OF \$300 OR LESS	\$	0	\$ 6,905 . ∞/100
	ONTRIBUTIONS IN EX NS [Schedule A]	\$	0	\$ 14,400 00/100	
3. IN-KIND CONT	RIBUTIONS OF \$300	\$	0	\$ 250.00/w	
4. IN-KIND CONT	RIBUTIONS IN EXCES	\$	0	\$ <u>0</u>	
5. LOANS RECEIN [Schedule C]	VED IN EXCESS OF \$	300 AND ALL CURRENCY LOANS	\$	0	\$ C)
6. SUB TOTAL		(ADD LINES 1 THRU 5)	\$	0	\$ 24 305.00/20
7. REFUND OF C	ONTRIBUTIONS [Adju	istment Schedule] (-)	\$	0	\$ 0
8. TOTAL CONTR	RIBUTIONS		\$	0	\$24,305.00/po
9. ADD FUNDS T	RANSFERRED FROM	PRIOR CAMPAIGN (+)	\$	0	\$ 0
10. TOTAL RECEI	PTS	(ADD LINE 8 + LINE 9)	\$	<u> </u>	\$ 24,305.00/100
TABLE II. EXPE	NDITURES			Adl	1. D 10 41
		PENSES [Schedule 1(D)]	\$	13, 252 47/10	\$20,412,43 m
	NTS - OTHER (Sched NTS - CONTRIBUTIO	\$	<u> </u>	\$ O	
CANDIDATES/	COMMITTEES [Sched	\$	0	* 0	
,, = = , , , ,	ONS MADE ON BEHAL unt Schedules 1(D) and	\$	$\mathcal{O}$	* O	
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)				0	\$ 0
6. IN-KIND CONT	TRIBUTIONS IN EXCE	SS OF \$300 (TABLE I, LINE 4)	\$	0	\$ ()
7. SUB TOTAL		(ADD LINES 1 THRU 6)	\$	13,25293 m	\$20,412.43/m
8. REFUNDED D	ISBURSEMENTS [Sch	-			\$ '0
9. TOTAL EXPE	NDITURES	(LINE 7 MINUS LINE 8)	\$	13,252 93/1	\$26.412 43 m

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

CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	<u> </u>
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
CURRENCY S \$		\$
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT CURRENCY S	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT CURRENCY \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
CONTRIBUTOR NAME	EMPLOYER NAME	<u></u>
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT CURRENCY S	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	····
	<u> </u>	
CHECK IF AGGREGATE AMOUNT CURRENCY S	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	OTAL, THIS PAGE	, 2
	RAND TOTAL	\$
7	<del></del>	

## 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	<del></del> -			
DESCRIPTION OF IN-KIND CONTRIBL	ITION(S)	·		
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS	<del>.</del>	EMPLOYER ADDRESS	S	
	AGGREGATE AMOUNT	DATE(8) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD	
OCCUPATION				
DESCRIPTION OF IN-KIND CONTRIBU	JTION(S)		<u> </u>	
CONTRIBUTOR NAME		EMPLOYER NAME	<u> </u>	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	\$	
			<u> </u>	
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION	/			
DESCRIPTION OF IN-KIND CONTRIB	JTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	S	
			· · · · · · · · · · · · · · · · · · ·	
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD	
OCCUPATION				
DESCRIPTION OF IN-KIND CONTRIBU	JTION(S)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
(COMPLETE THIS LINE FOR EVERY	PAGE USED) TO	TAL, THIS PAGE	s 🛕	
(COMPLETE THIS LINE FOR LAST P	AGE USED) GI	RAND TOTAL	<u>\$</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 AD	PRES	S
OCCUPATION		AMOUNT(S) RE	CEIVE	D THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO	J <b>N</b> IT	0	CHECK IF CURRENCY
LENDER NAME		EMPLOYER NA	ME	
LENDER ADDRESS		EMPLOYER AD	DRES	S
OCCUPATION				
CO-SIGNER NAME		EMPLOYER NA	ME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS		
OCCUPATION		AMOUNT(S) RE	CEIV	ED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO	UNT .	0	CHECK IF CURRENCY
TOTAL AMOUNT OF LOANS RECEIVED 1	THIS REPORT PERIO	DD \$	<u> </u>	

New Jersey Election Law Enforcement Commission

### ADJUSTMENT SCHEDULE

**Refund of Contributions** 

(COMPLETE THIS LINE FOR EVERY PAGE USED)  TOTAL, THIS PAGE  (COMPLETE THIS LINE FOR LAST PAGE USED)  GRAND TOTAL  \$	PAYMENT DATE	CHECK NO.	PA	EE NAME AND ADDRES	S	REFUNDED AMOUNT
						\$
(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$	(COMPLETE THIS	LINE FOR EVERY PA	AGE USED)	TOTAL, THIS PAGE	\$	$\frac{O}{O}$
	(COMPLETE THIS	LINE FOR LAST PAG	SE USED)	GRAND TOTAL	\$	

# SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

			Company using many			
PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
5-15-2016	990	ACM 77 Hodson St HACKENERCK NJ 07601	Houle Rate for Phace CALS or LAWN 5:50	\$ 562.00/100	₩	€
5-23-2016	£ 00		GOTU PAIN CARP, Priving, Robocalls. Door Hangeles. Frust	3.194. so tha		
5-25-2016	8	o 7093	3,000 Pokaco Maly Printing + Postinge	2,675.0/100		
5-05-206	8	Jewsh Link P.O. Bax	Print Ade in Proper	14.75 . "//e2		
5-25-2016	0	ACH 74 Hudrow St Hackenenek M Othol	2Mailers Door House. Partuge ACM Feer O	5,949.43/100		
5-25-2016	-	MASSITIC STGUS 951 TOWNER POL TOWNER LOT CHOW	48×48 E behow Sign	\$ 96.00/100		
(COMPLETE T	HIS LINE FO	(COMPLETE THIS LINE FOR EVERY PAGE USED)	AGE \$	13,252 43/00	<del>и</del> и	<b>4</b> 49
(COMPLETE THIS LINE FOR LA	HIS LINE FO	(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	8287		FORM R-1 Revised 03/07/2013
the state of the s			>			

# SCHEDULE 2(D) - DISBURSEMENTS Other

	<u>۲</u> ـ ـ ـ ۸				
	PRO-RATA AMOUNT OTHERS				
ı	$\Box$	<del>69</del>	49	<del>€9</del>	_
	PRO-RATA AMOUNT THIS REPORTING ENTITY	€	\$	₩	
	FULL AMOUNT	€	\$	₩	
	PURPOSE		TOTAL THIS BAGE	GRAND TOTAL	
	PAYEE NAME AND ADDRESS			(COMPLETE THIS LINE FOR LAST PAGE USED)	
	CHECK NO.			HIS LINE FOR	
	PAYMENT DATE			(COMPLETE TI	•

FORM R-1 Revised 03/07/2013

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

PAYMENT DATE  CHECK NO. RECIPIENT CANDIDATE/COMMITTEE  SAMOUNT  SAMOUNT  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)  ADD THE "PRO-RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)  GRAND TO/AL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES  3. \$					
PAGE USED:  TOTAL, THIS PAGE  TOTAL, THIS PAGE  AND ON BEHALF OF CANDIDATES/COMMITTEES  AND ON BEHALF OF CANDIDATES/COMMITTEES  3. 3.	PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
PAGE USED:  JMN FROM SCHEDULES 1(D) AND 2(D)  AND ON BEHALF OF CANDIDATES/COMMITTEES  1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					\$
CHEDULES 1(D) AND 2(D)  ALF OF CANDIDATES/COMMITTEES  3.	(COMPLETE THIS LIN	VE FOR EVERY PA	(GE USED)	TOTAL, THIS PAGE	\$
TOTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)  1. 2. 2. 1. 2. 2. 1. 2. 2. 1. 2.	COMPLETE THE FC	OLLOWING LINES F	FOR LAST PAGE USED:		$\mathcal{O}$
OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)  ONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES  3.	SCHEDULE 3(D) GF	SAND TOTAL			
හ්	ADD THE "PRO - RA		ERS" 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	\$

### SCHEDULE F

### Refunded Disbursements

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

# SCHEDULE G Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE/COM	MITTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPAL	LITY
CHECK NUMBER	PAYMENT DATE	AMOUNT
NAME OF RECIPIENT CANDIDATE/COM	MITTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPAL	.ÏTY
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COM	MITTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPAL	LITY
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COM	MITTÉE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPAL	LITY
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COM	IMITTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPAL	LITŸ
CHECK NUMBER	PAYMENT DATE	\$

# SCHEDULE G Reciplents of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE/COMMITTEE					
	uship Cancil	···			
	orhees St Tepneck	15 07666			
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY				
COUNCY / member	ICANIEO K				
CHECK NUMBER //	(V '   1	\$ 3,154 20/100			
NAME OF RECIPIENT CANDIDATE/COMMITTEE					
MAILING ADDRESS					
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY				
CHECK NUMBER	PAYMENT DATE	AMOUNT \$			
NAME OF RECIPIENT CANDIDATE/COMMIT	TEE				
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	\$			
NAME OF RECIPIENT CANDIDATE/COMMITTEE					
MAILING ADDRESS					
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY				
CHECK NUMBER	PAYMENT DATE	s 0			

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.)	\$14,399.00/in
Funds Transferred from Prior Campalgn	
Deposits (Include interest)	\$
Disbursements (Include bank charges)	s 13,252.43/100
Closing Balance, this Report	\$ 4, 146, 57/100
NAME OF BANK OR DEPOSITORY  AND THE STREET OF THE STREET O	NAME OF ACCOUNT
105 River Ave Lakewood NJ 08701	
NAME OF TREASURER ADDRESS OF BANK OR DEPOSITORY	OI-837-OII-7
956 Pheles Rol Teasurer 15 07666	
CERTIFICATION	
I certify that the statements on this document are true, and that the contribution amounts received conform with the limitations designated by law. I am aware that if any of the statements are willfully false, I may be subject to punishment	
5-31-2016 Mohammed Hameedudden July	
DATE PRINT FULL NAME (CANDIDATE) SIGNATUR	E (CANDIDATE)
•	RE (CANDIDATE)
DATE PRINT FULL NAME (CANDIDATE) SIGNATUR	5 (CANDIDATE)
5-31-2016 Kenneth Robert Hoffman Kenneth Print Full Name (TREASURER) SIGNATUR	E (TREASNEER)
DATE PRINT FULL NAME (TREASURER) SIGNATUR	E (TREASUREN)
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) SIGNATUR	RE (CANDIDATE)
DATE PRINT FULL NAME (CANDIDATE) SIGNATUR	RE (CANDIDATE)
DATE PRINT FULL NAME (CANDIDATE) SIGNATUR	RE (CANDIDATE)
DATE PRINT FULL NAME (TREASURER) SIGNATUR	RE (TREASURER)

New Jersey Election Law Enforcement Commission

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\*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.