



**JOINT CANDIDATES 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)  
 Website: www.elec.nj.gov

**FORM D-2**

ELEC Received  
 Feb 02, 2020  
 7:09 PM

Amendment

Joint Candidates Committee Name  
 MOVING TEANECK FORWARD

Candidate Name MARK SCHWARTZ	Candidate Name MICHAEL PAGAN
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Office Sought COUNCIL OR MUNICIPAL OFFICE	Office Sought COUNCIL OR MUNICIPAL OFFICE
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Candidate Name KAREN LEW ORGEN	Candidate Name
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Office Sought COUNCIL OR MUNICIPAL OFFICE	Office Sought
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Candidate Name	Candidate Name
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Office Sought	Office Sought
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Street Address  
 105 BERGEN AVE

City TEANECK	State NJ	Zip Code 07666	*(Area Code) Day Telephone 201-669-1601	*(Area Code) Evening Telephone 201-669-1601
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Committee Email (Optional)	Committee Website (Optional)
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Election Type: (Select One) <input type="radio"/> Primary <input checked="" type="radio"/> May Municipal <input type="radio"/> Fire District <input type="radio"/> General <input type="radio"/> Run-Off <input type="radio"/> Special	Election Date 05/12/2020
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County BERGEN COUNTY	Legal Name of Election District or Municipality TEANECK TOWNSHIP	Political Party NONPARTISAN
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**CHAIRPERSON**

Name  
 GERALD T REINER JR.

Mailing Address  
 105 BERGEN AVE

City TEANECK	State NJ	Zip Code 07666	*(Area Code) Day Telephone 201-669-1601	*(Area Code) Evening Telephone 201-669-1601
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**TREASURER**

Name  
 GERALD T REINER JR

Mailing Address  
 105 BERGEN AVER

City TEANECK	State NJ	Zip Code 07666	*(Area Code) Day Telephone 201-669-1601	*(Area Code) Evening Telephone 201-669-1601
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Resident Address  
 105 BERGEN AVE

City TEANECK	State NJ	Zip Code 07666
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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.

**DEPOSITORY INFORMATION**Name of Bank or Depository  
TBD

Mailing Address

City	State	Zip Code	(Area Code) Day Telephone
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Account Name

Account Number

**LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ANY PERSON(S) AUTHORIZED TO SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS**Name  
GERALD T REINER JR.Mailing Address  
105 BERGEN AVE

City TEANECK	State NJ	Zip Code 07666	*(Area Code) Day Telephone 201-669-1601	*(Area Code) Evening Telephone 201-669-1601
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Name

Mailing Address

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

Mailing Address

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

Registration Number \*\*\*\*\* PIN \*\*\*\*\* Candidate KAREN ORGEN Date 02/02/2020

Registration Number \*\*\*\*\* PIN \*\*\*\*\* Candidate MARK J SCHWARTZ Date 02/02/2020

Registration Number \*\*\*\*\* PIN \*\*\*\*\* Candidate MICHAEL PAGAN Date 02/02/2020

Registration Number \_\_\_\_\_ PIN \_\_\_\_\_ Candidate \_\_\_\_\_ Date \_\_\_\_\_

Registration Number \_\_\_\_\_ PIN \_\_\_\_\_ Candidate \_\_\_\_\_ Date \_\_\_\_\_

Registration Number \_\_\_\_\_ PIN \_\_\_\_\_ Candidate \_\_\_\_\_ Date \_\_\_\_\_

Registration Number \_\_\_\_\_ PIN \_\_\_\_\_ Candidate \_\_\_\_\_ Date \_\_\_\_\_

**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.

Registration Number \*\*\*\*\* PIN \*\*\*\*\* Chairperson GERALD T REINER JR Date 02/02/2020

Registration Number \*\*\*\*\* PIN \*\*\*\*\* Treasurer GERALD T REINER JR Date 02/02/2020

Treasurers for gubernatorial and legislative candidates are required to receive training with the NJ ELEC. If you have completed the training enter your Treasurer Training ID# \_\_\_\_\_

\*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.



JOINT CANDIDATES COMMITTEE - 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)
Website: www.elec.nj.gov

FORM A-2

ELEC Received
Feb 02, 2020
7:02 PM

Amendment

Joint Candidates Committee Name

MOVING TEANECK FORWARD

Candidate Name

MARK SCHWARTZ

Candidate Name

MICHAEL PAGAN

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Name

KAREN LEW ORGEN

Candidate Name

Office Sought

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Name

Candidate Name

Office Sought

Office Sought

Street Address

105 BERGEN AVE

City

TEANECK

State

NJ

Zip Code

07666

\*(Area Code) Day Telephone

201-669-1601

\*(Area Code) Evening Telephone

201-669-1601

Committee Email (Optional)

Committee Website (Optional)

Election Type:
(Select One)

Primary

May Municipal

Fire District

General

Run-Off

Special

Election Date

05/12/2020

County

BERGEN COUNTY

Legal Name of Election District or Municipality

TEANECK TOWNSHIP

Political Party

NONPARTISAN

I, the undersigned, do hereby certify as follows:

- 1. The total amount expended or to be expended on behalf of candidates by this committee shall be zero, or shall not, in the aggregate, exceed \$9,700 for two candidates or \$14,000 for three or more candidates, for this election.
2. I am aware that in the event the total amount expended or to be expended on behalf of candidates by this committee, in the aggregate, exceeds \$9,700 for two candidates or \$14,000 for three or more candidates, I am required to file a "Report of Contributions and Expenditures," Form R-1, on each subsequent reporting date.
3. I am aware that if contributions from one source aggregate more than \$300, or if I receive currency (cash) contributions in any amount, I am required to report the contributions to the Commission on the "Supplemental Contributor Information," Form C-1, including the identity of the source and the aggregate total of contributions, and if the contributor is an individual, his/her occupation and the name and address of his/her employer.
4. I am aware that if the committee receives a contribution in excess of \$1,600 in the aggregate from one source starting with the 13th day before the election up to, and including, the day of the election, I am required to notify the Commission in writing on the 'Supplemental Contributor Information,' Form C-1, within 48 hours of receipt of the contribution and to identify the source and the aggregate amount received therefrom during the period, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer.

\*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.

I, the undersigned, do hereby certify as follows: (continued)

5. I am aware that if the committee makes, incurs, or authorizes an expenditure of money or other thing of value in excess of \$1,600 in the aggregate to support or defeat a candidate or public question, starting with the 13th day before the election up to and including the day of the election, I am required to notify the Commission in writing within 48 hours of the expenditure on the "Supplemental Expenditure Information," Form E-1.

6. I am aware that a joint candidates committee is required to designate a campaign treasurer and campaign depository not later than the date on which the committee first receives any contribution or makes any expenditure. Further, I am aware that no later than the tenth day after such designation of campaign treasurer and campaign depository, the committee is required to notify the Commission of the name and address of the campaign treasurer and of the depository by the filing of "Certificate of Organization and Designation of Campaign Treasurer and Depository," Form D-2.

**CANDIDATE 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.

Registration Number	*****	PIN	*****
Candidate	MICHAEL PAGAN	Date	02/02/2020

Registration Number	*****	PIN	*****
Candidate	MARK J SCHWARTZ	Date	02/02/2020

Registration Number	*****	PIN	*****
Candidate	KAREN ORGEN	Date	02/02/2020

Registration Number	_____	PIN	_____
Candidate	_____	Date	_____

Registration Number	_____	PIN	_____
Candidate	_____	Date	_____

Registration Number	_____	PIN	_____
Candidate	_____	Date	_____

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>		<b>REPORT (CHECK ONE):</b> <input checked="" type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> April 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct. 15, _____ <input type="checkbox"/> Jan. 15, _____	
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.nj.gov			ELEC Received Apr 13 2020 05:31 PM	
CANDIDATE OR COMMITTEE NAME <b>Moving Teaneck Forward</b>			<b>For State Use Only</b>	
STREET ADDRESS 105 Bergen Ave				
CITY Teaneck	STATE NJ	ZIP CODE 07666		
COUNTY Bergen	ELECTION DISTRICT OR MUNICIPALITY Teaneck			
POLITICAL PARTY, IF ANY Non-Partisan	OFFICE SOUGHT Council			
ELECTION DATE	ELECTION TYPE (CHECK ONE) <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> GENERAL <input type="checkbox"/> RUN-OFF <input type="checkbox"/> FIRE DISTRICT		Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED				
<b>TABLE I. RECEIPTS</b>			<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS			\$20,097.47	\$
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			\$2,500.00	\$
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$0	\$
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	\$
6. <b>SUB TOTAL</b> (ADD LINES 1 THRU 5)			\$22,597.47	\$
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)			\$0	\$
8. TOTAL CONTRIBUTIONS			\$22,597.47	\$
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)			\$	\$
10. <b>TOTAL RECEIPTS</b> (ADD LINE 8 + LINE 9)			\$22,597.47	\$
<b>TABLE II. EXPENDITURES</b>				
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]			\$6,469.88	\$
2. DISBURSEMENTS - OTHER [Schedule 2(D)]			\$	\$
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]			\$	\$
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]			\$	\$
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)			\$	\$
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)			\$	\$
7. <b>SUB TOTAL</b> (ADD LINES 1 THRU 6)			\$6,469.88	\$
8. REFUNDED DISBURSEMENTS [Schedule F] (-)			\$	\$
9. <b>TOTAL EXPENDITURES</b> (LINE 7 MINUS LINE 8)			\$6,469.88	\$

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

CONTRIBUTOR NAME FEDERICI & AKIN PA			EMPLOYER NAME		
CONTRIBUTOR ADDRESS 307 GREENTREE ROAD			EMPLOYER ADDRESS		
SEWELL, NJ 08080					
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION CORPORATION			2-19-2020	2,000.00	
CONTRIBUTOR NAME EFO TROY E. SINGLETON FOR NJ SENATE			EMPLOYER NAME		
CONTRIBUTOR ADDRESS 907 MORGAN AVE			EMPLOYER ADDRESS		
PALMYRA, NJ 08065					
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION CAMPAIGN ACCOUNT			3-5-2020	500.00	
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION					
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	<b>\$ 2,500.00</b>	
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	<b>\$ 2,500.00</b>	

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

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

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

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



**ADJUSTMENT SCHEDULE**

**Refund of Contributions**

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

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

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
3-22-2020	901	FOX MARKETING 836 PALISADE AVE TEANECK, NJ 07666	GIVEAWAYS	\$ 2063.88	\$	\$
3-22-2020	902	KAREN ORGEN 1090 LAMBERT RD TEANECK, NJ 07666	LAWN SIGNS, REIMBURSEMENT	\$4406.00		
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	\$ 6,469.88	\$	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	\$ 6,469.88	\$	\$

**SCHEDULE 2(D) - DISBURSEMENTS**

**Other**

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

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

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

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

## STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

<b>Opening Balance, this report</b> (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero.)	\$ <u>0</u>
<b>Funds Transferred from Prior Campaign</b>	\$ _____
<b>Deposits</b> (Include interest)	\$ <u>22,597.47</u>
<b>Disbursements</b> (Include bank charges)	\$ <u>6,469.88</u>
<b>Closing Balance, this Report</b>	\$ <u>16,127.59</u>
CROSS RIVER BANK	MOVING TEANECK FORWARD
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
885 TEANECK ROAD, TEANECK, NJ 07666	
ADDRESS OF BANK OR DEPOSITORY	
GERALD T REINER JR.	201-669-1601
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
105 BERGEN 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>4-13-2020</u> DATE	<u>MARK SCHWARTZ</u> PRINT FULL NAME (CANDIDATE)	<u><i>Mark Schwartz</i></u> SIGNATURE (CANDIDATE)
<u>4-13-2020</u> DATE	<u>KAREN ORGEN</u> PRINT FULL NAME (CANDIDATE)	<u><i>Karen Orgen</i></u> SIGNATURE (CANDIDATE)
<u>4-13-2020</u> DATE	<u>MICHAEL PAGAN</u> PRINT FULL NAME (CANDIDATE)	<u><i>Michael Pagan</i></u> SIGNATURE (CANDIDATE)
<u>4-13-2020</u> DATE	<u>Gerald T Reiner Jr.</u> PRINT FULL NAME (TREASURER)	<u><i>[Signature]</i></u> SIGNATURE (TREASURER)

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

### DECLARATION OF FINAL REPORT

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

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

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

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>		<b>REPORT (CHECK ONE):</b> <input checked="" type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct. 15, _____ <input type="checkbox"/> Jan. 15, _____		
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.nj.gov			<small>ELEC Received</small> Jan 21 2021 12:51 PM		
CANDIDATE OR COMMITTEE NAME <b>MOVING TEANECK FORWARD</b>			<b>For State Use Only</b>		
STREET ADDRESS <b>105 BERGEN AVE</b>					
CITY <b>TEANECK</b>	STATE <b>NJ</b>	ZIP CODE <b>07666</b>			
COUNTY <b>BERGEN</b>	ELECTION DISTRICT OR MUNICIPALITY <b>TEANECK</b>				
POLITICAL PARTY, IF ANY <b>NON-PARTISAN</b>	OFFICE SOUGHT <b>COUNCIL</b>				
ELECTION DATE <b>MAY 12 2020</b>	ELECTION TYPE (CHECK ONE)	<input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL	<input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT	<input type="checkbox"/> SPECIAL
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED					
<b>TABLE I. RECEIPTS</b>			<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>	
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS			\$ 1451.00	\$ 1451.00	
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			\$ 21200.00	\$ 21200.00	
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$	\$	
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]			\$ 4300.00	\$ 4300.00	
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]			\$	\$	
6. <b>SUB TOTAL (ADD LINES 1 THRU 5)</b>			\$ 26951.00	\$ 26951.00	
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)			\$	\$	
8. TOTAL CONTRIBUTIONS			\$ 26951.00	\$ 26951.00	
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)			\$	\$	
10. <b>TOTAL RECEIPTS (ADD LINE 8 + LINE 9)</b>			\$ 26951.00	\$ 26951.00	
<b>TABLE II. EXPENDITURES</b>					
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]			\$ 6499.81	\$ 6499.81	
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)			\$ 4300.00	\$ 4300.00	
7. <b>SUB TOTAL (ADD LINES 1 THRU 6)</b>			\$ 10799.81	\$ 10799.81	
8. REFUNDED DISBURSEMENTS [Schedule F] (-)			\$	\$	
9. <b>TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)</b>			\$ 10799.81	\$ 10799.81	



Date	Name	Address	City	Zip	Amount	Name & Employer Address	Occupation
<b>29 Jan 1 - April 12 2020 Excess \$300.00 Sch A page 2</b>							
03/05/20	Steven Weilkotz	401 Wanaque Ave	Pompton Lakes	NJ 07442	\$ 900.00	Weilkotz & Company LLC 401 Wanaque Ave Pompton NJ 07442	Accountant
03/20/20	Ari M. Silverman	132 Walraven Dr.	Teaneck	NJ 07666	\$ 900.00	Teaneck Dog House 132 Walraven Dr Teaneck NJ 07666	Mgmt
03/20/20	Chaim Berger	419 E. County Line Rd	Brooklyn	NY 11218	\$ 900.00	The Fiber Group 1358 Hooper Ave Ste 306 Toms River NJ 08756	Financial Consultant
03/20/20	Matthew Curro	70 Hudson St Ste 3C	Hoboken	NJ 07030	\$ 900.00	Curro Law LLC 70 Hudson St Ste 3C Hoboken NJ 07030	Attorney
03/20/20	Devora Berger	419 E. County Line Rd	Brooklyn	NY 11218	\$ 900.00		Homemaker
03/20/20	Grunbaum	955 46th Street	Brooklyn	NY 11219	\$ 900.00		Mgmt
03/20/20	Mindy Klein Sobel	1251 47th Street	Brooklyn	NY11219	\$ 900.00		Homemaker
03/23/20	Isaac Fried	1399 Cabernet Court	Toms River	NJ 08753	\$ 900.00	Skybrook Capital 999 Central Ave Ste 302 Woodmere NY 11598	Real Estate
03/20/20	Reginald Jenkins Jr.	105 Chestnut ST	Montclair	NJ 07424	\$ 400.00	Chasen Lamparello Mallon & Cappuzzo PC 300 Lighting Way Ste 200 Secaucus NJ 07094	Attorney
03/23/20	Federici & Akin P.A.	307 Greentree Road	Sewell	NJ 08080	\$ 2,000.00		Engineering
03/23/20	Arthur W. Gottheim	38 Rathbun Ave	White Plains	NY10606	\$ 900.00		Retired
03/23/20	Bergen Irish Victory PAC	79 Monroe Ave	Cresskill	NJ 07626	\$ 900.00		Campaign / PAC
03/23/20	John Mac	581 Styvesant Ave, Suite 201	Lyndhurst	NJ 07071	\$ 900.00	J Mac's Consturciton LLC 518 Stuyvesant Ave Lyndhurst NJ 07071	Construction
03/23/20	Claudia A Reis	360 Mount Kemble Ave Ste 1004	Morristown	NJ 07960	\$ 900.00	Lenzo & Reis, LLC 360 Mt Kemble Ave Ste 104 Morristown NJ 07960	Attorney
03/23/20	Louis Patuto JT Ten	11 Pontiac Dr	Wayne	NJ 07470	\$ 900.00		Homemaker
03/23/20	Mark M. Masella	1310 72nd Street	North Bergen	NJ 07047	\$ 900.00		Unemployed
03/23/20	Skylands Victory Pac	17 Conit St	Succasuna	NJ 07876	\$ 900.00		Campaign / PAC
03/23/20	William Pepe	15 Van Breeman Ct	Montclair	NJ 07042	\$ 900.00		Retired
03/23/20	Barry Wiegmann	217 Monroe Ave	Belle Meade	NJ 08502	\$ 500.00	Schulman Wiegmann & Associates 216 Stelton Rd # C1, Piscataway, NJ 08854	Court Reporter
04/07/20	Timothy Donaghue	172 Maple Ave	Tuckerton	NJ 08087	\$ 900.00		Retired
03/05/20	Jonathan Boguchwal	130 W. State Street	Trenton	NJ 08608	\$ 500.00	CLB Partners 130 West State Street page 4	Mgmt
03/23/20	Shaya Berger	419 E. County Line Rd	Brooklyn	NY 11218	\$ 900.00		College Student
03/23/20	Doug Bern	530 Sylvan Ave	Englewood Cliffs	NJ 07632	\$ 500.00	530 Sylvan Reality LLC 530 Sylvan Ave Englewood NJ 07632	Real Estate
03/23/20	Troy E. Singlton For NJ Senate	907 Morgan Ave	Palmyra	NJ 08065	\$ 500.00		Campaign / PAC
					\$ 20,600.00		

**SCHEDULE A**

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

CONTRIBUTOR NAME APPRAISAL SYSTEM INC			EMPLOYER NAME		
CONTRIBUTOR ADDRESS 264 S. STREET STE 18			EMPLOYER ADDRESS		
MORRISTOWN NJ 07960					
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 600.00	DATE(S) RECEIVED 3/23/20 3/23/20	AMOUNT(S) RECEIVED THIS PERIOD \$ 300.00 300.00	
OCCUPATION					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION					
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	<b>\$ 600.00</b>	
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	<b>\$ 21000.00</b>	

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

CONTRIBUTOR NAME MARK SCHWARTZ		EMPLOYER NAME JEWISH LINK ( OWNERSHIP INTEREST)	
CONTRIBUTOR ADDRESS 641 CUMBERLAN AVE		EMPLOYER ADDRESS PO BOX 3131	
TEANECK NJ 07666		TEANECK NJ 07666	
	AGGREGATE AMOUNT \$ 4300.00	DATE(S) RECEIVED 3/12/20	AMOUNT(S) RECEIVED THIS PERIOD \$ 2300.00 2000.00
OCCUPATION REALESTATE			
DESCRIPTION OF IN-KIND CONTRIBUTION(S) ADVERTISEMENTS IN THE JEWISH LINK NEWSPAPER FOR THE COURSE OF THE CAMPAIGN SEASON SEE ATTACHCH INVOICES			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	<b>\$4300.00</b>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	<b>\$ 4300.00</b>



# INVOICE

PO BOX 3131  
Teaneck, NJ 07666  
201-371-3212

**Moving Teaneck Forward**  
**Attn: Mark J. Schwartz**

Invoice #	0420NJ108237
Invoice Date	3/12/2020
P. O. #	
Terms	Due Upon Receipt
Sales Rep.	Moshe Kinderlehrer

Advertiser	Moving Teaneck Forward
Publication	JLNJ E-Blast
Summary	E-Blast Full Color Ad(s) @ \$0.00/per issue for 12 issue(s) running from 3/12/2020 - 5/7/2020
Notes	

Issue Date	Ad Details	Ad Cost	Bill Cost	Prepayment
4/3/2020	Full Color , E-Blast , E-Blast Ad.  DISCOUNTS: Bonus Ad(100%): \$350.00	\$350.00	\$0.00	\$0.00
4/14/2020	Full Color , E-Blast , E-Blast Ad.  DISCOUNTS: Bonus Ad(100%): \$350.00	\$350.00	\$0.00	\$0.00
4/24/2020	Full Color , E-Blast , E-Blast Ad.  DISCOUNTS: Bonus Ad(100%): \$350.00	\$350.00	\$0.00	\$0.00
4/28/2020	Full Color , E-Blast , E-Blast Ad.  DISCOUNTS: Bonus Ad(100%): \$350.00	\$350.00	\$0.00	\$0.00

Publication	The Jewish Link of New Jersey
Summary	E-Blast Full Color Ad(s) @ \$250.00/per issue for 12 issue(s) running from 3/12/2020 - 5/7/2020
Notes	

Issue Date	Ad Details	Ad Cost	Bill Cost	Prepayment
3/12/2020	Full Color , Full Page , Display Ad.  DISCOUNTS: Special Discount: \$950.00	\$1,200.00	\$250.00	\$0.00
3/19/2020	Full Color , Full Page , Display Ad.  DISCOUNTS: Special Discount: \$950.00	\$1,200.00	\$250.00	\$0.00
3/26/2020	Full Color , Full Page , Display Ad.  DISCOUNTS: Special Discount: \$950.00	\$1,200.00	\$250.00	\$0.00



# INVOICE

PO BOX 3131  
Teaneck, NJ 07666  
201-371-3212

**Moving Teaneck Forward**  
**Attn: Mark J. Schwartz**

Invoice #	0420NJ108237
Invoice Date	3/12/2020
P. O. #	
Terms	Due Upon Receipt
Sales Rep.	Moshe Kinderlehrer

Advertiser	Moving Teaneck Forward
Publication	JLNJ E-Blast
Summary	E-Blast Full Color Ad(s) @ \$0.00/per issue for 15 issue(s) running from 3/12/2020 - 5/7/2020
Notes	

Issue Date	Ad Details	Ad Cost	Bill Cost	Prepayment
4/3/2020	Full Color , E-Blast , E-Blast Ad.  DISCOUNTS: Bonus Ad(100%): \$350.00	\$350.00	\$0.00	\$0.00
4/14/2020	Full Color , E-Blast , E-Blast Ad.  DISCOUNTS: Bonus Ad(100%): \$350.00	\$350.00	\$0.00	\$0.00
4/24/2020	Full Color , E-Blast , E-Blast Ad.  DISCOUNTS: Bonus Ad(100%): \$350.00	\$350.00	\$0.00	\$0.00
4/28/2020	Full Color , E-Blast , E-Blast Ad.  DISCOUNTS: Bonus Ad(100%): \$350.00	\$350.00	\$0.00	\$0.00
5/6/2020	Full Color , E-Blast , E-Blast Ad.  DISCOUNTS: Bonus Ad(100%): \$350.00	\$350.00	\$0.00	\$0.00

Publication	The Jewish Link of New Jersey
Summary	E-Blast Full Color Ad(s) @ \$250.00/per issue for 15 issue(s) running from 3/12/2020 - 5/7/2020
Notes	

Issue Date	Ad Details	Ad Cost	Bill Cost	Prepayment
3/12/2020	Full Color , Full Page , Display Ad.  DISCOUNTS: Special Discount: \$950.00	\$1,200.00	\$250.00	\$0.00
3/19/2020	Full Color , Full Page , Display Ad.  DISCOUNTS: Special Discount: \$950.00	\$1,200.00	\$250.00	\$0.00



# INVOICE

PO BOX 3131  
Teaneck, NJ 07666  
201-371-3212

4/2/2020	Full Color , Full Page , Display Ad.	\$1,200.00	\$250.00	\$0.00
	DISCOUNTS: Special Discount: \$950.00			
4/8/2020	Full Color , Full Page , Display Ad.	\$1,200.00	\$250.00	\$0.00
	DISCOUNTS: Special Discount: \$950.00			
4/23/2020	Full Color , Full Page , Display Ad.	\$1,200.00	\$250.00	\$0.00
	DISCOUNTS: Special Discount: \$950.00			
4/30/2020	Full Color , Full Page , Display Ad.	\$1,200.00	\$250.00	\$0.00
	DISCOUNTS: Special Discount: \$950.00			
5/7/2020	Full Color , Full Page , Display Ad.	\$1,200.00	\$250.00	\$0.00
	DISCOUNTS: Special Discount: \$950.00			

<b>Total Bill Cost :</b>	<b>\$2,000.00</b>
<b>Total Prepaid:</b>	<b>\$0.00</b>
<b>Total Cost of this ad:</b>	<b>\$2,000.00</b>

Pay online at  
<https://jlink.myonlinepayments.com>  
OR  
Send a check to:  
Jewish Link of New Jersey  
PO BOX 3131  
Teaneck, NJ 07666



# INVOICE

PO BOX 3131  
Teaneck, NJ 07666  
201-371-3212

3/26/2020	Full Color , Full Page , Display Ad.	\$1,200.00	\$250.00	\$0.00
DISCOUNTS: Special Discount: \$950.00				
4/2/2020	Full Color , Full Page , Display Ad.	\$1,200.00	\$250.00	\$0.00
DISCOUNTS: Special Discount: \$950.00				
4/8/2020	Full Color , Full Page , Display Ad.	\$1,200.00	\$250.00	\$0.00
DISCOUNTS: Special Discount: \$950.00				
4/23/2020	Full Color , Insert , Insert Ad.	\$2,000.00	\$150.00	\$0.00
DISCOUNTS: Special Discount: \$1,850.00				
4/23/2020	Full Color , Full Page , Display Ad.	\$1,200.00	\$250.00	\$0.00
DISCOUNTS: Special Discount: \$950.00				
4/30/2020	Full Color , Full Page , Display Ad.	\$1,200.00	\$250.00	\$0.00
DISCOUNTS: Special Discount: \$950.00				
5/7/2020	Full Color , Insert , Insert Ad.	\$2,000.00	\$150.00	\$0.00
DISCOUNTS: Special Discount: \$1,850.00				
5/7/2020	Full Color , Full Page , Display Ad.	\$1,200.00	\$250.00	\$0.00
DISCOUNTS: Special Discount: \$950.00				

**Total Bill Cost : \$2,300.00**  
**Total Prepaid: \$0.00**  
**Total Cost of this ad: \$2,300.00**

Pay online at  
<https://jlink.myonlinepayments.com>  
OR  
Send a check to:  
Jewish Link of New Jersey  
PO BOX 3131  
Teaneck, NJ 07666

**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"/>	
	\$		
<b>TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD</b>		\$ 0	



**ADJUSTMENT SCHEDULE**

**Refund of Contributions**

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

**Moving Teaneck Forward**  
**Campaign Expenses Schedule 1(D) Page 6**

<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Name Address</u>	<u>Amount</u>
<b>Campaign Expenses Sch 1 (D)</b>				
<b>Giveaways</b>				
03/22/2020	901	Fox Marketing	826 Palisade Ave Teaneck NJ 07666	2,063.88
Total Giveaways				2,063.88
<b>Lawn Signs</b>				
03/22/2020	902	Karen Orgen	1090 Lambert Rd Teaneck NJ 07666	4,406.00
Total Lawn Signs				4,406.00
<b>Square Fees</b>				
02/21/2020	debit	Square	1455 Market Street Ste 600 San Franscisco CA 94103	0.01
02/21/2020	debit	Square	1455 Market Street Ste 600 San Franscisco CA 94103	-0.01
02/24/2020	debit	Square	1455 Market Street Ste 600 San Franscisco CA 94103	0.33
03/12/2020	debit	Square	1455 Market Street Ste 600 San Franscisco CA 94103	3.20
04/08/2020	debit	Square	1455 Market Street Ste 600 San Franscisco CA 94103	26.40
Total Square Fees				29.93
Total Campaign Expenses Sch 1 (D)				6,499.81
<b>TOTAL</b>				<b>6,499.81</b>

**SCHEDULE 2(D) - DISBURSEMENTS**

**Other**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
				\$	\$	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	\$	\$	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	\$ 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)			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)  GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				1. \$ _____  2. \$ _____ (+)  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**

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.) \$ \_\_\_\_\_

**Funds Transferred from Prior Campaign**

\$ \_\_\_\_\_

**Deposits** (Include interest)

\$ 22651.00

**Disbursements** (Include bank charges)

\$ 6499.81

**Closing Balance, this Report**

\$ 16151.19

CROSS RIVER BANK

MOVING TEANECK FORWARD

NAME OF BANK OR DEPOSITORY

NAME OF ACCOUNT

885 TEANECK ROAD TEANECK NJ 07666

ADDRESS OF BANK OR DEPOSITORY

GERALD T REINER JR

NAME OF TREASURER

\*TELEPHONE NUMBER (DAY)

105 BERGEN 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.

1-19-2021  
DATE

MARK SCHWARTZ  
PRINT FULL NAME (CANDIDATE)

*Mark Schwartz*  
SIGNATURE (CANDIDATE)

1-19-2021  
DATE

KAREN ORGEN  
PRINT FULL NAME (CANDIDATE)

*Karen Orgen*  
SIGNATURE (CANDIDATE)

1-19-2021  
DATE

MICHAEL PAGAN  
PRINT FULL NAME (CANDIDATE)

*Michael Pagan*  
SIGNATURE (CANDIDATE)

1-18-2021  
DATE

GERALD T REINER JR  
PRINT FULL NAME (TREASURER)

*G.T. Reiner Jr*  
SIGNATURE (TREASURER)

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

### DECLARATION OF FINAL REPORT

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

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

\_\_\_\_\_  
DATE

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

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

\_\_\_\_\_  
DATE

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

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

\_\_\_\_\_  
DATE

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

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT FULL NAME (TREASURER)

\_\_\_\_\_  
SIGNATURE (TREASURER)

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>		<b>REPORT (CHECK ONE):</b> <input type="checkbox"/> 29 - DAY PRE-ELECTION <input checked="" type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> April 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct. 15, _____ <input type="checkbox"/> Jan. 15, _____	
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.nj.gov			ELEC Received May 01 2020 05:28 PM	
CANDIDATE OR COMMITTEE NAME <b>Moving Teaneck Forward</b>			<b>For State Use Only</b>	
STREET ADDRESS 105 Bergen Ave				
CITY Teaneck	STATE NJ	ZIP CODE 07666		
COUNTY Bergen	ELECTION DISTRICT OR MUNICIPALITY Teaneck			
POLITICAL PARTY, IF ANY Non-Partisan	OFFICE SOUGHT Council			
ELECTION DATE	ELECTION TYPE <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> GENERAL <input type="checkbox"/> RUN-OFF <input type="checkbox"/> FIRE DISTRICT			
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED				
<b>TABLE I. RECEIPTS</b>			<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS			\$ 16,916.45	\$ 37,013.92
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			\$6,000.00	\$ 8,500.00
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$0	\$
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	\$
6. <b>SUB TOTAL</b> (ADD LINES 1 THRU 5)			\$ 22,916.45	\$ 45,513.92
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)			\$0	\$
8. TOTAL CONTRIBUTIONS			\$22,916.45	\$ 45,513.92
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)			\$	\$
10. <b>TOTAL RECEIPTS</b> (ADD LINE 8 + LINE 9)			\$22,916.45	\$ 45,513.92
<b>TABLE II. EXPENDITURES</b>				
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]			\$12,500.00	\$ 18,969.88
2. DISBURSEMENTS - OTHER [Schedule 2(D)]			\$	\$
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]			\$	\$
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]			\$	\$
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)			\$	\$
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)			\$	\$
7. <b>SUB TOTAL</b> (ADD LINES 1 THRU 6)			\$12,500.00	\$ 18,969.88
8. REFUNDED DISBURSEMENTS [Schedule F] (-)			\$	\$
9. <b>TOTAL EXPENDITURES</b> (LINE 7 MINUS LINE 8)			\$12,500.00	\$ 18,969.88



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

			EMPLOYER NAME	
			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$		
OCCUPATION				
			EMPLOYER NAME	
			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$		
OCCUPATION				
CONTRIBUTOR NAME NJ State Laborers Political Action Committee			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 104 Interchange Plaza, Suite 301			EMPLOYER ADDRESS	
Monroe Twp, NJ 08831				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION PAC			4/20/2020	\$6,000.00
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	<b>\$ 6,000.00</b>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	<b>\$6,000.00</b>

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

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

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

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

**ADJUSTMENT SCHEDULE**

**Refund of Contributions**

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

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

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
3-22-2020	EBT	Royal Printing 441 51st Street West New York, NJ	Political Mail	\$ 10,000.00	\$	\$
3-22-2020	EBT	Parano and Associates 20 Banta Place, Hackensack, NJ 07601	Political Consulting	\$2,500.00		
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	\$ 6,469.88	\$	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	\$ 6,469.88	\$	\$

**SCHEDULE 2(D) - DISBURSEMENTS**

**Other**

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

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

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

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

## STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

<b>Opening Balance, this report</b> (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero.)	\$ <u>16,127.59</u>
<b>Funds Transferred from Prior Campaign</b>	\$ _____
<b>Deposits</b> (Include interest)	\$ <u>22,916.45</u>
<b>Disbursements</b> (Include bank charges)	\$ <u>12,500.00</u>
<b>Closing Balance, this Report</b>	\$ <u>26544.04</u>
CROSS RIVER BANK	MOVING TEANECK FORWARD
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
885 TEANECK ROAD, TEANECK, NJ 07666	
ADDRESS OF BANK OR DEPOSITORY	
GERALD T REINER JR.	201-669-1601
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
105 BERGEN 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>5-1-2020</u> DATE	<u>MARK SCHWARTZ</u> PRINT FULL NAME (CANDIDATE)	<u><i>Mark Schwartz</i></u> SIGNATURE (CANDIDATE)
<u>5-1-2020</u> DATE	<u>KAREN ORGEN</u> PRINT FULL NAME (CANDIDATE)	<u><i>Karen Orgen</i></u> SIGNATURE (CANDIDATE)
<u>5-1-2020</u> DATE	<u>MICHAEL PAGAN</u> PRINT FULL NAME (CANDIDATE)	<u><i>Michael Pagan</i></u> SIGNATURE (CANDIDATE)
<u>5-1-2020</u> DATE	<u>Gerald T Reiner Jr.</u> PRINT FULL NAME (TREASURER)	<u><i>[Signature]</i></u> SIGNATURE (TREASURER)

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

### DECLARATION OF FINAL REPORT

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

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

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

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>		<b>REPORT (CHECK ONE):</b> <input type="checkbox"/> 29 - DAY PRE-ELECTION <input checked="" type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct. 15, _____ <input type="checkbox"/> Jan. 15, _____	
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.nj.gov			ELEC Received May 26 2020 11:56 AM	
<b>CANDIDATE OR COMMITTEE NAME</b> Moving Teaneck Forward			<b>Amendment</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>STREET ADDRESS</b> 105 Bergen Ave				
<b>CITY</b> Teaneck	<b>STATE</b> NJ	<b>ZIP CODE</b> 07666	<b>For State Use Only</b>	
<b>COUNTY</b> Bergen	<b>ELECTION DISTRICT OR MUNICIPALITY</b> Teaneck			
<b>POLITICAL PARTY, IF ANY</b> Non-Partisan	<b>OFFICE SOUGHT</b> Council			
<b>ELECTION DATE</b>	<b>ELECTION TYPE (CHECK ONE)</b> <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> GENERAL <input type="checkbox"/> RUN-OFF <input type="checkbox"/> FIRE DISTRICT			
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED				
<b>TABLE I. RECEIPTS</b>			<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS			\$ 16,916.45	\$ 37,013.92
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			\$ 6,000.00	\$ 8,500.00
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$ 0	\$
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	\$
6. <b>SUB TOTAL (ADD LINES 1 THRU 5)</b>			\$ 22,916.45	\$ 45,513.92
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)			\$ 0	\$
8. <b>TOTAL CONTRIBUTIONS</b>			\$ 22,916.45	\$ 45,513.92
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)			\$	\$
10. <b>TOTAL RECEIPTS (ADD LINE 8 + LINE 9)</b>			\$ 22,916.45	\$ 45,513.92
<b>TABLE II. EXPENDITURES</b>				
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]			\$ 12,500.00	\$ 22,500.00
2. DISBURSEMENTS - OTHER [Schedule 2(D)]			\$	\$
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]			\$	\$
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]			\$	\$
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)			\$	\$
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)			\$	\$
7. <b>SUB TOTAL (ADD LINES 1 THRU 6)</b>			\$ 12,500.00	\$ 22,500.00
8. REFUNDED DISBURSEMENTS [Schedule F] (-)			\$	\$
9. <b>TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)</b>			\$ 12,500.00	\$ 22,500.00

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

			EMPLOYER NAME	
			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$		
OCCUPATION				
			EMPLOYER NAME	
			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$		
OCCUPATION				
CONTRIBUTOR NAME NJ State Laborers Political Action Committee			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 104 Interchange Plaza, Suite 301			EMPLOYER ADDRESS	
Monroe Twp, NJ 08831				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION PAC			4/20/2020	\$6,000.00
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	<b>\$ 6,000.00</b>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	<b>\$6,000.00</b>

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

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

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

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

**ADJUSTMENT SCHEDULE**

**Refund of Contributions**

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

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

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
3-22-2020	EBT	Royal Printing 441 51st Street West New York, NJ	Political Mail	\$ 10,000.00	\$	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	\$ 10,000.00	\$	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	\$ 10,000.00	\$	\$



**SCHEDULE 2(D) - DISBURSEMENTS**

**Other**

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

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

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

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

## STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

<b>Opening Balance, this report</b> (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero.)	\$ <u>16,127.59</u>
<b>Funds Transferred from Prior Campaign</b>	\$ _____
<b>Deposits</b> (Include interest)	\$ <u>22,916.45</u>
<b>Disbursements</b> (Include bank charges)	\$ <u>10,000.00</u>
<b>Closing Balance, this Report</b>	\$ <u>24,044.04</u>
CROSS RIVER BANK	MOVING TEANECK FORWARD
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
885 TEANECK ROAD, TEANECK, NJ 07666	
ADDRESS OF BANK OR DEPOSITORY	
GERALD T REINER JR.	201-669-1601
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
105 BERGEN 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>5-26-2020</u> DATE	<u>MARK SCHWARTZ</u> PRINT FULL NAME (CANDIDATE)	<u><i>Mark Schwartz</i></u> SIGNATURE (CANDIDATE)
<u>5-26-2020</u> DATE	<u>KAREN ORGEN</u> PRINT FULL NAME (CANDIDATE)	<u><i>Karen Orgen</i></u> SIGNATURE (CANDIDATE)
<u>5-26-2020</u> DATE	<u>MICHAEL PAGAN</u> PRINT FULL NAME (CANDIDATE)	<u><i>Michael Pagan</i></u> SIGNATURE (CANDIDATE)
<u>5-26-2020</u> DATE	<u>Gerald T Reiner Jr.</u> PRINT FULL NAME (TREASURER)	<u><i>[Signature]</i></u> SIGNATURE (TREASURER)

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

### DECLARATION OF FINAL REPORT

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

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

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

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>		<b>REPORT (CHECK ONE):</b> <input type="checkbox"/> 29 - DAY PRE-ELECTION <input checked="" type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct. 15, _____ <input type="checkbox"/> Jan. 15, _____		
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.nj.gov			<small>ELEC Received</small> Jan 21 2021 12:55 PM		
CANDIDATE OR COMMITTEE NAME <b>MOVING TEANECK FORWARD</b>			<b>For State Use Only</b>		
STREET ADDRESS <b>105 BERGEN AVE</b>					
CITY <b>TEANECK</b>	STATE <b>NJ</b>	ZIP CODE <b>07666</b>			
COUNTY <b>BERGEN</b>	ELECTION DISTRICT OR MUNICIPALITY <b>TEANECK</b>				
POLITICAL PARTY, IF ANY <b>NON-PARTISAN</b>	OFFICE SOUGHT <b>COUNCIL</b>				
ELECTION DATE <b>MAY 12 2020</b>	ELECTION TYPE (CHECK ONE)	<input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL	<input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT	<input type="checkbox"/> SPECIAL
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED					
<b>TABLE I. RECEIPTS</b>			<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>	
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS			\$ 2450.00	\$ 3901.00	
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			\$ 20950.00	\$ 42150.00	
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$	\$	
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]			\$	\$ 4300.00	
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]			\$	\$	
6. <b>SUB TOTAL</b> (ADD LINES 1 THRU 5)			\$ 23400.00	\$ 50351.00	
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)			\$	\$	
8. TOTAL CONTRIBUTIONS			\$ 23400.00	\$ 50351.00	
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)			\$	\$	
10. <b>TOTAL RECEIPTS</b> (ADD LINE 8 + LINE 9)			\$ 23400.00	\$ 50351.00	
<b>TABLE II. EXPENDITURES</b>					
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]			\$ 507.15	\$ 7006.96	
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)			\$	\$ 4300.00	
7. <b>SUB TOTAL</b> (ADD LINES 1 THRU 6)			\$ 507.15	\$ 11306.96	
8. REFUNDED DISBURSEMENTS [Schedule F] (-)			\$	\$	
9. <b>TOTAL EXPENDITURES</b> (LINE 7 MINUS LINE 8)			\$ 507.15	\$ 11306.96	

11 day April 13 - April 30 2020 Schedule A Page 2							
Date	Name	Address	City	Zip	Amount	Name & Employer Address	Occupation
04/23/20	NJ State Laborors PAC	104 Interchange Plaza, Suite 301	Monroe	NJ 08831	\$ 6,000.00		Campaign / PAC
04/13/20	Timothy Donohue	622 Eagle Rock Ave	West Orange	NJ 07052	\$ 1,000.00	Arleo & Donohue LLC 622 Eagle Rock Ave W Orange NJ 07052	Attorney
04/23/20	Nadeem Saleem ADS Financial	31 Jefferson Plaza	Princeton	NJ 08540	\$ 3,500.00		Financial Consultant
04/17/20	Stephan F Holcomb	105 Bob White Road	Houston	GA 11204	\$ 2,000.00	HEB Partners LLC 4706 18th Ave Brooklyn NY 11204	Mgmt
04/17/20	Jose Allen	54 Delancy St	Newark	NJ 07105	\$ 900.00	MDC Electrical Contractor LLC 54 Delany St Newark NJ 07105	Electrical
04/17/20	Edwin Vargas	457 Liberty Ave	Jersey City	NJ 07307	\$ 900.00	Posh General Constractor LLC 457 Liberty Ave JC NJ 07307	Construction
04/17/20	Joseph Bolowski	PO Box 269	Bayonne	NJ 07002	\$ 500.00	Control Services LLC PO Box 269 Bayonne NJ 07002	Mgmt
04/17/20	Mary Abramowitz	205 Bergen Tpke, Apt 1K	Ridgefield Park	NJ 07680	\$ 500.00	NJ Short Sales Team LLC 205 Bergen Tpke Ste 2N Ridgefield NJ 07680	real estate
04/23/20	Emerson Municipal Committee	88 Eage Dr	Emerson	NJ 07630	\$ 900.00		Campaign / PAC
04/23/20	Kathy L. Kronick	693 Longview Rd	South Orange	NJ 07079	\$ 900.00		Homemaker
04/23/20	Matthew Tharney	1 Monroe Pl	Cranbury	NJ 08512	\$ 900.00		Retired
04/23/20	Michele Delisfort	105 Grove Street	Montclair	NJ 07042	\$ 900.00	Nishuane Group LLC 105 Grove St Montclair NJ 07042	Planner
04/23/20	Westwood Democratic Committee	387 Kinderkamack Rd.	Westwood	NJ 07675	\$ 900.00		Campaign / PAC
04/23/20	Satish V. Poondi	7 Deerwood Ave	Edison	NJ 08817	\$ 900.00	Wilentz Goldman Spitzer, 90 Woodbridge Center Drive, Woodbridge NJ 07095	Attorney
					\$ 20,700.00		

**SCHEDULE A**

**Monetary Contributions in Excess of \$300 and All Currency Contributions PAGE 2 OF 2**

CONTRIBUTOR NAME <b>DOUG BERN</b>			EMPLOYER NAME <b>530 SYLVAN REALTY LLC</b>		
CONTRIBUTOR ADDRESS <b>530 SYLVAN AVE</b>			EMPLOYER ADDRESS <b>530 SYLVAN AVE</b>		
ENGLEWOOD CLIFFS NJ 07632			ENGLEWOOD CLIFFS NJ 07632		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$ 750.00</b>	DATE(S) RECEIVED <b>4/17/20</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$ 250.00</b>	
OCCUPATION					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION					
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	<b>\$ 250.00</b>	
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	<b>\$20950.00</b>	



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

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

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

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

**ADJUSTMENT SCHEDULE**

**Refund of Contributions**

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

**Moving Teaneck Forward**  
**Campaign Expenses Schedule 1(D) Page 6**

<b>Date</b>	<b>Num</b>	<b>Name</b>	<b>Name Address</b>	<b>Amount</b>
<b>Campaign Expenses Sch 1 (D)</b>				
<b>Canvas</b>				
04/21/2020	903	Benjamin Schwarts	641 Cumberland Ave Teaneck NJ 07666	235.00
04/21/2020	904	Elior Dahan	576 N Forest Drive Teaneck NJ 07666	235.00
<b>Total Canvas</b>				<b>470.00</b>
<b>Square Fees</b>				
04/13/2020	debit	Square	1455 Market Street Ste 600 San Franscisco CA 94103	1.75
04/14/2020	debit	Square	1455 Market Street Ste 600 San Franscisco CA 94103	29.30
04/30/2020	debit	Square	1455 Market Street Ste 600 San Franscisco CA 94103	6.10
<b>Total Square Fees</b>				<b>37.15</b>
<b>Total Campaign Expenses Sch 1 (D)</b>				<b>507.15</b>
<b>TOTAL</b>				<b>507.15</b>

**SCHEDULE 2(D) - DISBURSEMENTS**

**Other**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
				\$	\$	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	\$	\$	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	\$ 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)			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)  GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				1. \$ _____ 2. \$ _____ (+) 3. \$ _____ ○

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

Date(s)	Creditor's Name	Address	Description	Amount
4/23/20	ROYAL PRINTING	PO BOX 1000 WNY NJ 07093	PRINTING SEE ATTACHED # 1	\$ 8210.13
4/30/20	NORTHJERSEY.COM	PO BOX 630703 CINCINNATI OHIO 45263	ADVERTISING SEE ATTACHED #2	\$2133.00
4/20/20	MV DIGITAL GROUP	DEPT # 77571 PO BOX 77000 DETROIT MI 48277	FACEBOOK ADS SEE ATTACHED # 3	\$11000.00
			TOTAL OUTSTANDING OBLIGATIONS	\$ 21343.13

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

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



P.O. Box 1000  
West New York, NJ 07093

#1

# Invoice

Date	Invoice #
4/23/2020	155799

**Bill To**  
MOVING TEANECK FORWARD

P.O. No.	Terms	Shipping Method
	Net 30	RPS

Quantity	Description	Amount
28,000	POSTCARDS MAILSHOP SERVICES & POSTAGE COMBINATION PRICE  RE: MAILING #1	7,700.00

<b>Subtotal</b>	\$7,700.00
<b>Sales Tax (6.625%)</b>	\$510.13
<b>Total Invoice Amount</b>	\$8,210.13
<b>Payments/Credits</b>	-\$8,210.13
<b>TOTAL</b>	<b>\$0.00</b>





<b>ACCOUNT NAME</b>		<b>ACCOUNT #</b>	<b>PAGE #</b>
All County Media		404114	1 of 1
<b>STATEMENT #</b>	<b>BILLING PERIOD</b>	<b>PAYMENT DUE DATE</b>	
0003392979	Jun 1- Jun 30, 2020	July 20, 2020	
<b>PREPAY (Memo Info)</b>	<b>UNAPPLIED (included in amt due)</b>	<b>TOTAL AMOUNT DUE</b>	
\$0.00	\$0.00	<b>\$2,133.00</b>	
<b>BILLING ACCOUNT NAME AND ADDRESS</b>		<b>BILLING INQUIRIES/ADDRESS CHANGES</b>	<b>FEDERAL ID</b>
All County Media 77 Hudson Street Hackensack, NJ 07601		1-877-736-7608 or local@ccc.gannett.com	47-2390983
<b>Terms and Conditions:</b> Past due accounts are subject to interest at the rate of 12% per annum or the maximum legal rate (whichever is less). Advertiser claims for a credit related to rates incorrectly invoiced or paid must be submitted in writing to Publisher within 30 days of the invoice date or the claim will be waived. Any credit towards future advertising must be used within 30 days of issuance or the credit will be forfeited. <b>All funds payable in US dollars.</b>			

00004041140000000000000033929790021330013003

Contact abgspecial@gannett.com to sign-up for the convenience of having your invoice e-mailed to you. Once signed up you can also enjoy the convenience of making online payments.

Date	Description	Amount
6/1/20	Balance Forward	\$2,133.00

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

	<b>ACCOUNT NAME</b>		<b>PAYMENT DUE DATE</b>		<b>AMOUNT PAID</b>	
	All County Media		July 20, 2020			
	<b>ACCOUNT NUMBER</b>		<b>STATEMENT NUMBER</b>			
404114		0003392979				
<b>CURRENT DUE</b>	<b>30 DAYS PAST DUE</b>	<b>60 DAYS PAST DUE</b>	<b>90 DAYS PAST DUE</b>	<b>120+ DAYS PAST DUE</b>	<b>UNAPPLIED PAYMENTS</b>	<b>TOTAL AMOUNT DUE</b>
\$0.00	\$993.00	\$1,140.00	\$0.00	\$0.00	\$0.00	<b>\$2,133.00</b>
<b>REMITTANCE ADDRESS (Include Account# &amp; Statement# on check)</b>			<b>TO PAY WITH CREDIT CARD PLEASE FILL OUT BELOW:</b>			
North Jersey Media Group P.O. Box 630703 Cincinnati, OH 45263-0703			<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX Card Number _____ Exp Date ____/____/____   CVV Code _____ Signature _____   Date _____			

00004041140000000000000033929790021330013003



**PREPAY MEMO INVOICE #3**

*THIS MEMO DOES NOT REPRESENT ALL ACTIVITY FOR THE BILLING PERIOD AND SHOULD ONLY BE USED AS AN ESTIMATE OF CHARGES TO BE BILLED WHICH WILL BE REPRESENTED ON YOUR MONTH END BILLING INVOICE.	
<b>BILLING PERIOD</b> 4/20/20 - 5/6/20	<b>ADVERTISER/CLIENT NAME</b> Moving Teaneck Forward
<b>BILLING DATE</b> 5/26/20	<b>PREPAYMENT AMOUNT DUE</b> \$11,000

<b>BILLED ACCOUNT NUMBER</b> 1000912363	<b>BILLED ACCOUNT NAME AND ADDRESS</b> Moving Teaneck Forward PO Box 3131 Teaneck, NJ 07666	<b>REMITTANCE ADDRESS</b> MV DIGITAL GROUP DEPT 77571 PO BOX 77000 DETROIT, MI 48277-0571
<b>ADVERTISER/CLIENT NUMBER</b> 1000912363		

**PLEASE RETURN ONE COPY OF THIS INVOICE WITH YOUR PAYMENT**

**BOTH ACCOUNT NUMBERS MUST BE REFERENCED TO ENSURE CORRECT PAYMENT APPLICATION**

**Customer Service Inquiries 1-800-275-9819**

**Customer Service Inquiries email: [MV-invoicesupport@MVDigitalGroup.com](mailto:MV-invoicesupport@MVDigitalGroup.com)**

DATE	BILLING ID NUMBER	PRODUCT DESCRIPTION	UNITS	NET AMOUNT
4/20/20	1858451-0001	MVD SMO Local Audience Facebook Retail - Teaneck Election	1	\$4,500.00
4/20/20	1858451-0002	MVD Online Impressions - Multisize - Retail - Teaneck Election	142.857	\$1,000.00
4/20/20	1858451-0004	MVD Audience Extension Video IP Targeting Retail - Teaneck Election	77.778	\$3,500.01
4/20/20	1858451-0005	MVD Audience Extension Display_Multisize Site Direct Retail - Teaneck Election	76.923	\$1,000.00

DATE	BILLING ID NUMBER	PRODUCT DESCRIPTION	UNITS	NET AMOUNT
5/6/20	1861163-0001	MVD SMO Local Audience Facebook Retail - extension	1	\$334.00
5/6/20	1861163-0002	MVD Online Impressions - Multisize - Retail - extension	47.571	\$333.00
5/27/20	1861163-0004	MVD Audience Extension Video IP Targeting Retail - extension	7.4	\$333.00

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

NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE <i>Type text here</i>	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.)

\$ 16151.19

**Funds Transferred from Prior Campaign**

\$ \_\_\_\_\_

**Deposits** (Include interest)

\$ 23400.00

**Disbursements** (Include bank charges)

\$ 507.15

**Closing Balance, this Report**

\$ 39044.04

CROSS RIVER BANK

MOVING TEANECK FORWARD

NAME OF BANK OR DEPOSITORY

NAME OF ACCOUNT

885 TEANECK ROAD TEANECK NJ 07666

ADDRESS OF BANK OR DEPOSITORY

GERALD T REINER JR

NAME OF TREASURER

\*TELEPHONE NUMBER (DAY)

105 BERGEN 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.

1-19-2021

DATE

MARK SCHWARTZ

PRINT FULL NAME (CANDIDATE)

  
SIGNATURE (CANDIDATE)

1-19-2021

DATE

KAREN ORGEN

PRINT FULL NAME (CANDIDATE)

  
SIGNATURE (CANDIDATE)

1-19-2021

DATE

MICHAEL PAGAN

PRINT FULL NAME (CANDIDATE)

  
SIGNATURE (CANDIDATE)

1-18-2021

DATE

GERALD T REINER JR

PRINT FULL NAME (TREASURER)

  
SIGNATURE (TREASURER)

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

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DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (TREASURER)

SIGNATURE (TREASURER)

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>		<b>REPORT (CHECK ONE):</b> <input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input checked="" type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct. 15, _____ <input type="checkbox"/> Jan. 15, _____		
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.nj.gov			ELEC Received Jul 02 2020 11:55 AM		
CANDIDATE OR COMMITTEE NAME <b>Moving Teaneck Forward</b>			<b>For State Use Only</b>  <span style="color:blue;">Elec Received</span>  <span style="color:blue;">July 02, 2020</span>		
STREET ADDRESS <b>105 Bergen Ave</b>					
CITY <b>Teaneck</b>	STATE <b>NJ</b>	ZIP CODE <b>07666</b>	<b>Amendment</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
COUNTY <b>Bergen</b>	ELECTION DISTRICT OR MUNICIPALITY <b>Teaneck</b>				
POLITICAL PARTY, IF ANY <b>Non-Partisan</b>	OFFICE SOUGHT <b>Council</b>				
ELECTION DATE <b>5-14-2020</b>	ELECTION TYPE (CHECK ONE)	<input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL	<input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT	<input type="checkbox"/> SPECIAL
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED					
<b>TABLE I. RECEIPTS</b>			<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>	
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS			\$ 6,519.01	\$ 43,932.93	
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			\$ 0	\$ 8,500.00	
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$	\$	
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]			\$	\$	
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]			\$	\$	
6. <b>SUB TOTAL</b> (ADD LINES 1 THRU 5)			\$ 6,519.01	\$ 52,432.93	
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)			\$ 0	\$ 0	
8. TOTAL CONTRIBUTIONS			\$6,519.01	\$ 52,432.93	
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)			\$ 0	\$ 0	
10. <b>TOTAL RECEIPTS</b> (ADD LINE 8 + LINE 9)			\$6,519.01	\$52,432.93	
<b>TABLE II. EXPENDITURES</b>					
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]			\$ 27,172.85	\$ \$43,642.73	
2. DISBURSEMENTS - OTHER [Schedule 2(D)]			\$	\$	
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]			\$	\$	
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]			\$	\$	
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)			\$	\$	
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)			\$	\$	
7. <b>SUB TOTAL</b> (ADD LINES 1 THRU 6)			\$ 27,172.85	\$ 43,642.73	
8. REFUNDED DISBURSEMENTS [Schedule F] (-)			\$	\$	
9. <b>TOTAL EXPENDITURES</b> (LINE 7 MINUS LINE 8)			\$ 27,172.85	\$ 43,642.73	

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

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

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

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

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

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



**ADJUSTMENT SCHEDULE**

**Refund of Contributions**

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

**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
6-29-2020	ACH	Royal Printing 435 51st Street West New York, NJ 07093	Political Mail and Comms	\$12,537.49	\$	\$
5-18-2020	1001	Parano and Associates 20 Banta Place Hackensack NJ 07601	GOTV, Polling, Opposition Research	\$10,000.00		
5-26-2020	1002 1003	All County Media 77 Hudson Street Hackensack, NJ 07601	Media Consulting	\$3602.12 \$ 503.23		
2-21-2020	ACH	Square Media	Processing Fee	\$0.01		
4-22-2020	904	Elior Dahan Address Requested Teaneck, NJ 07666	Campaign Worker	\$235.00		
4-21-2020	903	Benjamin Schwartz 641 Cumberland Teaneck NJ 07666	Campaign Worker	\$235.00		
5-15-2020	905	Benjamin Schwartz 641 Cumberland Teaneck NJ 07666	Campaign Worker	\$30.00		
7-1-2020	906	Ariel Checkik Address Requested Teaneck NJ 07666	Campaign Worker	\$30.00		
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	\$ 27,172.85	\$	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	\$ 27,172.85	\$	\$

**SCHEDULE 2(D) - DISBURSEMENTS**  
**Other**

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

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

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

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

Date(s)	Creditor's Name	Address	Description	Amount
5-30-2020	NJ Advance Media	2015 Lincoln Highway Suite 300 Edison, NJ 08817	Digital Ads	\$11,000.00
5-30-2020	North Jersey Media Group	1 Garret Mountain Plaza PO Box 471 Woodland Park, NJ 07424	Newspaper Ads	\$2,500.00
			TOTAL OUTSTANDING OBLIGATIONS	\$ 13,500.00

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

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

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

NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
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.) \$ 29,044.04

**Funds Transferred from Prior Campaign** \$ 0.00

**Deposits** (Include interest) \$ 6,519.01

**Disbursements** (Include bank charges) \$ 27,172.85

**Closing Balance, this Report** \$ 8,390.20

<u>Cross River Bank</u>	<u>Moving Teaneck Forward</u>
<small>NAME OF BANK OR DEPOSITORY</small>	<small>NAME OF ACCOUNT</small>
<u>885 Teaneck Road, Teaneck, NJ 07666</u>	
<small>ADDRESS OF BANK OR DEPOSITORY</small>	
<u>Gerald T Reiner Jr.</u>	<u>201-669-1601</u>
<small>NAME OF TREASURER</small>	<small>*TELEPHONE NUMBER (DAY)</small>
<u>105 Bergen Ave, Teaneck NJ 07666</u>	
<small>ADDRESS OF TREASURER</small>	

### CERTIFICATION

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

<u>7-2-2020</u>	<u>Mark Schwartz</u>	<u><i>Mark Schwartz</i></u>
<small>DATE</small>	<small>PRINT FULL NAME (CANDIDATE)</small>	<small>SIGNATURE (CANDIDATE)</small>
<u>7-2-2020</u>	<u>Karen Orgen</u>	<u><i>Karen Orgen</i></u>
<small>DATE</small>	<small>PRINT FULL NAME (CANDIDATE)</small>	<small>SIGNATURE (CANDIDATE)</small>
<u>7-2-2020</u>	<u>Michael Pagan</u>	<u><i>Michael Pagan</i></u>
<small>DATE</small>	<small>PRINT FULL NAME (CANDIDATE)</small>	<small>SIGNATURE (CANDIDATE)</small>
<u>7-2-2020</u>	<u>Gerald T Reiner Jr.</u>	<u><i>[Signature]</i></u>
<small>DATE</small>	<small>PRINT FULL NAME (TREASURER)</small>	<small>SIGNATURE (TREASURER)</small>

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

### DECLARATION OF FINAL REPORT

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

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

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



<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>		<b>REPORT (CHECK ONE):</b> <input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input checked="" type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> April 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct. 15, _____ <input type="checkbox"/> Jan. 15, _____		
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.nj.gov			ELEC Received Jul 03 2020 09:41 AM		
CANDIDATE OR COMMITTEE NAME <b>Moving Teaneck Forward</b>			<b>For State Use Only</b>		
STREET ADDRESS <b>105 Bergen Ave</b>					
CITY <b>Teaneck</b>	STATE <b>NJ</b>	ZIP CODE <b>07666</b>			
COUNTY <b>Bergen</b>	ELECTION DISTRICT OR MUNICIPALITY <b>Teaneck</b>				
POLITICAL PARTY, IF ANY <b>Non-Partisan</b>	OFFICE SOUGHT <b>Council</b>				
ELECTION DATE <b>5-14-2020</b>	ELECTION TYPE (CHECK ONE)	<input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL	<input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT	<input type="checkbox"/> SPECIAL
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED					
<b>TABLE I. RECEIPTS</b>			<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>	
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS			\$ 6,519.01	\$ 43,932.93	
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			\$ 0	\$ 88,500.00	
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$	\$	
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]			\$	\$	
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]			\$	\$	
6. <b>SUB TOTAL</b> (ADD LINES 1 THRU 5)			\$ 6,519.01	\$ 52,432.92	
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)			\$ 0	\$ 0	
8. TOTAL CONTRIBUTIONS			\$ 6,519.01	\$ 52,432.92	
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)			\$ 0	\$ 0	
10. <b>TOTAL RECEIPTS</b> (ADD LINE 8 + LINE 9)			\$ 6,519.01	\$ 52,432.92	
<b>TABLE II. EXPENDITURES</b>					
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]			\$ 27,172.85	\$ 43,642.7	
2. DISBURSEMENTS - OTHER [Schedule 2(D)]			\$	\$	
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]			\$	\$	
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]			\$	\$	
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)			\$	\$	
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)			\$	\$	
7. <b>SUB TOTAL</b> (ADD LINES 1 THRU 6)			\$ 27,172.85	\$ 43,642.7	
8. REFUNDED DISBURSEMENTS [Schedule F] (-)			\$	\$	
9. <b>TOTAL EXPENDITURES</b> (LINE 7 MINUS LINE 8)			\$ 27,172.85	\$ 43,642.7	



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

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

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

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

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

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

**ADJUSTMENT SCHEDULE**

**Refund of Contributions**

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

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

PAYMENT ( DATE	CHECK ( NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
<h1>SEE Attached</h1>						
7-1-2020	906	Ariel Checkik Address Re uested Teaneck NJ 07666		\$ 27,172.85	\$	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PA</b>	\$ 27,172.85	\$	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	\$ 27,172.85	\$	\$

## Schedule D1

Payment Date	Check No	Payee Name and Address	Purpose	Full Amount	Pro-Rata Amount This Reporting Entity	Pro-Rata Amount Others
7/1/2020	906	Ariel Checkik, Teaneck NJ 07666	Campaign Worker	\$30.00		
5/26/2020	1003	All County Media, 77 Hudson Street, Hackensack NJ 07601	Media design	\$503.23		
5/26/2020	1002	All County Media, 77 Hudson Street, Hackensack NJ 07601	Media Design	\$3,602.12		
5/18/2020	1001	Parano and Associates 20 Banta Place, Hackensack NJ 07601	GOTV, Opposition Research	\$10,000.00		
5/15/2020	905	Benjamin Schwartz 641 Cumberland, Teaneck NJ 07666	Campaign Worker	\$30.00		
4/28/2020	903	Benjamin Schwartz 641 Cumberland, Teaneck NJ 07666	Campaign Worker	\$235.00		
4/28/2020	904	Elior Dahan, Teaneck NJ 07666	Campaign Worker	\$235.00		
6/29/2020	ACH	Royal Printing 435 51st Street, West New York, NJ	Mail Postage and Printing	\$12,537.49		
2/21/2020	ACH	Square Marketing	Processing Fee	\$0.01		
			Total Disbursements	\$27,172.85		

**SCHEDULE 2(D) - DISBURSEMENTS**

**Other**

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

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

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



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

Date(s)	Creditor's Name	Address	Description	Amount
5- 0-2020	NJ Advance Media	2015 incoln ighwa Suite 00 dison, NJ 08817	igital Ads	\$11,000.00
5- 0-2020	North Jerse Media Grou	1 Garret Mountain Plaza PO Box 471 oodland Park, NJ 07424	News a er Ads	2,500.00
			TOTAL OUTSTANDING OBLIGATIONS	\$1 ,500.00

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

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

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

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

## STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

<b>Opening Balance, this report</b> (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero.)	\$ <u>29,044.04</u>
<b>Funds Transferred from Prior Campaign</b>	\$ <u>0.00</u>
<b>Deposits</b> (Include interest)	\$ <u>6,519.01</u>
<b>Disbursements</b> (Include bank charges)	\$ <u>27,172.85</u>
<b>Closing Balance, this Report</b>	\$ <u>8,390.20</u>
Cross River Bank	Moving Teaneck Forward
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
<u>885 Teaneck Road, Teaneck, NJ 07666</u>	
ADDRESS OF BANK OR DEPOSITORY	
Gerald T Reiner Jr.	201-669-1601
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
<u>105 Bergen Ave, Teaneck NJ 07666</u>	
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>7-2-2020</u> DATE	<u>Mark Schwartz</u> PRINT FULL NAME (CANDIDATE)	<u><i>Mark Schwartz</i></u> SIGNATURE (CANDIDATE)
<u>7-2-2020</u> DATE	<u>Karen Orgen</u> PRINT FULL NAME (CANDIDATE)	<u><i>Karen Orgen</i></u> SIGNATURE (CANDIDATE)
<u>7-2-2020</u> DATE	<u>Michael Pagan</u> PRINT FULL NAME (CANDIDATE)	<u><i>Michael Pagan</i></u> SIGNATURE (CANDIDATE)
<u>7-2-2020</u> DATE	<u>Gerald T Reiner Jr.</u> PRINT FULL NAME (TREASURER)	<u><i>[Signature]</i></u> SIGNATURE (TREASURER)

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

### DECLARATION OF FINAL REPORT

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

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

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

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>		<b>REPORT (CHECK ONE):</b> <input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input checked="" type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr. 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct. 15, _____ <input type="checkbox"/> Jan. 15, _____		
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.nj.gov			<small>ELEC Received</small> Jan 21 2021 12:58 PM		
CANDIDATE OR COMMITTEE NAME <b>MOVING TEANECK FORWARD</b>			<b>For State Use Only</b>		
STREET ADDRESS <b>105 BERGEN AVE</b>					
CITY <b>TEANECK</b>	STATE <b>NJ</b>	ZIP CODE <b>07666</b>			
COUNTY <b>BERGEN</b>	ELECTION DISTRICT OR MUNICIPALITY <b>TEANECK</b>				
POLITICAL PARTY, IF ANY <b>NON-PARTISAN</b>	OFFICE SOUGHT <b>COUNCIL</b>				
ELECTION DATE <b>MAY 12 2020</b>	ELECTION TYPE (CHECK ONE)	<input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL	<input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT	<input type="checkbox"/> SPECIAL
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED					
<b>TABLE I. RECEIPTS</b>			<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>	
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS			\$ 1150.00	\$ 5051.00	
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			\$ 4899.00	\$ 47049.00	
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$	\$	
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]			\$	\$ 4300.00	
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]			\$	\$	
6. <b>SUB TOTAL (ADD LINES 1 THRU 5)</b>			<b>6049.00</b>	<b>56400.00</b>	
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)			\$	\$	
8. TOTAL CONTRIBUTIONS			\$ 6049.00	\$ 56400.00	
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)			\$	\$	
10. <b>TOTAL RECEIPTS (ADD LINE 8 + LINE 9)</b>			<b>\$ 6049.00</b>	<b>\$ 56400.00</b>	
<b>TABLE II. EXPENDITURES</b>					
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]			\$ 29754.07	\$ 36761.03	
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)			\$	\$ 4300.00	
7. <b>SUB TOTAL (ADD LINES 1 THRU 6)</b>			<b>\$ 29754.07</b>	<b>\$ 41061.03</b>	
8. REFUNDED DISBURSEMENTS [Schedule F] (-)			\$	\$	
9. <b>TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)</b>			<b>\$ 29754.07</b>	<b>\$ 41061.03</b>	



**20 day May 1 - May 31 2020 Schedule A Page 2**

Date	Name	Address	City	Zip	Amount	Name & Employer Address	Occupation
05/07/20	George Robb	175 Varick St	New York	NY 10014	\$ 500.00	Chadwick Capital LLC 175 Varnick St NY NY 10014	Mgmt
05/07/20	Elie Weingarden	113 Carasaljo Dr	Lakewood	NJ 08701	\$ 750.00	Optimumprop LLC PO Box 447 Farmindale NJ 07727	Property Mgmt
05/07/20	Michael Moore	39 N Robert St	Sewaren	NJ 07077	\$ 750.00	Takoma Health Care LLC 210 Ocen Ave Lakewood NJ 08701	Medical
05/14/20	The Alaimo Insurance Group Inc	P.O. Box 7355	North Bergen	NJ 07047	\$ 899.00		Insurance
05/19/20	The Heritage Surgical Group	741 Teaneck Rd, Suite 5	Teaneck	NJ 07666	\$ 2,000.00		Medical
					\$ 4,899.00		

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

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

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

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

**ADJUSTMENT SCHEDULE**

**Refund of Contributions**

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



**MOVING TEANECK FORWARD Schedule 1(D)**  
**CREDIT CARD PAYMENT MOHAMED, HAMEEDUDDIN**  
799 REDMAN STREET TEANECK NJ 07666

---

<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Name Address</u>	<u>Memo</u>	<u>Amount</u>
<b>Royal</b>					
05/05/2020	debit	AMEX Payment	PO Box 650448 Dallas Texas 75265	Royal # 2	7,408.59
05/08/2020	debit	AMEX Payment	PO Box 650448 Dallas Texas 75265	Royal #1 Shedule E	8,210.13
		Total Royal			<u>15,618.72</u>
<b>TOTAL</b>					<u><u>15,618.72</u></u>

# Invoice



P.O. Box 1000  
West New York, NJ 07093

Date	Invoice #
5/1/2020	155934

Bill To  
MOVING TEANECK FORWARD

P.O. No.	Terms	Shipping Method
	Due on receipt	RPS

Quantity	Description	Amount
17,500	POSTCARDS MAIL SHOP SERVICES INCLUDED POSTAGE  RE: TEANECK MAILING #2	1,895.00  5,053.27

Subtotal	\$6,948.27
Sales Tax (6.625%)	\$460.32
Total Invoice Amount	\$7,408.59
Payments/Credits	-\$7,408.59
<b>TOTAL</b>	<b>\$0.00</b>



P.O. Box 1000  
West New York, NJ 07093

# Invoice

Date	Invoice #
4/23/2020	155799

Bill To  
MOVING TEANECK FORWARD

P.O. No.	Terms	Shipping Method
	Net 30	RPS

Quantity	Description	Amount
28,000	POSTCARDS MAILSHOP SERVICES & POSTAGE COMBINATION PRICE  RE: MAILING #1	7,700.00

Subtotal	\$7,700.00
Sales Tax (6.625%)	\$510.13
Total Invoice Amount	\$8,210.13
Payments/Credits	-\$8,210.13
<b>TOTAL</b>	<b>\$0.00</b>

**Moving Teaneck Forward**  
**Campaign Expenses Schedule 1(D) Page 6**

Date	Num	Name	Name Address	Amount
<b>Campaign Expenses Sch 1 (D)</b>				
<b>Canvas</b>				
05/04/2020	905	Benjamin Schwarts	641 Cumberland Ave Teaneck NJ 07666	30.00
Total Canvas				30.00
<b>Consulting</b>				
05/14/2020	1001	Parano & Associates	20 Banta Place Hackensack NJ 07601	10,000.00
05/14/2020	1002	All County Media	77 Hudson Street Hackensack NJ 07601	3,602.12
05/18/2020	1003	All County Media	77 Hudson Street Hackensack NJ 07601	503.23
Total Consulting				14,105.35
PAGE 2 TOTAL				14,105.35

Total Campaign Expenses Sch 1 (D)    \$29754.07

**SCHEDULE 2(D) - DISBURSEMENTS**

**Other**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
				\$	\$	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	\$	\$	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	\$ 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)			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)  GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				1. \$ 2. \$ (+) 3. \$ 0

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

Date(s)	Creditor's Name	Address	Description	Amount
4/23/20	ROYAL PRINTING	PO BOX 1000 WNY NJ 07093	PRINTING #1	\$ 0
5/1/20	ROYAL PRINTING	PAID 5/8/20 \$8210.13 PO BOX 1000 WNY NJ 07093	PRINTING #3 SEE ATTACHED #4	6918.77
4/30/20	NORTHJERSEY.COM	PO BOX 630703 CINCINNATI OHIO 45263	ADVERTISING SEE ATTACHED #2	\$2133.00
4/20/20	MV DIGITAL GROUP	DEPT # 77571 PO BOX 77000 DETROIT MI 48277	FACEBOOK ADS SEE ATTACHED # 3	\$11000.00
			TOTAL OUTSTANDING OBLIGATIONS	\$ 20051.77

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

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



<b>ACCOUNT NAME</b> All County Media		<b>ACCOUNT #</b> 404114	<b>PAGE #</b> 1 of 1
<b>STATEMENT #</b> 0003392979	<b>BILLING PERIOD</b> Jun 1- Jun 30, 2020	<b>PAYMENT DUE DATE</b> July 20, 2020	
<b>PREPAY (Memo Info)</b> \$0.00	<b>UNAPPLIED (included in amt due)</b> \$0.00	<b>TOTAL AMOUNT DUE</b> <b>\$2,133.00</b>	
<b>BILLING ACCOUNT NAME AND ADDRESS</b> All County Media 77 Hudson Street Hackensack, NJ 07601		<b>BILLING INQUIRIES/ADDRESS CHANGES</b> 1-877-736-7608 or local@ccc.gannett.com	<b>FEDERAL ID</b> 47-2390983
<b>Terms and Conditions:</b> Past due accounts are subject to interest at the rate of 12% per annum or the maximum legal rate (whichever is less). Advertiser claims for a credit related to rates incorrectly invoiced or paid must be submitted in writing to Publisher within 30 days of the invoice date or the claim will be waived. Any credit towards future advertising must be used within 30 days of issuance or the credit will be forfeited. <b>All funds payable in US dollars.</b>			

000040411400000000000000033929790021330013003

Contact abgspecial@gannett.com to sign-up for the convenience of having your invoice e-mailed to you. Once signed up you can also enjoy the convenience of making online payments.

Date	Description	Amount
6/1/20	Balance Forward	\$2,133.00

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

	<b>ACCOUNT NAME</b> All County Media		<b>PAYMENT DUE DATE</b> July 20, 2020		<b>AMOUNT PAID</b>	
	<b>ACCOUNT NUMBER</b> 404114		<b>STATEMENT NUMBER</b> 0003392979			
	<b>CURRENT DUE</b> \$0.00	<b>30 DAYS PAST DUE</b> \$993.00	<b>60 DAYS PAST DUE</b> \$1,140.00	<b>90 DAYS PAST DUE</b> \$0.00		<b>120+ DAYS PAST DUE</b> \$0.00
<b>REMITTANCE ADDRESS (Include Account# &amp; Statement# on check)</b>  North Jersey Media Group P.O. Box 630703 Cincinnati, OH 45263-0703			<b>TO PAY WITH CREDIT CARD PLEASE FILL OUT BELOW:</b>  <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX Card Number _____ Exp Date ____/____/____   CVV Code _____ Signature _____   Date _____			

000040411400000000000000033929790021330013003





**PREPAY MEMO INVOICE #3**

*THIS MEMO DOES NOT REPRESENT ALL ACTIVITY FOR THE BILLING PERIOD AND SHOULD ONLY BE USED AS AN ESTIMATE OF CHARGES TO BE BILLED WHICH WILL BE REPRESENTED ON YOUR MONTH END BILLING INVOICE.	
<b>BILLING PERIOD</b> 4/20/20 - 5/6/20	<b>ADVERTISER/CLIENT NAME</b> Moving Teaneck Forward
<b>BILLING DATE</b> 5/26/20	<b>PREPAYMENT AMOUNT DUE</b> \$11,000

<b>BILLED ACCOUNT NUMBER</b> 1000912363	<b>BILLED ACCOUNT NAME AND ADDRESS</b> Moving Teaneck Forward PO Box 3131 Teaneck, NJ 07666	<b>REMITTANCE ADDRESS</b> MV DIGITAL GROUP DEPT 77571 PO BOX 77000 DETROIT, MI 48277-0571
<b>ADVERTISER/CLIENT NUMBER</b> 1000912363		

**PLEASE RETURN ONE COPY OF THIS INVOICE WITH YOUR PAYMENT**

**BOTH ACCOUNT NUMBERS MUST BE REFERENCED TO ENSURE CORRECT PAYMENT APPLICATION**

**Customer Service Inquiries 1-800-275-9819**

**Customer Service Inquiries email: [MV-invoicesupport@MVDigitalGroup.com](mailto:MV-invoicesupport@MVDigitalGroup.com)**

DATE	BILLING ID NUMBER	PRODUCT DESCRIPTION	UNITS	NET AMOUNT
4/20/20	1858451-0001	MVD SMO Local Audience Facebook Retail - Teaneck Election	1	\$4,500.00
4/20/20	1858451-0002	MVD Online Impressions - Multisize - Retail - Teaneck Election	142.857	\$1,000.00
4/20/20	1858451-0004	MVD Audience Extension Video IP Targeting Retail - Teaneck Election	77.778	\$3,500.01
4/20/20	1858451-0005	MVD Audience Extension Display_Multisize Site Direct Retail - Teaneck Election	76.923	\$1,000.00

DATE	BILLING ID NUMBER	PRODUCT DESCRIPTION	UNITS	NET AMOUNT
5/6/20	1861163-0001	MVD SMO Local Audience Facebook Retail - extension	1	\$334.00
5/6/20	1861163-0002	MVD Online Impressions - Multisize - Retail - extension	47.571	\$333.00
5/27/20	1861163-0004	MVD Audience Extension Video IP Targeting Retail - extension	7.4	\$333.00



P.O. Box 1000  
West New York, NJ 07093

# # 4 Invoice

Date	Invoice #
5/6/2020	155999

Bill To  
MOVING TEANECK FORWARD

P.O. No.	Terms	Shipping Method
	Due on receipt	RPS

Quantity	Description	Amount
17,500	POSTCARDS MAIL SHOP SERVICES INCLUDED POSTAGE (CREDIT OF \$459.39 APPLIED - OVERPAYMENT ON POSTAGE OF MAILING #2)  RE: TEANECK MAILING #3	1,895.00  5,053.27 -459.39

Subtotal	\$6,488.88
Sales Tax (6.625%)	\$429.89
Total Invoice Amount	\$6,918.77
Payments/Credits	\$0.00
<b>TOTAL</b>	<b>\$6,918.77</b>

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

NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE <i>Type text here</i>	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$

**STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER**

<b>Opening Balance, this report</b> (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero.)	\$ <u>39044.04</u>
<b>Funds Transferred from Prior Campaign</b>	\$ _____
<b>Deposits</b> (Include interest)	\$ <u>6049.00</u>
<b>Disbursements</b> (Include bank charges)	\$ <u>29754.07</u>
<b>Closing Balance, this Report</b>	\$ <u>15338.97</u>

<u>CROSS RIVER BANK</u>	<u>MOVING TEANECK FORWARD</u>
<small>NAME OF BANK OR DEPOSITORY</small>	<small>NAME OF ACCOUNT</small>
<u>885 TEANECK ROAD TEANECK NJ 07666</u>	_____
<small>ADDRESS OF BANK OR DEPOSITORY</small>	
<u>GERALD T REINER JR</u>	_____
<small>NAME OF TREASURER</small>	<small>*TELEPHONE NUMBER (DAY)</small>
<u>105 BERGEN AVE TEANECK NJ 07666</u>	_____
<small>ADDRESS OF TREASURER</small>	

**CERTIFICATION**

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

<u>1-19-2021</u>	<u>MARK SCHWARTZ</u>	
<small>DATE</small>	<small>PRINT FULL NAME (CANDIDATE)</small>	<i>Mark Schwartz</i> <small>SIGNATURE (CANDIDATE)</small>
<u>1-19-2021</u>	<u>KAREN ORGEN</u>	
<small>DATE</small>	<small>PRINT FULL NAME (CANDIDATE)</small>	<i>Karen Orgen</i> <small>SIGNATURE (CANDIDATE)</small>
<u>1-19-2021</u>	<u>MICHAEL PAGAN</u>	
<small>DATE</small>	<small>PRINT FULL NAME (CANDIDATE)</small>	<i>Michael Pagan</i> <small>SIGNATURE (CANDIDATE)</small>
<u>1-18-2021</u>	<u>GERALD T REINER JR</u>	
<small>DATE</small>	<small>PRINT FULL NAME (TREASURER)</small>	<i>Gerald T Reiner Jr</i> <small>SIGNATURE (TREASURER)</small>

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

**DECLARATION OF FINAL REPORT**

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

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

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

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>		<b>REPORT (CHECK ONE):</b> <input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> April 15, _____ <input type="checkbox"/> July 15, _____ <input checked="" type="checkbox"/> Oct. 15, <u>2020</u> <input type="checkbox"/> Jan. 15, _____		
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.nj.gov			<small>ELEC Received</small> Jan 21 2021 01:00 PM		
CANDIDATE OR COMMITTEE NAME <b>MOVING TEANECK FORWARD</b>			<b>For State Use Only</b>		
STREET ADDRESS <b>105 BERGEN AVE</b>					
CITY <b>TEANECK</b>	STATE <b>NJ</b>	ZIP CODE <b>07666</b>			
COUNTY <b>BERGEN</b>	ELECTION DISTRICT OR MUNICIPALITY <b>TEANECK</b>				
POLITICAL PARTY, IF ANY <b>NON-PARTISAN</b>	OFFICE SOUGHT <b>COUNCIL</b>				
ELECTION DATE <b>MAY 12 2020</b>	ELECTION TYPE (CHECK ONE)	<input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL	<input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT	<input type="checkbox"/> SPECIAL
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED					
<b>TABLE I. RECEIPTS</b>			<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>	
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS			\$ 1000.00	\$ 6051.00	
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			\$ 4350.00	\$ 51399.00	
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$	\$	
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]			\$	\$ 4300.00	
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]			\$	\$	
6. <b>SUB TOTAL</b> (ADD LINES 1 THRU 5)			<b>5350.00</b>	<b>61750.00</b>	
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)			\$	\$	
8. TOTAL CONTRIBUTIONS			\$ 5350.00	\$ 61750.00	
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)			\$	\$	
10. <b>TOTAL RECEIPTS</b> (ADD LINE 8 + LINE 9)			<b>\$ 5350.00</b>	<b>\$ 61750.00</b>	
<b>TABLE II. EXPENDITURES</b>					
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]			\$ 20359.27	\$ 57120.30	
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)			\$	\$ 4300.00	
7. <b>SUB TOTAL</b> (ADD LINES 1 THRU 6)			<b>\$ 20359.27</b>	<b>\$ 61420.30</b>	
8. REFUNDED DISBURSEMENTS [Schedule F] (-)			\$	\$	
9. <b>TOTAL EXPENDITURES</b> (LINE 7 MINUS LINE 8)			<b>\$ 20359.27</b>	<b>\$ 61420.30</b>	

**June 1 through Sept 30 2020 Schedule A Page 2**

Date	Name	Address	City	State & Zip	Amount	Employer Name & Address	Occupation
09/18/20	Emanuel Klein	Cranford Place	Teaneck	NJ 07666	\$ 2,600.00	The Fountain Group LLC, 492-C Cedar Lane Suite 310 Teaneck, NJ 07666	Developer
07/07/20	Giovanni Maramonte	98 Adams St. Apt 2	Hoboken	NJ 07030	\$ 900.00	GCM Homes 98 Adams St Apt 2 Hoboken NJ 07030	Realtor
07/07/20	V.N. Poondi	7 Deerwood Ave	Edison	NJ 08817	\$ 900.00		retired
07/07/20	Edward W Cilick	646 Quackerbush Ave	Wyckoff	NJ 07481	\$ 350.00	Cillick and Smith Esq Ct Plaza N Main Street Hackensack NJ 07601	Attorney
					\$ 4,750.00		

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

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

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

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



**ADJUSTMENT SCHEDULE**

**Refund of Contributions**

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

Moving Teaneck Forward  
Campaign Expenses Schedule 1(D) Page 6

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<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Name Address</u>	<u>Amount</u>
<b>Campaign Expenses Sch 1 (D)</b>				
<b>Canvas</b>				
07/01/2020	906	Ariel Checkik	1096 Queen Anne Rd Teaneck NJ 07666	30.00
09/26/2020	1004	David Spielman	349 Englewood Ave Teaneck NJ 07666	277.50
			<b>Total Canvas</b>	<b>307.50</b>

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**Moving Teaneck Forward**  
**Credit Card Expenses Paid by**

Accrual Basis

Mohamed, Hameeduddin 799 Redman St Teaneck NJ 07666

Date	Num	Name	Name Address	Amount
<b>Credit Card Expense</b>				
<b>MV Digital</b>				
09/09/2020	debit	AMEX Payment	PO Box 650448 Dallas Texas 75265	6,000.00
09/22/2020	debit	Chase	201 N Walnut Street Wilmington DEC 19801	5,000.00
Total MV Digital				11,000.00
<b>North Jersey Media</b>				
07/14/2020	debit	AMEX Payment	PO Box 650448 Dallas Texas 75265	2,133.00
Total North Jersey Media				2,133.00
<b>Royal</b>				
06/29/2020	debit	AMEX Payment	PO Box 650448 Dallas Texas 75265	6,918.77
Total Credit Card Expense				20,051.77

**TOTAL SCHEDULE**      **\$20359.27**  
**1 (D) ALL PAGES**



**PREPAY MEMO INVOICE #3**

*THIS MEMO DOES NOT REPRESENT ALL ACTIVITY FOR THE BILLING PERIOD AND SHOULD ONLY BE USED AS AN ESTIMATE OF CHARGES TO BE BILLED WHICH WILL BE REPRESENTED ON YOUR MONTH END BILLING INVOICE.	
<b>BILLING PERIOD</b> 4/20/20 - 5/6/20	<b>ADVERTISER/CLIENT NAME</b> Moving Teaneck Forward
<b>BILLING DATE</b> 5/26/20	<b>PREPAYMENT AMOUNT DUE</b> \$11,000

<b>BILLED ACCOUNT NUMBER</b> 1000912363	<b>BILLED ACCOUNT NAME AND ADDRESS</b> Moving Teaneck Forward PO Box 3131 Teaneck, NJ 07666	<b>REMITTANCE ADDRESS</b> MV DIGITAL GROUP DEPT 77571 PO BOX 77000 DETROIT, MI 48277-0571
<b>ADVERTISER/CLIENT NUMBER</b> 1000912363		

**PLEASE RETURN ONE COPY OF THIS INVOICE WITH YOUR PAYMENT**

**BOTH ACCOUNT NUMBERS MUST BE REFERENCED TO ENSURE CORRECT PAYMENT APPLICATION**

**Customer Service Inquiries 1-800-275-9819**

**Customer Service Inquiries email: [MV-invoicesupport@MVDigitalGroup.com](mailto:MV-invoicesupport@MVDigitalGroup.com)**

DATE	BILLING ID NUMBER	PRODUCT DESCRIPTION	UNITS	NET AMOUNT
4/20/20	1858451-0001	MVD SMO Local Audience Facebook Retail - Teaneck Election	1	\$4,500.00
4/20/20	1858451-0002	MVD Online Impressions - Multisize - Retail - Teaneck Election	142.857	\$1,000.00
4/20/20	1858451-0004	MVD Audience Extension Video IP Targeting Retail - Teaneck Election	77.778	\$3,500.01
4/20/20	1858451-0005	MVD Audience Extension Display_Multisize Site Direct Retail - Teaneck Election	76.923	\$1,000.00

DATE	BILLING ID NUMBER	PRODUCT DESCRIPTION	UNITS	NET AMOUNT
5/6/20	1861163-0001	MVD SMO Local Audience Facebook Retail - extension	1	\$334.00
5/6/20	1861163-0002	MVD Online Impressions - Multisize - Retail - extension	47.571	\$333.00
5/27/20	1861163-0004	MVD Audience Extension Video IP Targeting Retail - extension	7.4	\$333.00



ACCOUNT NAME All County Media		ACCOUNT # 404114	PAGE # 1 of 1
STATEMENT # 0003392979	BILLING PERIOD Jun 1- Jun 30, 2020	PAYMENT DUE DATE July 20, 2020	
PREPAY (Memo Info) \$0.00	UNAPPLIED (included in amt due) \$0.00	TOTAL AMOUNT DUE <b>\$2,133.00</b>	
BILLING ACCOUNT NAME AND ADDRESS  All County Media 77 Hudson Street Hackensack, NJ 07601		BILLING INQUIRIES/ADDRESS CHANGES 1-877-736-7608 or local@ccc.gannett.com	FEDERAL ID 47-2390983
<p><b>Terms and Conditions:</b> Past due accounts are subject to interest at the rate of 12% per annum or the maximum legal rate (whichever is less). Advertiser claims for a credit related to rates incorrectly invoiced or paid must be submitted in writing to Publisher within 30 days of the invoice date or the claim will be waived. Any credit towards future advertising must be used within 30 days of issuance or the credit will be forfeited. <b>All funds payable in US dollars.</b></p>			

00004041140000000000000033929790021330013003

Contact [abgspecial@gannett.com](mailto:abgspecial@gannett.com) to sign-up for the convenience of having your invoice e-mailed to you. Once signed up you can also enjoy the convenience of making online payments.

Date	Description	Amount
6/1/20	Balance Forward	\$2,133.00

**PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT**

		ACCOUNT NAME All County Media	PAYMENT DUE DATE July 20, 2020	AMOUNT PAID		
		ACCOUNT NUMBER 404114	STATEMENT NUMBER 0003392979			
CURRENT DUE	30 DAYS PAST DUE	60 DAYS PAST DUE	90 DAYS PAST DUE	120+ DAYS PAST DUE	UNAPPLIED PAYMENTS	TOTAL AMOUNT DUE
\$0.00	\$993.00	\$1,140.00	\$0.00	\$0.00	\$0.00	<b>\$2,133.00</b>
REMITTANCE ADDRESS (Include Account# & Statement# on check)  North Jersey Media Group P.O. Box 630703 Cincinnati, OH 45263-0703			TO PAY WITH CREDIT CARD PLEASE FILL OUT BELOW:  <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX  Card Number _____ Exp Date ____/____/____    CVV Code _____ Signature _____    Date _____			

00004041140000000000000033929790021330013003



P.O. Box 1000  
West New York, NJ 07093

# Invoice

Date	Invoice #
5/6/2020	155999

**Bill To**  
MOVING TEANECK FORWARD

P.O. No.	Terms	Shipping Method
	Due on receipt	RPS

Quantity	Description	Amount
17,500	POSTCARDS MAIL SHOP SERVICES INCLUDED POSTAGE (CREDIT OF \$459.39 APPLIED - OVERPAYMENT ON POSTAGE OF MAILING #2)  RE: TEANECK MAILING #3	1,895.00  5,053.27 -459.39

<b>Subtotal</b>	\$6,488.88
<b>Sales Tax (6.625%)</b>	\$429.89
<b>Total Invoice Amount</b>	\$6,918.77
<b>Payments/Credits</b>	\$0.00
<b>TOTAL</b>	<b>\$6,918.77</b>

**SCHEDULE 2(D) - DISBURSEMENTS**

**Other**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
				\$	\$	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	\$	\$	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	\$ 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)			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)  GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				1. \$ _____  2. \$ _____ (+)  3. \$ _____ ○



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

Date(s)	Creditor's Name	Address	Description	Amount
5/1/20	ROYAL PRINTING PAID 6/29/20	PO BOX 1000 WNY NJ 07093	PRINTING #3	\$
4/30/20	NORTHJERSEY.COM PAID 7/14/20	PO BOX 630703 CINCINNATI OHIO 45263	ADVERTISING	
4/20/20	MV DIGITAL GROUP PAID 9/ 9/20 \$6000.00 PAID 9/22/20 \$5000.00	DEPT # 77571 PO BOX 77000 DETROIT MI 48277	FACEBOOK ADS	
ALL DEBTS PAID			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**

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.)

\$ 15338.97

**Funds Transferred from Prior Campaign**

\$ \_\_\_\_\_

**Deposits** (Include interest)

\$ 5350.00

**Disbursements** (Include bank charges)

\$ 20359.27

**Closing Balance, this Report**

\$ 329.70

CROSS RIVER BANK

MOVING TEANECK FORWARD

NAME OF BANK OR DEPOSITORY

NAME OF ACCOUNT

885 TEANECK ROAD TEANECK NJ 07666

ADDRESS OF BANK OR DEPOSITORY

GERALD T REINER JR

NAME OF TREASURER

\*TELEPHONE NUMBER (DAY)

105 BERGEN 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.

1-19-2021

DATE

MARK SCHWARTZ

PRINT FULL NAME (CANDIDATE)

*Mark Schwartz*  
SIGNATURE (CANDIDATE)

1-19-2021

DATE

KAREN ORGEN

PRINT FULL NAME (CANDIDATE)

*Karen Orgen*  
SIGNATURE (CANDIDATE)

1-19-2021

DATE

MICHAEL PAGAN

PRINT FULL NAME (CANDIDATE)

*Michael Pagan*  
SIGNATURE (CANDIDATE)

1/18/2021

DATE

GERALD T REINER JR

PRINT FULL NAME (TREASURER)

*[Signature]*  
SIGNATURE (TREASURER)

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

### DECLARATION OF FINAL REPORT

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

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

\_\_\_\_\_  
DATE

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

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

\_\_\_\_\_  
DATE

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

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

\_\_\_\_\_  
DATE

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

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT FULL NAME (TREASURER)

\_\_\_\_\_  
SIGNATURE (TREASURER)

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>		<b>REPORT (CHECK ONE):</b> <input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> April 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct. 15, _____ <input checked="" type="checkbox"/> Jan. 15, <u>2021</u>	
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.nj.gov			ELEC Received Jan 21 2021 01:03 PM	
CANDIDATE OR COMMITTEE NAME <b>MOVING TEANECK FORWARD</b>			<b>For State Use Only</b>	
STREET ADDRESS <b>105 BERGEN AVE</b>				
CITY <b>TEANECK</b>	STATE <b>NJ</b>	ZIP CODE <b>07666</b>		
COUNTY <b>BERGEN</b>	ELECTION DISTRICT OR MUNICIPALITY <b>TEANECK</b>			
POLITICAL PARTY, IF ANY <b>NON-PARTISAN</b>		OFFICE SOUGHT <b>COUNCIL</b>		
ELECTION DATE <b>MAY 12 2020</b>	ELECTION TYPE (CHECK ONE)	<input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL	<input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED				
<b>TABLE I. RECEIPTS</b>			<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS			\$	\$ 6051.00
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			\$	\$ 51399.00
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$	\$
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]			\$	\$ 4300.00
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]			\$	\$
6. <b>SUB TOTAL (ADD LINES 1 THRU 5)</b>			\$ 0	\$ 61750.00
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)			\$	\$
8. TOTAL CONTRIBUTIONS			\$ 0	\$ 61750.00
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)			\$	\$
10. <b>TOTAL RECEIPTS (ADD LINE 8 + LINE 9)</b>			\$ 0	\$ 61750.00
<b>TABLE II. EXPENDITURES</b>				
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]			\$	\$57120.30
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)			\$	\$ 4300.00
7. <b>SUB TOTAL (ADD LINES 1 THRU 6)</b>			\$ 0	\$ 61420.30
8. REFUNDED DISBURSEMENTS [Schedule F] (-)			\$	\$
9. <b>TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)</b>			\$ 0	\$ 61420.30

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

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

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

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

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

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

**ADJUSTMENT SCHEDULE**

**Refund of Contributions**

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



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

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
				\$	\$	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	\$	\$	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	\$ 0	\$	\$

**SCHEDULE 2(D) - DISBURSEMENTS**

**Other**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
				\$	\$	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	\$	\$	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	\$ 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)			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)  GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				1. \$ _____  2. \$ _____ (+)  3. \$ _____ 0

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

Date(s)	Creditor's Name	Address	Description	Amount
12/31/20	KIM SZEZORAK	140 BRIDGE STREET HONESDALE PA 18431	NJ ELECT AUDIT	\$ 1500.00
			TOTAL OUTSTANDING OBLIGATIONS	\$ 1500.00

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

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

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

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

## STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

**Opening Balance, this report**

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

\$ 329.70

**Funds Transferred from Prior Campaign**

\$ \_\_\_\_\_

**Deposits** (Include interest)

\$ \_\_\_\_\_

**Disbursements** (Include bank charges)

\$ \_\_\_\_\_

**Closing Balance, this Report**

\$ 329.70

CROSS RIVER BANK

MOVING TEANECK FORWARD

NAME OF BANK OR DEPOSITORY

NAME OF ACCOUNT

885 TEANECK ROAD TEANECK NJ 07666

ADDRESS OF BANK OR DEPOSITORY

GERALD T REINER JR

NAME OF TREASURER

\*TELEPHONE NUMBER (DAY)

105 BERGEN 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.

1-19-2021  
DATE

MARK SCHWARTZ  
PRINT FULL NAME (CANDIDATE)

*Mark Schwartz*  
SIGNATURE (CANDIDATE)

1-19-2021  
DATE

KAREN ORGEN  
PRINT FULL NAME (CANDIDATE)

*Karen Orgen*  
SIGNATURE (CANDIDATE)

1-19-2021  
DATE

MICHAEL PAGAN  
PRINT FULL NAME (CANDIDATE)

*Michael Pagan*  
SIGNATURE (CANDIDATE)

1-18-2021  
DATE

GERALD T REINER JR  
PRINT FULL NAME (TREASURER)

*[Signature]*  
SIGNATURE (TREASURER)

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

### DECLARATION OF FINAL REPORT

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

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

\_\_\_\_\_  
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)