CONTINUING POLITICAL COMMITTEE - REGISTRATION STATEMENT AND
DESIGNATION OF ORGANIZATIONAL DEPOSITORY
New Jersey Election Law Enforcement Commission

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FORM D-4

Page 1 of 5

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ΡO	Box 185	, Trenton, NJ	08625-0185	- (609) 292-8700 or	Toll Free With	hin NJ 1-888-313-	ELEC (3532)
We	b site http	//www.elec	state nj us/	• •			

PLEASE TYPE OR PRINT			
COMMITTEE NAME REAL TEANECK DEM IDENTIFYING TITLE OR ACRONYM, IF ANY	IOCRATS		FOR STATE USE ONLY
ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE) PO BOX 3178			
TEANECK, NJ 0766	56		ELEC RECEIVED
*(AREA) DAY TELEPHONE	*(AREA) EVENING TELEPH	ONE	APR 07 2008
COUNTY BERGEN	MUNICIPALITY TEANECK		
IDENTIFICATION NUMBER	POLITICAL PARTY, IF ANY DEMOCRAT		
TYPE OF FILING	Additional Depos     Deputy Treasurer	•	FOR STATE USE ONLY Acronym Approvai Yes No
1. CHAIRPERSON			
NAME EMIL (YITZ) STERN			
MAILING ADDRESS PO BOX 3178			
CITY TEANECK	STATE NJ	ZIP CODE 07666	
*(AREA) DAY TELEPHONE *(AREA) EVEN	VING TELEPHONE	OCCUPATION Program A	Malyst
EMPLOYER NAME AND ADDRESS COUNTY OF BERGEN, One Bergen	County Plaza,	Hackensack,	NJ 07601
2. TREASURER			
NAME MARK SCHWARTZ			

MARK SCHWARTZ		
MAILING ADDRESS 641 Cumberland		
спу Teaneck	STATE NJ	ZIP CODE 07666
RESIDENT ADDRESS, IF DIFFERENT FROM MA	AILING ADDRESS	
СПТҮ	STATE	ZIP CODE
*(AREA) DAY TELEPHONE	*(AREA) EVENING TELEPHONE	occupation Manager
EMPLOYER NAME AND ADDRESS NEW YORK WATER MANAGI	EMENT, 641 Cumberland	d Ave., Teaneck, NJ 07666
<b>3. DEPOSITORY INFORMATION</b>		
NAME OF BANK OR DEPOSITORY LAKELAND BANK		
MAILING ADDRESS 417 Cedar Lane		
Teaneck	STATE NJ	ZIP 07666

(AREA) DAY TELEPHONE 201-836-8300

ACCOUNT NAME REAL TEANECK DEMOCRATS 625405113

New Jersey Election Law Enforcement Commission, January, 2005

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

STATE	ZIP CODE
	ACCOUNT NUMBER
one number(s) of any	<pre>person(s) authorized to sign</pre>
<u></u>	
STATE NJ	ZIP CODE 07666
•(AREA) EVENING	
<u></u>	
STATENJ	ZTP CODE 07666
*(AREA) EVENING	
,	
STATE	ZIP CODE
*(AREA) EVENING	TELEPHONE
on: (CHECK ONE)	
IDEOLOGICA	
CIVIC ASSOC	TIATION SUPPORT
TRADE ASSO	CIATION OPPOSE
	T COMMITTEE IN SUPPORT OF, OR OPPOSITION TO,
A CANDIDAT.	E OR OFFICEHOLDER
olitical committee.	airperson) or entities having direct or indirect (This includes, but is not limited to persons in cits funds or makes contributions) none
	Mailing Address
	City
	Sta te, Zı p
	Employer Name
	Employer Mailing Address
	one number(s) of any STATE NJ *(AREA) EVENING STATE NJ *(AREA) EVENING STATE *(AREA) EVENING On: (CHECK ONE) IDEOLOGICA CIVIC ASSOC TRADE ASSO INDEPENDEN A CANDIDAT sons (o ther than ch

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ued)	
Name of Person or Entity	Mailing Address
-	City
-	State, Zip
Occ up atton	Employer Name
-	Employer Mailing Address
-	City, State, Zip
······································	
names/mailing addresses of the persons or er gh an agent, participated in the initial organiz	ntities not already listed in question #6 who, directly
gu an agent, participateu in the initiat of gamz	no
Name of Person or Entity	Mailwa Addreas
Name of Person of Entity	Mailing Address
-	City
_	
	State, Zip
Occupation	Employer Name
_	
	Employer Mailing Address
	City, State, Zip
Name of Person or Entity	Mailing Address
Name of Person or Entity	Mailing Address
Name of Person or Entity	Mailing Address City
Name of Person or Entity	
Name of Person or Entity	City
Name of Person or Entity	City
_	City State, Zip Employer Name
_	City State, Zip

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8	Describe the economic, political or other particular interests and objectives to be advanced by the continuing political committee							
	To foster and promote the traditional democratic values to which							
	Teaneck has always aspired. To support candidates for office who							
	have a similar vision.							
9 NAN	L ist the name and resident address of a New Jerseyr esident who has been designated by the continuing political committee to accept service of legal process							
	AE EMIL (YITZ) STERN IDENT ADDRESS 309 Edgewood Avenue							
CITY								
	Teaneck NJ ZIFCODE 07666							
10	10 Has any Ne w Jersey c and ate (other than a feder al c and date) established, author ized the establishment of, maintained or participated directly or indirectly in the management or control of this continuing political committee, or will any New Jersey candidate do so in the future?							
	YESNO							
11	What is the total amount of money this continuing political committee estimates it will raise (Please estimate to the best of your ability)							
	1,000. This calendar year? \$							
	This calendar year? \$1,000.         Ne xt cal end arye ar? \$1,000.							
12	How much of the total amount of money raised is expected to be spent for New Jersey election-related activity during (Please estimate to the best of your ability)							
	This calendar year? $1,000$ .							
	This calendar year? $1,000$ . Ne xt cal end ar ye ar? $1,000$ .							
13	What percentage of the total amount of money raised will be used for New Jersey election-related activity during (Please estimate to the best of your ability)							
	100 This calendar year?%							
	Next calendar year?%							
14	Is making contributions to New Jersey candidates or committees, or otherwise engaging in New Jersey election-related activity expected to be a major purpose of this continuing political committee?							
	YES NO							

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FORM D-4 Page 4 of 5

15 Besides en committee	gaging in election-related activity, what other types of expenditures will be made by this continuing political undetermined
16 Will this co	ontinuing political committee solicit any of its funds from the public for New Jersey election-related activity
	Inside New Jersey
	outside New Jersey
	*both inside and outside New Jersey
₹ If "both,	" what percentage of the funds are expected to be raised outside New Jersey?
	<u> </u>
17 Wall this or	ontinuing political committee solicit contributions with the stated or principal purpose of making contributions
to New Jer	sey candidates or committees?
	YESNO
	YES NO
I	
18 Does this of	ontinuing political committee file with the Federal Election Commission?
	YESNO
	125
	TREASURER/CHAIRPERSON CERTIFICATION
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I a serie de sta	
	It the statements on this document are true and correct. I further certify that no candidate has established, authorized himent of, maintained or participated directly or indirectly in the management or control of the continuing political
	and no candidate shall be permitted to do so during the existence of the continuing political committee I am aware
that if any o	of the statements are willfully false, I am subject to punishment
.110	
4/2/08	MARK SCHWARTZ / ()
Date	Print Full Name (Treasurer) Signatur e (Tr easurer)
11	6.001
4/2/08	EMIL (YITZ) STERN
Date	Print Full Name (Chairperson) Signature (Chairperson)
Dait	This fun fund (Champerson) Signature (Champerson)
	FORM D Page 5 of

		FORM A-3			
	COMMITTEE – SWORN STATEMENT To be used only by a continuing political committee, political party committee,				
A Commission     A	FOR STATE USE ONLY				
(609) 292-8700 or Toll Free Withi Web site http://www	ELEC RECEIVED				
PLEASE TYPE OR PRINT		MAY 222008			
Full Committee Name, Address (Number & Street, City, State,	, Zıp Code)				
REAL TEANECK DEMOCRATS POB 3178		Calendar Year Period Jan 1 <sup>st</sup> to Dec 31 <sup>st</sup> , 200 <u>8</u>			
Teaneck, NJ 07666		First/Report Filed?			
Committee Type (CHECKONE) Continuing Political Dol	itical Party 🔲 Legislative Leadership	Yes No			
ELEC Identification Number	"X" If address is different from	Amendment?			
J 0260 0001 11 02008	address previously reported	Yes 🗹 No			
Committee Chairperso	n and Treasurer Certification	-			
I, the undersigned, do hereby certify as follows The total amount to be expended by this committee shall be zi year period indicated above. I have read the additional filing info true 1 am aware that if any of the statements are willfully false, 5/9/08	ormation on this form I sertify that my sta	ed \$4,300 during the calendar atoments on this document are			
DATE	COMMITTEE CHAIRPERSON SIGNATURE				
*DAYTELEPHONE	EMIL STERN PRINT COMMITTEE CHAIRPERSON'S NA POB 3178	ME			
'EVENING TELEPHONE	ADDRESS Teaneck, NJ 0766	6			
5/9/08	CITY, STATE ZIN				
DATE	COMMITTEE TREASURER SIGNATURE MARK SCHWARTZ				
DAYTELEPHONE	FRINT COMMITTEE TREASURER'S NAMI 641 Cumberland	E			
*EVENING TELEPHONE	6				
	CITY STATE ZIP				
Additional	Filing Information				
In the event the total expended by this committee, in the aggreg is required to file a "Receipts and Expenditures Quarterly Rep such reports shall include all activity dating back to January 1 <sup>3</sup> October 15, and January 15	port," Form R-3, on each subsequent qu	uarterly filing date The first of			
If contributions from any one source during the calendar year a contributions in any amount, the committee is required to report Information," Form C-3, on the next quarterly reporting date N of \$200	ort the contributions to the Commission	on "Supplemental Contributor			
If the committee receives a contribution in excess of \$1,000 in the aggregate from any one source during the period between the closing date of the last quarterly report through the date of an election in which the committee is contributing or otherwise participating, the committee is required to notify the Commission in writing within 48 hours of the receipt of the contribution. It is permissible for a committee to file a cumulative report on the 11 <sup>TH</sup> day prior to an election of contributions in excess of \$1,000 received up to the 13 <sup>TH</sup> day before an election. Thereafter, each contribution in excess of \$1,000 must be reported within 48 hours of receipt. Please use the Form C-3, "Supplemental Contributor Information."					
If the committee makes, incurs, or authorizes an expenditure of from April 1 up to and including the day of any primary election including the day of any general election in which the committee in writing within 48 hours. It is permissible for a committee to f election of expenditures made, incurred, or authorized in exce expenditure in excess of \$1,000 must be reported within 48 hour	n in which the committee is participating ee is participating, the committee is requ file a cumulative report on the 11 <sup>™</sup> day ess of \$1,000 up to the 13 <sup>™</sup> day before	g, or from October 1 up to and urred to notify the Commission prior to the primary or general the election, thereafter, each			
New Jensey Election Law Enforcement Commission *Leave this field blank if your telephone number is unlisted. Pursuant to <u>N.J.S.A.</u> 47 1A-1 :	1 an unlisted telephone number is not a public record an	Form A-3 Rewsed, 01/05/2007 d must not be provided on this form			

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SUPPLEMENTAL CONTRIBUTOR INFORMATION							FORM C-3
A P C Box 185, Trenton, NJ 08625-0185							R STATE USE ONLY
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site http://www.elec.state.nj.us/							eg received
CONTRIBUTIONS REI	PORTTYPE				<u></u>	1	AY 27 2008
Committee filing ":	Sworn Stateme m one source,	ent," Form A-3, and or currency (cash	1) contrib	utions in any amoun	t		
Committee receiving the closing date of is contributing or	the last quarte	erly report through	the date	of an election in which		Amer	idment? /es I No
REPORTQUARTER					ELEC Identifi		
	JULY 15	OCTOBER 15		JANUARY 15	J 0260 (	001	11 Q2008
SECTIONI PLEASET				"X" If address is d	ifferent from add	ress pr	eviously reported
Full Committee Name, A REAL TEANECK POB 3178 Teaneck, NJ	K DEMOCRAT		ity, State,	, Ζιρ Code)			
SECTION II CONTRIE	BUTION INFO	RMATION (Rece	eipt Type	es A = Currency or	Check, B=In-Ki	nd, C =	=Loan)
Full Name, Address (Nu					Date(s) Rece		Amount(s) Received
BIRDSALL SERV		P, INC.					This Period
2100 Old Mill Sea Girt, NJ					5/19/08		\$ 7800.
Receipt Type	Description,	if In-Kind Contribu	ution		Aggregate Ye Ş 7800	ar to D	ate
Occupation (If Individual	l) —	Employer Name,	Address	(If Individual)	<u></u>		·····
Full Name, Address (Nu	mber and Stre	iet, City, State, Zip	p Code)		Date(s) Rece	ived	Amount(s) Received This Period
Receipt Type	Description,	If In-Kind Contribu	ution		Aggregate Ye	ar to Da	ate
Occupation (If Individual	))	Employer Name,	Address	(If Individual)			
Full Name, Address (Nu	mber and Stre	et, City, State, Zip	Code)		Date(s) Recei	ved	Amount(s) Received This Period
Receipt Type	Description,	if In-Kind Contribu	ution		Aggregate Yea	ar to Da	ate
Occupation (If Individual	)	Employer Name,	Address	(If Individual)			
						7800.	
		-	T	OTAL, THIS PAGE	\$	7800.	
(COMPLETE THIS LINE	FURLASTPA	GEUSED)		GRANDTOTAL	\$	1	
Treasurer Signature	······	X			Date	5/1	
New Jersey Election Law Enforcement Co	สามากเรรเอก	—— <i>U</i> ——			_ <u></u>		Form C 3 Revised 12/19/07

N JERS	SUP	PLEN	ENTAL EXPE	NDITURE	INF	ORM		F	FORM E-3
the Det				-		TATEUSEONLY			
NEWJERSEY ELECTION LAW ENFORCEMENT COMMISSION P O Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site http://www.elec.state.nj.us/								EC RFCE	IAED
									) 2008
Filing Period (C				<b>D</b> - 1				Amendm	ient?
			the Primary Election the General Electron					🗌 Yes	D No
			er and Street, City,		e)				
POB 31	EANECK DEMO 78 k, NJ 07666		3						
*(Area) Day Te	ephone		*(Area) Evening T	Telephone			ELEC Identifica	tion Numb	er
· · · · · · · · · · · · · · · · · · ·							J 0260 000	DI 11 Q	2008
				TURE INFOR					
Payment Date 5/28/08	Check No 1803	Purp C	ose Onsulting			iount In \$200	curred/Not Paid		Disbursed 2000.
Full Name of Pa A. LALU	ČES							I	
Full Mailing Ad 477 Cla	dress rk Pl., Un	nion	, NJ						
			)/Committee(s)(Ide						
Candidate/Com	mittee Full Nam	e		Election Dat	e	Electio	on District or Mur	ncipality	Prorated Amount
Payment Date	Chock No	Purp			Am	ount la	curred/Not Paid	Amount	Disburged
		Fulp						Amount	
Full Name of Pa	ayee								
Full Mailing Add	dress								
Expenditures o	n Behalf of Cand	idate(s	)/Committee(s) (Ide	entify Recipiei	nt)				
Candidate/Com	Candidate/Committee Full Name					Electio	on District or Mur	ncipality	Prorated Amount
	ISLINEFOREV			TOTAL, TI			•	2000.	E
	IS LINE FOR LA		,	GRAN			\$	2000.	
Treasurer Signa	ature		7				Date 5/2	29/08	
New Jersey Election Law En Leave this field blank if y	forcement Commission Jan	uary 2005 sunlisted	Pursuant to N J.S.A. 47 1A	1 1 an unlisted tele;	ohonei	numberis	nol a public record and i	nust not be pro	FormE 3Revised12/19/07 ovided on this form

RECEIPTS AND EXPEND NEW JERSEY ELECTION LAW ENFORC P O Box 185, Trenton, NJ 08625-0185 (609)292-8700or Toll Free Within NJ 1-888-31 Web site http://www.elec.state.nj.us/ COMMITTEE NAME OR APPROVED A	FOR STATE USE ONLY	
REAL TEANECK DEMO	JUL 2 1 2008	
ADDRESS (number and street) PO BOX 3178	CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED	"UL 2 1 2008
CITY, STATE and ZIP CODE		ELEC IDENTIFICATION NUMBER
TEANECK, NJ 07666		J 0260 0001 11 Q2008
сомміттее туре	CHECK IF	REPORT QUARTER
CPC PPC LLC	AMENDMENT	$\begin{array}{c c c c c c c c c c c c c c c c c c c $

Do not attempt to complete the "Depository Information" or the "Net Financial Sum mary" until the appropriate schedules have been completed.

DEPOSITORY INFORMATION			COLUMN A	COLUMN B
PERIOD COVERED	FROM 4/1/08	THROUGH 7/15/08	THIS REPORT	CALENDAR YEAR-TO-DATE
1. CASH ON HAND, JANUAH	<b>RY 1</b> , 2008			0
2. CASH ON HAND, BEGINNI	NG OF REPORTING	PERIOD	0	
3. MONETARY RECEIPTS		(+)	9536.00	9536.00
4. SUBTOTAL			9536.00	9536.00
5. MONETARY EXPENDITU	RES	(-)	3120.81	3120.81
6. CASH ON HAND, CLOSE O	F REPORTING PER	NOD	6415.19	6415.19
NET FIN	ANCIAL SUMMARY	<u> </u>		
7. CASH ON HAND, CLOSE OF REPORTING PERIOD			6415.19	
8. DEBT OWED TO COMMIT	TEE		(+)	-
9. SUBTOTAL				6415.19

11. TOTAL (Net Worth)

**10. DEBT OWED BY COMMITTEE** 

#### TREASURER'S 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.

7/14/08	MARK SCHWARTZ	
DATE	PRINT NAME	SIGNATURE
	641 Cumberland	
-	ADDRESS	*(AREA CODE) DAY TELEPHONE NUMBER
	Teaneck, NJ 07666	
-		*(AREA CODE) EVENING TELEPHONE NUMBER

New Jersey Election Law Enforcement Commission, January, 2005

Leave thus field blank if your telephone number is unlisted. Pursuant to NJSA 47 LA-1 1 an unlisted telephone number is not a public record and must not be provided on this form

FORM R-3

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6415.19

(- )

## Do not attempt to complete Tables I and II until the appropriate schedules have been completed.

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	TABLE I RECEIPTS	COLUMN A	COLUMN B		
	MONETARY RECEIPTS	THIS REPORT	CALENDAR YEAR-TO-DATE		
1	CONTRIBUTIONS, \$300 OR LESS	236.00	236.00		
2	CONTRIBUTIONS, MORE THAN \$300	9300.00	9300.00		
2a	CURRENCY CONTRIBUTIONS	-	-		
3	TOTAL (Add lines 1, 2 and 2a)	9536.00	9536.00		
4	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)	-	-		
5	SUBTOTAL (Subtract line 4 from line 3)	9536.00	9536.00		
	OTHER RECEIPTS	$\bigcirc$	0		
6	REIMBURSEMENTS/REFUNDS	-	-		
7	DIVIDENDS/INTEREST	-	<u> </u>		
8	LOANS RECEIVED BY COMMITTEE, \$300 OR LESS	_	_		
9	LOANS RECEIVED BY COMMITTEE MORE THAN \$300 AND ALL CURRENCY LOANS	-			
10	TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	9536.00	9536.00		
11	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	-		
12	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	_		
13	GROSS RECEIPTS (Add lines 10, 11 and 12)	9536.00	9536.00		
	TABLE II EXPENDITURES				
14	OPERATING DISBURSEMENTS	3120.81	3120.81		
	CONTRIBUTIONS (FROM THIS COMMITTEE) TO				
15a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	_	-		
15b	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-	-		
15c	ALL OTHER CANDIDATES/COMMITTEES	-	-		
	EXPENDITURES MADE ON BEHALF OF	0	0		
16a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	-	<b></b>		
16Ь	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-	-		
16c	ALL OTHER CANDIDATES/COMMITTEES	-	-		
17	LOAN PAYMENTS	-	-		
18	TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	3120.81	3120.81		
19	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	-		
20	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-		
21	GROSS EXPENDITURES (Add lines 18 through 20)	3120.81	3120.81		
New Jei	sey Election Law Enforcement Commission	PAGE 2	FORM R-3		

	DEPOSITOR			
	PIES MAY BE USED IF ADDITIONA		RE NEEDED	
COMMITTEE NAME: REA			<u> </u>	· · · · · · · · · · · · · · · · · · ·
1 NAME OF BANK	BANK ACCOUNT	INFORM		MAFR
I NAME OF BANK LAKELAND BANK			(AREA CODE) TELEPHONE NO (201) 836-8	300
417 Cedar Lane				
Teaneck, NJ 0766				
REAL TEANECK DEM	OCRATS		ACCOUNT NEMBER 625405113	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD 9536.00		URSEMENTS THIS PERIOD $120.81$	CLOSING BALANCE THIS PERIOD 6415.19
If the committee h as mor e that		he same	ban k, the name(s) an	a dac count numb er (s)
of the additional account(s) m	iu st b e provided.		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD		RSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD
2 NAME OF BANK	L <u></u>	L	(AREA CODE) TELEPHONE N	UMBER
MAILING ADDRESS		/	<b></b>	······
CITY STATE ZIP CODE				
ACCOUNT NAME			ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBU	RSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD
If the committe e has more that of the additional account(s) m	n one bank ac count within t ust be provided.	he same		nd ac count number(s)
ACCOUNT NAME	. <u></u>		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBU	RSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD
	OTHER	ASSETS		
Other than the bank account(	s) li sted above, does this com	mitte e h	old any of the follow	wing (ple ase X):
Investment Instit	tution Money Market Accoun	t	<b>Bonds</b>	/
Certificate of De	•	•	Stocks	
Mutual Fund Ac			Real Prop	berty
Other (please sp	ecify)			·
For each item checked ("X") above ( Property Schedule must be filed as p	(other than real property), please co art of the Form R-3. Contact the C	omplete the	following information. for a Real Property Sci	If real property is held, a Real bedule and instructions.
1 NAME OF DEPOSITORY OR ISSUER		/	(AREA CODE) TELEPHONE N	IUMBER
MAILING ADDRESS				
CITY STATE ZIP CODE				· · · · · · · · · · · · · · · · · · ·
ACCOUNT NAME			ACCOUNT NUMBER	
TYPE OF ASSET	MUTUAL FUND BONDS	STOCKS	OTHER (specify)	
MONEY MARKET     CD     MUTUAL FUND     BONDS     STOCKS     OTHER (specify)       VALUE OF ASSET AT PLACHASE IF APPLICABLE     DATE OF MATURITY IF APPLICABLE				
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBL	JRSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD
New Jersey Election Law Enforcement Com	mission PA	GE 3		FORM R-3

ITEMIZED RECEIPTS (Other than			EA Page No	1 of 1
PLEASE TYPE OR PRINT PHOTOCOPIES MAY RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FO			S ARE NEEDED	
CURRENCY ALL OTHER MONETARY CONTRIBUTIONS	IN-KIND CONTRI	BUTIONS- REIM	BURSEMENTS/ INDS OF DISBURSEMENTS	DIVIDENDS/ INTEREST
COMMITTEE NAME REAL TEANECK D	EMOCRATS			
ACCOUNT NAME and NUMBER REAL TE.	ANECK DEM	10CRATS - 6254	405113	
CONTRIBUTOR NAME JOANNE ZAYAT	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUM 598 Warwick	BER AND STREET)	
оссиратиом homemaker	STATE USE ONLY	(CITY STATE AND ZIP CODE) Teaneck NJ	07666	
EMPLOYER NAME n/a			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)	EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY STATE AND ZIP CODE)			5/14/08	1000.00
RECEIPT DESCRIPTION (If In kind)		AGGREGATE YEAR TO-DATE	1	1
		1000.00		
CONTRIBUTOR NAME BIRDSALL SERVICES GROUP	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUM 2100 01d Mi		, · · ·
OCCUPATION engineering services	STATE USE ONLY	(CITY STATE AND ZIP CODE) Sea Girt NJ	08750	
EMPLOYER NAME II / 2		I	DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				7800.00
(CITY STATE AND ZIP CODE)			5/19/08	/000.00
RECEIPT DESCRIPTION (If In kind)		AGGREGATE YEAR-TO-DATE	1	
		7800.00		
CONTRIBUTOR NAME GILLES GADE	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUR 385 Arbuck1	· · · · ·	
OCCUPATION	STATE USE ONLY	(CITY STATE AND ZIP CODE)		
mortgage banking		Cedarhurst 1	DATE(S) RECEIVED	AMOUNT(S) RECEIVED
EMPLOYER NAME R IVER			THIS PERIOD	THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) 885 Teaneck Road (CITY STATE AND ZIP CODE)			5/20/08	500.00
Teaneck NJ 07666				
RECEIPT DESCRIPTION (If in kind))		AGGREGATE YEAR TO DATE 500.00		
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUN	BER AND STREET)	
020179-1701	STATE USE ONLY	(CITY STATE AND ZIP CODE)		· · ·
OCCUPATION	STATE USE UNLY	(CITT STATE AND ZIF CODE)		
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY STATE AND ZIP CODE)			1	
RECEIPT DESCRIPTION (If in kind)		AGGREGATE YEAR-TO-DATE	1	
1. SUBTOTAL (Add all receipts listed on this	page.)	<u>1</u>	<u></u>	9300.00
2. TOTAL RECEIPTS, THIS PERIOD (Comp	ete this line of	n the last page used f	or	9300.00
each receipt type. Car ry forward to applicable line on Page 2, Column A.) New Jersey Election Law Enforcement Commission PAGE 4				

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LOANS RECEIVED SCHEDULE B Page No 1 of 1					
PLEASE TYPE OR PRINT PHOTOCOPII USE A SEPARATE SCHEDULE B' FOR EACH SEPARATE ACCO	ES MAY BE USED I	F ADDITIONAL F	ORMS ARE NEEDI		
COMMITTEE NAME					
ACCOUNT NAME and NUMBER					
NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD	
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(\$)	
OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE	
EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STA		AGGREGATE YEAR TO DATE			
I) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING	
OCCUPATION	EMPLOYER NAME AND ADD	DRESS (NUMBER, STREET CT	FY STATE AND ZIP CODE)	AGGREGATE YEAR TO DATE	
2) NAME AND ADDRESS OF GUARANTOR	<u> </u>			AMOUNT OUTSTANDING	
OCCUPATION	EMPLOYER NAME AND ADD	RESS (NUMBER, STREET CIT	Y STATE AND ZIP CODE)	AGGREGATE YEAR TO DATE	
NAME AND ADDRESS OF LENDER	ORIGINAL LOAN	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF	OUTSTANDING BALANCE THIS PERIOD	
	AMOUNT	THIS PERIOD	UVAN FEUS INIEKEST		
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)	
OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE	
EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STA	ATE AND ZIP CODE)	<u></u>		AGGREGATE YEAR TO DATE	
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING	
OCCUPATION	EMPLOYER NAME AND ADD	DRESS (NUMBER, STREET CIT	IY STATE AND ZIP CODE)	AGGREGATE YEAR TO DATE	
2) NAME AND ADDRESS OF GUARANTOR	I			AMOUNT OUTSTANDING	
OCCUPATION	EMPLOYER NAME AND AD	DRESS (NUMBER, STREET CI	ITY STATE AND ZIP CODE)	AGGREGATE YEAR TO-DATE	
1 TOTAL NEW LOANS, THIS PERIO Carry forward to Page 2, Line 9, Col	,¢				
2 TOTAL AMOUNT OF LOANS PLUS IN		lod		1	
3 TOT AL LOAN PAYM ENTS, THIS P Carry forward to Page 2, Line 17, Co	ER IOD ( Compl ete t		page used		
4 TOTAL OF ALL OUTSTANDING LO last page used Carry back to Page	ANS PLUS INTERE	EST (Complete this	ine on the	V	
New Jersey Election Law Enforcement Commission	io, o oncour <u>e</u> r, L	PAGE 5	<u></u>	FORM R-3	

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FORM R-3

ADJUSTM	ENT SCHEI	DULE	
		CONTRIBUTIONS	Page No of
		FOCOPIES MAY BE USED IF ADDITIONAL FORMS AR	E NEEDED
COMMITTEE NA	AME		
ACCOUNT NAM	ME and NUMBE	1	
	LIMIT IS	ARY CONTRIBUTION IN EXCESS OF THE CON S DEPOSITED, PLEASE REPORT THE REFUND ESS AMOUNT ON THIS ADJUSTMENT SCHED	OF THE
PAYMENT	REFUNDED		
DATE	NO.	PAYEE NAME AND ADDRESS	AMOUNT
		SSIVE CONTRIBUTIONS, THIS PERIOD (Complete ed Carry forward to Page 2, Line 4, Column A )	ø
		DAGE 6	FORM R-3

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PLEASE TYPE OR PRINT PHOTOCOPIES	JRSEMENTS SCH MAY BE USED IF ADDITIONA	L FORMS ARE NEI	lo of EDED	1
USE A SEPARATE SCHEDULE C" FOR EACH SEPARATE ACCOUNT				
COMMITTEE NAME REAL TEANE	CK DEMOCRATS			
ACCOUNT NAME and NUMBER REAL	TEANECK DEMOCRATS -	625405113		
PAYEE OR CREDITOR NAME,		AMOUNT(S)	TRANS-	
ADDRESS (Number and Street,	PURPOSE*	DISBURSED	ACTION	CHEC
City, State, Zip Code)	·	THIS PERIOD	DATE(S)	NO(S)
* Legislative Leadership Commit	ees - See Instructions concern	ing permissible us	es of funds	r
VICCARO PRINTING Paramus, NJ	printing	147.66	5/23	1801
A. FISCHMAN		750.00	= 100	1
Teaneck, NJ	typset/layout	750.00	5/28	1802
LAKELAND BANK	check printing	14.50	5/13	
A. LALUCES Union, NJ	advertising layou	nt 2000.00	5/28	1803
DOUGIE's				
Teaneck, NJ	catering	208.65	6/23	1804
				+
<u> </u>				
		2100.01		
1 SUBTOTAL (Add all disbursements list		3120.81	4	
2 TOTAL DISBURSEMENTS, THIS PERIC last page used Carry forward to Page 2		3120.81		

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ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES		SCHEDULE D Page No of			
PLEASE TYPE OR PRINT PHOTOCOPIES MAY USE A SEPARATE "SCHEDULE D" FOR EACH SEPARATE ACCOUNT AND EA	BE USED IF ADDITION	L FORMS	ARE NEEDE	ED	
	NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES		ALL OTHE	R CANDIDATES/COMMITTEES	
COMMITTEE NAME					
ACCOUNT NAME and NUMBER		· · · · -			
	ELECTION DATE	СН	ECK	AMOUNT	
RECIPIENT NAME, ADDRESS	DISTRICT OR COUNTY OR MUNICIPALITY	NO(8)		OF EACH	
(Number and Street, City, State, Zip Code)	OR MUNICIPALITY	NO(S)	DATE(S)	CONTRIBUTION	
			l		
· · · · · · · · · · · · · · · · · · ·					
	· · · · ·				
		<u> </u>			
		i			
	<u> </u>		1	1	
1 SUBTOTAL (Add all contributions made to	each recipient type listed	lon this p	age)		
2 TOTAL, THIS R ECIPIENT TYPE, THIS PE			_	- /	
used for each recipient type Carry forward				$  \phi$	
Line 15b, or Line 15c, Column A) New Jersey Election Law Enforcement Commission	PAGE 8	••••		FORM R-3	

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ITEMIZED EXPENDITURES	MADE AND INC	TIRRED				
ON BEHALF OF CANDIDAT			SCHEDULE E	Page No.	1	of 🖌
PLEASE TYPE OR PRINT. PHOTOCOPI USE A SEPARATE "SCHEDULE E" FOR EACH SEPARATE ACCOU			RMS ARE NEEI	DED.		
NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES     NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES     ALL OTHER CANDIDATES/COMMITTEES						es.
COMMITTEE NAME:						
ACCOUNT NAME and NUMBER:			-			
PAYEE NAME, ADDRESS	PURPOSE	AMOUNT(S)	HIS PERIOD	TRANSACT		CHECK
(Number, Street, City, State and Zip Code)		INCURRED/NOT PAID	DISBURSED	DATE(S)	S) NO(S)	
····				l		L
ALLOCATION OF EXPENDITU	RES BENEFITING CA	NDIDATE(S)/CO	MMITTEES(S)			
CANDIDATE/COMMITTEE N	AME	ELECTION	DISTRICT OR COUNTY		PRO-RATED	
		DATE	OR MUNICIP	ALITY	AM	IOUNT
					]	
					<u> </u>	
		<u> </u>	Į			
		ĺ				

PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) T	HIS PERIOD DISBURSED	TRANSACTIO DATE(S)	ON CHECK NO(S)
ALLOCATION OF EXPENDITU CANDIDATE/COMMITTEE N		ELECTION	DISTRICT OR (		PRO-RATED
		DATE	OR MUN ICIPA	AL ITY	AMOUNT

1. SUBTOTAL (Add all disbursements made to each recipient listed on this page )	t type			
<ol> <li>TOTAL DISBURSEMENTS, THIS PERIOD (Complete this l page used for each recipient type. Car ry for ward to Page Line 16a, Line 16b, or Line 16c, Column A.)</li> </ol>		st		
<ol> <li>SUBTOTAL (Add all outstanding obligations incurred/ not paid, listed on this page.)</li> </ol>				ľ
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/ NOT PAID (Complete this line on the last page used. Carry back to P age 10, "Sche dule F," L me 2 )		¢	       	1
New Jersey Election Law Enforcement Commission	PAGE 9			FORM R 3

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DEBTS AND OBLIGATIONS OF	IMITTEE	SCHEDULE F	PAGE No / of /		
PLEASE TYPE OR PRINT. PHOTOCOPIES USE a SEPARATE "SCHEDULE F" FOR EACH SEPARATE ACCOUNT	MAY BE USED IF A	ADDITIONAL FOR	MS ARE NEEDED.		
COMMITTEE NAME			· · · · · · · · · · · · · · · · · · ·		
ACCOUNT NAME and NUMBER			······································		
CREDITOR NAME AND ADDRESS	OUTSTANDING BEGINNING BAL-	AMOUNT INCURRED	PAYMENTS	OUTSTANDING BALANCE	
(Number, Street, City, State and Zip Code)	ANCE THIS PERIOD	THIS PERIOD	THIS PERIOD	THIS PERIOD	
DEBT FURPOSE					
			1 • • · · ·	· · · · · ·	
DEBT PURPOSE					
			1		
	4				
DEBT PURPOSE					
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DEBT PURPOSE	4				
	I		J		
SUMMARY OF DEBTS AND OBLIGATIONS				,	
				Ø	
1 TOTAL OUTSTANDING LOANS PLUS 2 TOTAL OUTSTANDING OBLIGATION				F	
CANDIDATES/COMMITTEES FROM S			-		
3 TOTAL OUTSTANDING OBLIGATIONS, SCHEDULE F					
(Complete this line on the last page i				<u> </u>	
4 TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines					

TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1, 2 and 3 Carry forward to front page, Line 10) New Jersey Election Law Enforcement Commission

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DEBTS AND OBLIGATIONS OW (Accounts Receivable)	ED TO COM	MITTEE	SCHEDULE G	Page No /of /
PLEASE TYPE OR PRINT. PHOTOCOPIES	MAY BE USED IF A	DDITIONAL FOR		
USE A SEPARATE 'SCHEDULE G" FOR EACH SEPARATE ACCOUNT COMMITTEE NAME				
ACCOUNT NAME and NUMBER				
DEBTOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	BALANCE DUE AT BEGINNING OF THIS PERIOD	NEW AMOUNT THIS PERIOD	TOTAL AMOUNT RECEIVED THIS PERIOD	BALANCE DUE AT CLOSE OF THIS PERIOD
DATE DEBT INCURRED DEBT DESCRIPTION				
DATE DEBT INCURRED DEBT DESCRIPTION				
DATE DEBT INCURRED DEBT DESCRIPTION				
DATE DEBT INCURRED DEBT DESCRIPTION				
DATE DEBT INCURRED DEBT DESCRIPTION				
1 SUBTOTAL (Add all debts and obligation	ons owed to comm	ittee listed on this	page)	
2 TOTAL DEBTS AND OBLIGATIONS OW last page used Carry forward to front pa New Jersey Election Law Enforcement Commission		TEE (Complete thi	s line on the	FORM R-3

RECEIPTS AND EXPENDITURES QUARTERLY REPORT NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P O Box 185, Trenton, NJ 08625-0185 (609)29287000r Tol Fræ Within NJ 1-888-313 ELEC (3532) Web site http://www.elec.state.nj.us/ COMMITTEE NAME OR APPROVED ACRONYM REAL TEANECK DEMOCRATS	FOR STATE USE ONLY ELEC RECEIVED OCT 2 0 2008
ADDRESS (number and street) CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED PO BOX 3178	
CITY, STATE and ZIP CODE TEANECK, NJ 07666	ELEC IDENTIFICATION NUMBER V0260 0001 44 Q2008
COMMITTEE TYPE CHECK IF CPC PPC LLC AMENDMENT FIRST REPORT FILED	REPORT QUARTER APR JUL OCT JAN 15 15 15 15 15 15 15 15 15 15 15 15 15 1

Do not attempt to complete the "Depository Information" or the "Net Financial Summary" until the appropriate schedules have been completed

DEPO	DEPOSITORY INFORMATION		COLUMN A	COLUMN B	
PERIOD COVERED	<sup>FROM</sup> 7/16/08	THRQUGH 9/30/08 *	THIS REPORT	CALENDAR YEAR-TO-DATE	
1. CASH ON HAND, JANUAR	y 1, 2008	_	с <sup>4</sup> г , К	0	
2. CASH ON HAND, BEGINNIN	G OF REPORTING	PERIOD	6415.19		
3. MONETARY RECEIPTS		(+)	0	9536.00	
4. SUBTOTAL			6415.19	9536.00	
5. MONETARY EXPENDITUR	ES	(-)	0	3120.81	
6. CASH ON HAND, CLOSE OI	F REPORTING PER	IOD	6415.19	6415.19	
NET FINA	NCIAL SUMMARY			•	
7. CASH ON HAND, CLOSE OI	F REPORTING PER	IOD		6415.19	
8. DEBT OWED TO COMMITT	TEE		(+)	0	
9. SUBTOTAL				6415.19	
10. DEBT OWED BY COMMITT	TEE		(- )	0	
11. TOTAL (Net Worth)				6415.19	

### TREASURER'S 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.

10/10/08	MARK SCHWARTZ	X
DATE	PRINT NAME 641 Cumberland	SIGNATURE
	ADDRESS Teaneck, NJ 07666	*(AREA CODE) DAY TELEPHONE NUMBER
		*(AREA CODE) EVENING TELEPHONE NUMBER

New Jersey Election Law Enforcement Commission, January, 2005

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

FORM R-3

1

	TABLE I RECEIPTS	COLUMN A	COLUMN B
	MONETARY RECEIPTS	THIS REPORT	CALENDAR YEAR-TO-DATE
1	CONTRIBUTIONS, \$300 OR LESS		236.00
2	CONTRIBUTIONS, MORE THAN \$300		9300.00
2a	CURRENCY CONTRIBUTIONS		-
3	TOTAL (Add lines 1, 2 and 2a)	0	<b>9536</b> ,00*
4	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)		-
5	SUBTOTAL (Subtract line 4 from line 3)	Ο,	9536.00-
	OTHER RECEIPTS	1 the second states	The state of U
6	REIMBURSEMENTS/REFUNDS		-
7	DIVIDENDS/INTEREST		-
8	LOANS RECEIVED BY COMMITTEE, \$300 OR LESS		-
9	LOANS RECEIVED BY COMMITTEE MORE THAN \$300 AND ALL CURRENCY LOANS		-
10	TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	0	9536.00
11	IN-KIND CONTRIBUTIONS, \$300 OR LESS		-
12	IN-KIND CONTRIBUTIONS, MORE THAN \$300		I
13	GROSS RECEIPTS (Add lines 10, 11 and 12)	0	9536.00
	TABLE II EXPENDITURES	行 反進的现在已历	
14	OPERATING DISBURSEMENTS		3120.81
	CONTRIBUTIONS (FROM THIS COMMITTEE) TO	5	· · · · · ·
15a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES		
15b	NJ LEGISLATIVE CANDIDATES/COMMITTEES		-
15c	ALL OTHER CANDIDATES/COMMITTEES		-
	EXPENDITURES MADE ON BEHALF OF		• · · · · · · · · · · · · · · · · · · ·
16a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES		-
16b	NJ LEGISLATIVE CANDIDATES/COMMITTEES		-
16c	ALL OTHER CANDIDATES/COMMITTEES		-
17	LOAN PAYMENTS		-
18	TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	0	3120.81
19	IN-KIND CONTRIBUTIONS, \$300 OR LESS		-
20	IN-KIND CONTRIBUTIONS, MORE THAN \$300		-
21	GROSS EXPENDITURES (Add lines 18 through 20)	0	3120.81
New Ier	sey Election Law Enforcement Commission	PAGE 2	FORM R-3

## Do not attempt to complete Tables I and II until the appropriate schedules have been completed.

New Jersey Election Law Enforcement Commission

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	DEPOSITO	RY SUM	MARY		
PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED					
COMMITTEE NAME:					
	BANK ACCOUT	NT INFORM			
I NAME OF BANK LAKELAND BANK			(AREA CODE) TELEPHONE NUN (201) 836-83	00	
417 Cedar Lane					
CITY STATE, ZIP CODE Teaneck, NJ 07660	6				
REAL TEANECK DEM	OCRATS		ACCOUNT NUMBER 625405113		
OPENING BALANCE THIS PERIOD 6415 • 19	DEPOSITS THIS PERIOD	DISB	URSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD 6415.19	
If the committee h as mor e tha of the additional account(s) m		the same 1	ban k, the name(s) an	d ac count numb er(s)	
ACCOUNT NAME			ACCOUNT NUMBER		
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBU	RSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD	
2 NAME OF BANK	L	_ <u>_ł</u>	(AREA CODE) TELEPHONE NUM	(BER	
MAILING ADDRESS	······································				
CITY STATE ZIP CODE	······	/			
ACCOUNT NAME			ACCOUNT NUMBER		
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBU	RSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD	
If the committe e has more that of the additional account(s) pr	n o ne bank ac count withi a ast be provided.	the same	bank, the name(s) a n	d ac count number(s)	
ACCOUNT NAME			ACCOUNT NUMBER	,	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBU	RSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD	
	OTHEI	R ASSETS			
Other than the bank a ccount(s	s) li sted abo ve, do es th is co	ommitte e ho	old any of the follow	ing (please X):	
Investment Instit	ution Money Market Accou	unt	Bonds		
Certificate of De	•	ļ	Stocks		
Mutual Fund Ac			Real Prope	erty	
Other (please sp	ecify)				
For each item checked ("X") above ( Property Schedule must be filed as pa	other than real property), please art of the Form R-3 Contact the	complete the Commission	following information If for a Real Property Sche	real property is held, a Real edule and instructions.	
I NAME OF DEPOSITORY OR ISSUER		<u> </u>	(AREA CODE) TELEPHONE NU	MBER	
MAILING ADDRESS					
CITY STATE, ZIP CODE					
ACCOUNT NAME			ACCOUNT NUMBER		
TYPE OF ASSET.	MUTUAL FUND BONDS	STOCKS	OTHER (specify)		
VALUE OF ASSET ST PURCHASE IF APPLIC	CABLE	DATE OF MATUR	RITY IF APPLICABLE		
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBU	RSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD	
New Jersey Election Law Enforcement Com	mission	PAGE 3		FORM R-3	

ITEMIZED RECEIPTS (Other than		s	CHEDUL		1 of 1
PLEASE TYPE OR PRINT PHOTOCOPIES MAY RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR		ADDITIONA	LFORM	S ARE NEEDED	
CURRENCY ALL OTHER MONETARY CONTRIBUTIONS	IN-KIND CONTRI		REIM REFU	BURSEMENTS/ INDS OF DISBURSEMENTS	DIVIDENDS/ INTEREST
COMMITTEE NAME REAL TEANECK D	EMOCRATS	3			
ACCOUNT NAME and NUMBER					
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR AI	DDRESS (NUMI	BER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY STATE AND	> ZIP CODE)		
EMPLOYER NAME		·		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED
EMPLOYER ADDRESS (NUMBER AND STREET)			h		THIS PERIOD
(CITY, STATE AND ZIP CODE)				4	
RECEIPT DESCRIPTION (If In kind)		AGGREGATE YEA	R TO DATE		,
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR AI	DDRESS (NUM	BER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY STATE AND	) ZIP CODE)		
EMPLOYER NAME		L	)	DATE(S) RECEIVED	AMOUNT(S) RECEIVED
EMPLOYER ADDRESS (NUMBER AND STREET)				THIS PERIOD	THIS PERIOD
(CITY STATE AND ZIP CODE)				ł	1
RECEIPT DESCRIPTION (If In kind)	ı	AGGREGATE YEA	R TO DATE	ł	
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR A	DDRESS (NUM	(BER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AN	D 2IP CODE		
EMPLOYER NAME				DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)					
(CITY STATE AND ZIP CODE)				]	
RECEIPT DESCRIPTION (If In-kand))		AGCREGATE YEA	R-TO-DATE	]	
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR A	DDRESS (NUM	(BÉR AND STREET)	
OCCUPATION -	STATE USE ONLY	(CITY STATE AND	D ZIP CODE)		<u></u>
EMPLOYER NAME	L	<u> </u>		DATE(S) RECEIVED	AMOUNT(S) RECEIVED
EMPLOYER ADDRESS (NUMBER AND STREET)				THIS PERIOD	THIS FERIOD
(CITY STATE AND ZIP CODE)				1	
RECEIPT DESCRIPTION (If In kind)		AGGREGATE YE	AR TO DATE	1	
		<u> </u>		<u> </u>	
1. SUBTOTAL (Add all receipts listed on this p 2. TOTAL RECEIPTS, THIS PERIOD (Comple	ete this line of	n the last nad	ge used fr	)r	
each receipt type. Car ry forward to applical New Jersey Election Law Enforcement Commission	ble line on Pa PAGE	ige 2, Colu m	n A .)		O FORM R-3

LOANS RECEIVED			SCHEDULE B	Page No 1 of 1
PLEASE TYPE OR PRINT PHOTOCOPIE USE A SEPARATE SCHEDULE B FOR EACH SEPARATE ACCOL	S MAY BE USED I	F ADDITIONAL FO		
	NECK DEMOCRA	TS		
ACCOUNT NAME and NUMBER				
NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)
			(0)	
OCCUPATION	TEDAG	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
ENDI OVED NAVE AND ADDRESS AND OD STATE	TERMS			ACCEPTO ANT STATES TO THE
EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STAT	LE AND ZIP CODE)			AGGREGATE YEAR TO DATE
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADD	DRESS (NUMBER, STREET CIT	TY STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCURATION	FADI OVER MALE AND	RECS (ALIMPED CORPORE	V STATE AND TO CODE	AGGREGATE YEAR-TO-DATE
OCCUPATION	LAU'LU IEK NAME AND ADD	RESS (NUMBER, STREET CIT	T STATE AND ZIP CODE)	AUGULUATE TEAK-TU-DATE
Į	l			<u> </u>
NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
	1			
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)
OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STA			<u> </u>	AGGREGATE YEAR-TO-DATE
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
	In or the second	NEOD AND		
OCCUPATION	EMPLOYER NAME AND ADD	DRESS (NUMBER, STREET CIT	IY STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE
2) NAME AND ADDRESS OF GUARANTOR	<u> </u>			AMOUNT OUTSTANDING
_,				Contracting and the second sec
OCCUPATION	EMPLOYER NAME AND AD	DRESS (NUMBER, STREET CI	TY STATE AND ZIP CODE)	AGGREGATE YEAR TO-DATE
	1			
1 TOTAL NEW LOANS, THIS PERIOI	D (Complete this lin	te on the last name	used	
Carry forward to Page 2, Line 9, Colu	0			
2 TOTAL AMOUNT OF LOANS PLUS IN	0			
3 TOT AL LOAN PAYM ENTS, THIS P Carry forward to Page 2, Line 17, Col	lumn A )			0
4 TOTAL OF ALL OUTSTANDING LO. last page used Carry back to Page 1	ANS PLUS INTERI		s line on the	0
New Jersey Election Law Enforcement Commission	v, o șnodule f, L	PAGE 5		FORM R-3

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ADJUSTM	ENT SCHEI	DULE	
		CONTRIBUTIONS	Page No 1 of 1
		TOCOPIES MAY BE USED IF ADDITIONAL FORMS R EACH SEPARATE ACCOUNT	ARE NEEDED
COMMITTEE N	AME REAL	TEANECK DEMOCRATS	
ACCOUNT NA	ME and NUMBER	{	
	IF A MONET	ARY CONTRIBUTION IN EXCESS OF THE C	ONTRIBUTION
		S DEPOSITED, PLEASE REPORT THE REFU	
		ESS AMOUNT ON THIS ADJUSTMENT SCH	· · · ·
PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED
Darly		LATER MANE AND ADDRESS	
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<b></b>			
]			
I TOTAL DE		SSIVE CONTRIBUTIONS, THIS PERIOD (Complete	
		sed Carry forward to Page 2, Line 4, Column A)	0

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ITEMIZED OPERATING DISBURSEMENTS			EDULE C	Page N		of	1
PLEASE TYPE OR PRINT PHOTOCOPIES N USE A SEPARATE SCHEDULE C* FOR EACH SEPARATE ACCOUNT	MAY BE USED IF ADDI	TIONAI	L FORMS A	RE NEE	EDED		
COMMITTEE NAME REAL TEANECK	DEMOCRATS				_		
ACCOUNT NAME and NUMBER							
PAYEE OR CREDITOR NAME,			AMOUN		TRAN		
ADD RESS (Numb er and Street, City, State, Zip Code)	PURPOSE*		DISBUE THIS PE		ACTIO		CHECK
					DATE		NO(S)
* Legislative Leadership Committe	ees - See Instructions c	oncern	ing permis	sible us	es of fui T	nds	
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	l						
1 SUBTOTAL (Add all disbursements list	ed on this page )		· · · · · · · · · · · · · · · · · · ·	)			
2 TOTAL DISBURSEMENTS, THIS PERIC		n the		)			
last page used Carry forward to Page 2,	, Line 14, Column A)				1	•	

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<b>ITEMIZED MONETARY CONTRIB</b> <b>TO CANDIDATES AND COMMITT</b> PLEASE TYPE OR PRINT PHOTOCOPIES MAY	EES BE USED IF ADDITIONA	SCHEDUI		
	NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES		ALL OTHE	R CANDIDATES/COMMITTEES
COMMITTEE NAME REAL TEANECK D	EMOCRATS			
ACCOUNT NAME and NUMBER				
	ELECTION DATE	СН	ECK	AMOUNT
RECIPIENT NAME, ADDRESS	DISTRICT OR COUNTY			OF EACH
(Number and Street, City, State, Zip Code)	OR MUNICIPALITY	NO(S)	DATE(S)	CONTRIBUTION
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1 SUBTOTAL (Add all contributions made to	each recipient type listed	d on this p	age )	0
2 TOTAL, THIS R ECIPIENT TYPE, THIS PE used for each recipient type Carry forward Line 15b, or Line 15c, Column A)			page	0
New Jersey Election Law Enforcement Commission	PAGE 8			FORM R-3

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PAGE 8

ITEMIZED EXPENDITURES			SCHEDULE E	Page No.	1	of 1
PLEASE TYPE OR PRINT. PHOTOCOPII USE A SEPARATE "SCHEDULE E FOR EACH SEPARATE ACCOU			RMS ARE NEEI	)ED.		
NEW JERSEY GUBERNATORIAL NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES CANDIDATES/COMMITTEES ALL OTHER CANDIDATES/COMMITTEES						
COMMITTEE NAME: REAL TEAN	COMMITTEE NAME: REAL TEANECK DEMOCRATS					
ACCOUNT NAME and NUMBER:						
PAYEE NAME, ADDRESS	<u>PURPOSE</u>	AMOUNT(S)	THIS PERIOD	ION	CHECK	
(Number, Street, City, State and Zip Code)		INCURRED/NOT PAID	DISBURSED	DATE(\$)	)	NO(S)
				<u></u>		
CANDIDATE/COMMITTEE NA	AME	ELECTION DATE	DISTRICT OR O OR MUNICIP			-RATED OUNT
		DATE	OK MORICII		7.14	
		<u> </u>				

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PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) T	UNT(S) THIS PERIOD TRANSACTIO D/NOT PAID DISBURSED DATE(S)		CHECK NO(S)
					-
ALLOCATION OF EXPENDITU	RES BENEFITING CAN	NDIDATE(S)/CO	MMITTEES(S)		
CANDIDATE/COMMITTEE N	AME	ELECTION	DISTRICT OR		RO-RATED
		DATE	OR MUNICIP		MOUNT
	·				

1. SUBTOTAL (Add all disbursements made to each recipient t listed on this page.)	ype	0	
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used for each recipient type. Carry for ward to Page 2, either Line 16a, Line 16b, or Line 16c, Column A.)		0	
3. SUBTOTAL (Add all outstanding obligations incurred/ not paid, listed on this page.)		· · · ·	
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/ NOT PAID (Complete this line on the last page used. Carry back to Page 10, "Sche dule F," L ine 2.)	0	· · ·	

New Jersey Election Law Enforcement Commission

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FORM R 3

DEBTS AND OBLIGATIONS OWED BY COMMITTEE SCHEDULE F PAGE NO 1 OF 1							
			SCHEDULE F	PAGE No 1 of 1			
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED USE A SEPARATE "SCHEDULE F" FOR EACH SEPARATE ACCOUNT							
COMMITTEE NAME REAL TEANED	COMMITTEE NAME REAL TEANECK DEMOCRATS						
ACCOUNT NAME and NUMBER		····					
CREDITOR MANE AND ADDRESS	OUTSTANDING	AMOUNT		OUTSTANDING			
CREDITOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	BEGINNING BAL- ANCE THIS PERIOD	INCURRED THIS PERIOD	PAYMENTS THIS PERIOD	BALANCE THIS PERIOD			
	Intel Intel Intel	THIST LKTOD	THISTERIOD	THIS FERIOD			
DEBT PURPOSE	1						
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DEBT PURPOSE							
SUMMARY OF DEBTS AND OBLIGATIONS							
1 TOTAL OUTSTANDING LOANS PLUS	0						
2 TOTAL OUTSTANDING OBLIGATION							
CANDIDATES/COMMITTEES FROM S		0					
3 TOTAL OUTSTANDING OBLIGATION							
(Complete this line on the last page u	ised)			0			
4 TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines				0			

1, 2 and 3 Carry forward to front page, Line 10)

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DEBTS AND OBLIGATIONS OW (Accounts Receivable)	VED TO COM	MITTEE	SCHEDULE G F	Page No 1 of 1
PLEASE TYPE OR PRINT. PHOTOCOPIES	MAY BE USED IF A	ADDITIONAL FOF		
COMMITTEE NAME REAL TEANECK	DEMOCRATS		· · · · · · · · · · · · · · · · · · ·	·····
ACCOUNT NAME and NUMBER	·			
DEBTOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	BALANCE DUE AT BEGINNING OF THIS PERIOD	NEW AMOUNT THIS PERIOD	TOTAL AMOUNT RECEIVED THIS PERIOD	BALANCE DUE AT CLOSE OF THIS PERIOD
DATE DEBT INCURRED DEBT DESCRIPTION				
	T		1	م <u>لي</u> ۲
DATE DEBT INCURRED DEBT DESCRIPTION				
DATE DEBT INCURRED DEBT DESCRIPTION				
DATE DEBT INCURRED DEBT DESCRIPTION				
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DATE DEBT INCURRED DEBT DESCRIPTION	ions owed to comm			0

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SUBTOTAL (Add all debts and obligations owed to committee listed on this page )
 TOTAL DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Complete this line on the

0

RECEIPTS AND EXPENDITURES QUARTERLY REPORT NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P O Box 185, Trenton, NJ 08625-0185 (609)292-8700or Toll Free Within NJ 1-888-313-ELEC (3532) Web site http://www.elec.state.nj.us/	FOR STATE USE ONLY
COMMITTEE NAME OR APPROVED ACRONYM	
REAL TEANECK DEMOCRATS	ELEC RECEIVED
ADDRESS (number and street) CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED PO BOX 3178	JAN 222009
CITY, STATE and ZIP CODE	ELEC IDENTIFICATION NUMBER
TEANECK, NJ 07666	V0260 0001 44 Q2008
COMMITTEE TYPE CHECK IF	REPORT QUARTER
CPC PPC LLC AMENDMENT	APR JUL OCT 15 JAN 15
FIRST REPORT FILED	YEAR 2009
Do not attempt to complete the "Depository Information" or the "Net Financial Sum mary	" until the appropriate schedules have been completed.
DEPOSITORY INFORMATION	COLUMN A COLUMN B

				COLONITO
PERIOD COVERED	from 10/1/08	тнгоисн 12/31/08	THIS REPORT	CALENDAR YEAR-TO-DATE
1. CASH ON HAND, JANUAR	<b>Y 1,</b> 2008	•	*	0
2. CASH ON HAND, BEGINNIN	G OF REPORTING I	PERIOD	6415,19	
3. MONETARY RECEIPTS		(+)	343.22	9879.22
4. SUBTOTAL			6758.41	9879.22
5. MONETARY EXPENDITUR	ES	(-)	1909.34	5030.15
6. CASH ON HAND, CLOSE OF REPORTING PERIOD			4849.07	4849.07
NET FINA				
7. CASH ON HAND, CLOSE OI	4849.07			

8. DEBT OWED TO COMMITTEE	(+)	0
9. SUBTOTAL		4849.07
10. DEBT OWED BY COMMITTEE	(- )	0
11. TOTAL (Net Worth)		4849.07

#### TREASURER'S 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. ク

1/13/09	MARK SCHWARTZ	
DATE	PRINT NAME	SIGNATURE
	641 Cumberland	
-	ADDRESS	*(AREA CODE) DAY TELEPHONE NUMBER
	Teaneck, NJ 07666	
		*(AREA CODE) EVENING TELEPHONE NUMBER

,

New Jersey Election Law Enforcement Commission, January, 2005 \*Leave this field blank if your telephone number is unlisted. Pursuant to <u>NJSA</u> 47 1A-11 an unlisted telephone number is not a public record and must not be provided on this form

FORM R-3

# Do not attempt to complete Tables I and II until the appropriate schedules have been completed.

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	TABLE I RECEIPTS	COLUMN A	COLUMN B
	MONETARY RECEIPTS	THIS REPORT	CALENDAR YEAR-TO-DATE
1	CONTRIBUTIONS, \$300 OR LESS		236.00
2	CONTRIBUTIONS, MORE THAN \$300	343.22	9643.22
2a	CURRENCY CONTRIBUTIONS		
3	TOTAL (Add lines 1, 2 and 2a)	343.22	9879.22
4	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)		
5	SUBTOTAL (Subtract line 4 from line 3)	343.22	9879.22
	OTHER RECEIPTS		
6	REIMBURSEMENTS/REFUNDS		
7	DIVIDENDS/INTEREST		
8	LOANS RECEIVED BY COMMITTEE, \$300 OR LESS		
9	LOANS RECEIVED BY COMMITTEE MORE THAN \$300 AND ALL CURRENCY LOANS		
10	TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	343.22	9879.22
11	IN-KIND CONTRIBUTIONS, \$300 OR LESS		
12	IN-KIND CONTRIBUTIONS, MORE THAN \$300		
13	GROSS RECEIPTS (Add lines 10, 11 and 12)	343.22	9879.22
	TABLE II EXPENDITURES		
14	OPERATING DISBURSEMENTS	1659.34	4780.15
	CONTRIBUTIONS (FROM THIS COMMITTEE) TO		
15a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES		
15b	NJ LEGISLATIVE CANDIDATES/COMMITTEES		
15c	ALL OTHER CANDIDATES/COMMITTEES	250.00	250.00
	EXPENDITURES MADE ON BEHALF OF		
16a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES		
16b	NJ LEGISLATIVE CANDIDATES/COMMITTEES		
16c	ALL OTHER CANDIDATES/COMMITTEES		
17	LOAN PAYMENTS		
18	TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	1909.34	5030.15
19	IN-KIND CONTRIBUTIONS, \$300 OR LESS		
20	IN-KIND CONTRIBUTIONS, MORE THAN \$300		
21	GROSS EXPENDITURES (Add lines 18 through 20)	1909.34	5030.15
New Ie	rsey Election Law Enforcement Commission	PAGE 2	FORM R-3

DEPOSITORY SUMMARY						
PLEASE TYPE OR PRINT. PHOTOCO			RE NEEDED.			
COMMITTEE NAME: REAL						
I NAME OF BANK LAKELAND BANK	BANK ACCOUN	IINFORM	(AREA CODE) TELEPHONE NU (201) 836-83	MBER		
			(201) 836-83	300		
417 Cedar Lane			_ <u></u>			
Teaneck, NJ 0766		<u>.</u>				
REAL TEANECK DEM	OCRATS		ACCOUNTING 625405113			
OPENING BALANCE THIS PERIOD 6415.19	DEPOSITS THIS PERIOD 343,22	DISB	1909.34	CLOSING BALANCE THIS PERIOD 4849.07		
If the committee has mor e tha	n on e bank acc ount within	the same	bank, the name(s) an	d ac count numb er (s)		
of the additional account(s) m	ustbeprovided.		ACCOUNT NUMBER			
			ACCOUNT NOMBER			
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBU	RSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD		
2 NAME OF BANK	L		(AREA CODE) TELEPHONE NU	IMBER		
MAILING ADDRESS						
CITY STATE ZIP CODE	······					
ACCOUNT NAME			ACCOUNT NUMBER			
OPENING BALANCE THIS PERIOD	DEPOSITS THES PERIOD	DISBŲ	RSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD		
If the committe e has more that of the additional account(s) m	none bank ac count within	the same	bank, the name(s) a	nd ac count number(s)		
ACCOUNT NAME	ust be provided.		ACCOUNT NUMBER			
		DIGBL	RSEMENTS THIS PERIOD			
OPENING BALANCE THIS PERIOD	DEFOSITS THIS PERIOD	DISDU	RSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD		
	OTHER	ASSETS				
Other than the bank a ccount(s	s) li sted abo ve, does this cou	nmitte e he	old any of the follow	ving (please X):		
Investment Instit	ution Money Market Accou	nt	Bonds			
Certificate of De	•		Stocks			
Mutual Fund Ac			Real Prop	erty		
Other (please sp	ecify)		$\equiv \checkmark$			
For each item checked ("X") above ( Property Schedule must be filed as pa						
1 NAME OF DEPOSITORY OR ISSUER		$\neq$	(AREA CODE) TELEPHONE N	UMBER		
MAILING ADDRESS		i				
CITY STATE ZIP CODE						
ACCOUNT NAME ACCOUNT NUMBER						
TYPE OF ASSET	MUTUAL FUND BONDS	STOCKS				
	VALUE OF ASSET AT PURCHASE IF APPLICABLE DATE OF MATURITY IF APPLICABLE					
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBL	RSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD		
New Jersey Election Law Enforcement Com	mission P.	AGE 3		FORM R-3		

ITEMIZED RECEIPTS (Other than					1 of 1
PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)					
CURRENCY ALL OTHER MONETARY CONTRIBUTIONS	CURRENCY ALL OTHER MONETARY IN-KIND CONTRIBUTIONS EXPENDITURES MADE BY OTHERS REFUNDS OF DISEURSEMENTS/ INTEREST				
COMMITTEE NAME REAL TEANECK	DEMOCRATS	3			
ACCOUNT NAME and NUMBER	_				
CONTRIBUTOR NAME RUDOL PH FOR COUNCIL 2008	STATE USE ONLY	670 Ra	amapo R	BER AND STREET) Oad	· <u>···</u> ·
occupanon candidate committee	STATE USE ONLY	(CITY, STATE) Teane(	and zip code) 2k, NJ	076666	
employer name n/a				DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				10/17/08	343.22
(CITY, STATE AND ZIP CODE)	_				
RECEIPT DESCRIPTION (If In-knd)			43.22		
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR	R ADDRESS (NUM	BER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE)	AND ZIP CODE)		
EMPLOYER NAME				DATE(S) RECEIVED	AMOUNT(S) RECEIVED
EMPLOYER ADDRESS (NUMBER AND STREET)	<u></u>		<u> </u>	THIS PERIOD	THIS PERIOD
(CITY STATE AND ZIP CODE)	<u> </u>		<u> </u>		
RECEIPT DESCRIPTION (If In-kind)	<u> </u>	AGGREGATE Y	EAR-TO-DATE	1	ļ
<u>~</u>					
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTO	R ADDRESS (NUN	IBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY STATE	AND ZIP CODE)		
EMPLOYER NAME				DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)					
(CITY, STATE AND ZIP CODE)					
RECEIPT DESCRIPTION (If In-land))		AGGREGATE	ÆAR-TO-DATE	1	
CONTRIBUTOR NAME	STATE USE ONLY	I CONTRIBUTO	ADDRESS (NUM	BER AND STREET)	I
				,	
OCCUPATION -	STATE USE ONLY	(CITY, STATE .	AND ZIP CODE)		
EMPLOYER NAME	·			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				]	
(CITY, STATE AND ZIP CODE)				]	
RECEIPT DESCRIPTION (If in kind)		AGGREGATE	YEAR-TO-DATE	]	
1. SUBTOTAL (Add all receipts listed on this p	1. SUBTOTAL (Add all receipts listed on this page.)				
2. TOTAL RECEIPTS, THIS PERIOD (Comple each receipt type. Car ry forward to applical	ete this line or	n the last p ge 2. Colu	age used for mn A .)	)r	343022
New Jersey Election Law Enforcement Commission	PAGE				FORM R-3

LOANS RECEIVED			SCHEDULE B	Page No 1 of 1		
PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED						
COMMITTEE NAME REAL TEANECK DEMOCRATS						
ACCOUNT NAME and NUMBER						
NAME AND ADDRESS OF LENDER	ORIGINAL LOAN	NEW LOANS	TOTAL AMOUNT OF	OUTSTANDING BALANCE		
	AMOUNT	THIS PERIOD	LOAN PLUS INTEREST	THIS PERIOD		
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)		
OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE		
EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE) AGGREGATE YEAR-						
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING		
OCCUPATION	EMPLOYER NAME AND ADD	DRESS (NUMBER, STREET CIT	Y STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE		
2) NAME AND ADDRESS OF GUARANTOR	l			AMOUNT OUTSTANDING		
OCCUPATION	EMPLOYER NAME AND ADD	RESS (NUMBER, STREET, CIT	Y, STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE		
NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD		
				ļ		
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)		
OCCUPATION		DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE		
	TERMS					
EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY, STATE AND ZIP CODE)						
I) NAME AND ADDRESS OF GUARANTOR AMOUNT OUTSTAL				AMOUNT OUTSTANDING		
00000-0001						
OCCUPATION	EMPLOYER NAME AND ADD	RESS (NUMBER, STREET, CIT	Y, STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE		
				L		
2) NAME AND ADDRESS OF GUARANTOR	2) NAME AND ADDRESS OF GUARANTOR AMOUNT OUTSTANDING					
OCCUPATION	EMPLOYER NAME AND ADI	DRESS (NUMBER, STREET, CI	TY, STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE		
1. TOTAL NEW LOANS, THIS PERIOD (Complete this line on the last page used 0						
Carry forward to Page 2, Line 9, Colu						
2 TOTAL AMOUNT OF LOANS PLUS IN 3 TOTAL LOAN BAYM ENTS THIS BE	0					
3 TOT AL L OAN PAYM ENTS, THIS PE Carry forward to Page 2, Line 17, Colu	0					
4 TOTAL OF ALL OUTSTANDING LOA	0					
New Jersey Election Law Enforcement Commission	last page used Carry back to Page 10, "Schedule F," Line 1)         New Jersey Election Law Enforcement Commission         PAGE 5    FORM R-3					

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ADJUSTM	ENT SCHE	DULE			
<b>REFUND OF</b>	Page No 1 of 1				
PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED USE A SEPARATE "ADJUSTMENT SCHEDULE" FOR EACH SEPARATE ACCOUNT					
COMMITTEE NAME REAL TEANECK DEMOCRATS					
ACCOUNT NAME and NUMBER					
IF A MONETARY CONTRIBUTION IN EXCESS OF THE CONTRIBUTION					
LIMIT IS DEPOSITED, PLEASE REPORT THE REFUND OF THE					
EXCESS AMOUNT ON THIS ADJUSTMENT SCHEDULE.					
PAYMENT	СНЕСК		REFUNDED		
DATE	<u>NO.</u>	PAYEE NAME AND ADDRESS	AMOUNT		
			· · · · · · · · · · · · · · · · · · ·		
	<u>.</u>				
1. TOTAL REFUND OF EXCESSIVE CONTRIBUTIONS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 4, Column A.)			0		
this line on	the last page us	seu Carry forward to Fage 2, Line 4, Column A.)	FORM B-3		

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ITEMIZED OPERATING DISB	URSEMENTS	SCH	EDULE C	Page N	No I o	f <b>I</b>
PLEASE TYPE OR PRINT PHOTOCOPIES USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUN		TIONA	L FORMS A	RE NE	EDED	_
	ECK DEMOCRATS					
ACCOUNT NAME and NUMBER			=.			
PAYEE OR CREDITOR NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE*		AMOUN DISBUR THIS PEI	SED	TRANS- ACTION DATE(S)	CHECK NO(S)
* Legislative Leadership Commi	ttees - See Instructions c	oncern	ing permise	sible us	l es of funds	
US POSTAL SERVICE	postage		1	5.58	10/16	1805
	Poolage			• • •	10/10	1005
VICCARO PRINTING Paramus, NJ	printing		72	2.76	10/16	1806
MOOSE LODGE Teaneck, NJ	hall rental d Obama rally	for	100	.00	10/27	1807
US POSTAL SERVICE	postage		1050	0.00	10/31	1809
CHOPSTIX Teaneck, NJ	food for Obama rally		400	000	10/2	1810
<u> </u>						_
					-	
1 SUBTOTAL (Add all disbursements li	sted on this page )		1659	9.34		
2 TOTAL DISBURSEMENTS, THIS PER last page used Carry forward to Page		n the	1659	9.34		
lew Jersey Election Law Enforcement Commission	PAGE 7					FORM

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ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES		SCHEDUI	LE D Page	No l of l		
PLEASE TYPE OR PRINT PHOTOCOPIES MAY use a separate "schedule d" for each separate account and ea		L FORMS	ARE NEEDE	2D		
	NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES		ALL OTHE	R CANDIDATES/COMMITTEES		
COMMITTEE NAME REAL TEANECK	DEMOCRATS					
ACCOUNT NAME and NUMBER						
	ELECTION DATE	СН	IECK	AMOUNT		
RECIPIENT NAME, ADDRESS	DISTRICT OR COUNTY			OF EACH		
(Number and Street, City, State, Zip Code)	OR MUNICIPALITY	NO(S)	DATE(\$)	CONTRIBUTION		
Teaneck Democratic Municipal Committee	n/a					
Teaneck, NJ	Teaneck	1808	10/28	250.00		
· · · · · · · · · · · · · · · · · · ·						
······································	1					
	<u> </u>		1			
		1				
1 SUBTOTAL (Add all contributions made to	1 SUBTOTAL (Add all contributions made to each recipient type listed on this page )					
2 TOTAL, THIS R ECI PIENT TYPE, THIS PE used for each recipient type Carry forward			page	250.00		
Line 15b, or Line 15c, Column A)						
New Jersey Election Law Enforcement Commission PAGE 8				FORM R-3		

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ITEMIZED EXPENDITURES MADE AND INCURRED         ON BEHALF OF CANDIDATES AND COMMITTEES         SCHEDULE E         Page No. 1         of 1         PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.         USE A SEPARATE "SCHEDULE B" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE								
NEW JERSEY GUBERNATORIAL NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES ALL OTHER CANDIDATES/COMMITTEES ALL OTHER CANDIDATES/COMMITTEES						ES		
COMMITTEE NAME: REAL TEANECK DEMOCRATS								
ACCOUNT NAME and NUMBER:	ACCOUNT NAME and NUMBER:							
PAYEE NAME, ADDRESS	PURPOSE	AMOUNT(S)	THIS PERIOD	TRANSACTION		CHECK		
(Number, Street, City, State and Zip Code)		INCURRED/NOT PAID	DISBURSED	DATE(S) NO		NO(S)		
ALLOCATION OF EXPENDITU	<b>RES BENEFITING CAN</b>	DIDATE(S)/CO	MMITTEES(S)					
CANDIDATE/COMMITTEE N	AME	ELECTION DATE	DISTRICT OR ( OR MUNICIP			OUNT		

PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) T	HIS PERIOD DISBURSED	TRANSACTIC DATE(S)	N CHECK NO(S)
ALLOCATION OF EXPENDITU	RES BENEFITING CA	NDIDATE(S)/COM	MMITTEES(S)		
CANDIDATE/COMMITTEE NA	AME	ELECTION DATE	DISTRICT OR ( OR MUNICIP		PRO-RATED AMOUNT

1. SUBTOTAL (Add all disbursements made to each recipient type listed on this page.)		0	
<ol> <li>TOTAL DISBURSEMENTS, THIS PERIOD (Complete this page used for each recipient type. Carry forward to Pag Line 16a, Line 16b, or Line 16c, Column A.)</li> </ol>	0		
3. SUBTOTAL (Add all outstanding obligations incurred/ not paid, listed on this page.)	0		
<ol> <li>TOTAL OUTSTANDING OBLIGATIONS INCURRED/ NOT PAID (Complete this line on the last page used. Carry back to P age 10, "Sche dule F," L ine 2.)</li> </ol>	0		

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DEBTS AND OBLIGATIONS OWED BY COMMITTEE SCHEDULE F PAGE No 1 of 1					
PLEASE TYPE OR PRINT. PHOTOCOPIES					
USE A SEPARATE "SCHEDULE F" FOR EACH SEPARATE ACCOUNT					
	CK_DEMOCRATS	<u> </u>			
ACCOUNT NAME and NUMBER			<del>,                                    </del>		
CREDITOR NAME AND ADDRESS	OUTSTANDING BEGINNING BAL-	AMOUNT INCURRED	PAYMENTS	OUTSTANDING BALANCE	
(Number, Street, City, State and Zip Code)	ANCE THIS PERIOD	THIS PERIOD	THIS PERIOD	THIS PERIOD	
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DEBT PORPOSE		l			
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SUMMARY OF DEBTS AND OBLIGATIONS.	•				
1 TOTAL OUTSTANDING LOANS PLUS				0	
2 TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID ON BEHALF OF				0	

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 IOTAL OUTSTANDING OBLIGATIONS INCORREDUCE F, PAGE 9, LINE 4
 0

 3
 TOTAL OUTSTANDING OBLIGATIONS, SCHEDULE F, Complete this line on the last page used )
 0

 4
 TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1, 2 and 3 Carry forward to front page, Line 10 )
 0

New Jersey Election Law Enforcement Commission

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FORM R-3

DEBTS AND OBLIGATIONS OW		MITTEE		
(Accounts Receivable)			SCHEDULE G	Page No 1 of 1
PLEASE TYPE OR PRINT. PHOTOCOPIES	MAY BE USED IF A	ADDITIONAL FOR		
COMMITTEE NAME REAL TEANECK	DEMOCRATS			
ACCOUNT NAME and NUMBER				
DEBTOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	BALANCE DUE AT BEGINNING OF THIS PERIOD	NEW AMOUNT THIS PERIOD	TOTAL AMOUNT RECEIVED THIS PERIOD	BALANCE DUE AT CLOSE OF THIS PERIOD
DATE DEBT INCURRED DEBT DESCRIPTION				
DATE DEBT INCURRED DEBT DESCRIPTION				
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DATE DEBT INCURRED DEBT DESCRIPTION				
DATE DEBT INCURRED DEBT DESCRIPTION				
	·····			<u> </u>
DATE DEBT INCURRED DEBT DESCRIPTION				
1. SUBTOTAL (Add all debts and obligated	s page )	0		
2 TOTAL DEBTS AND OBLIGATIONS OF	VED TO COMMITT	TEE (Complete thi	s line on the	
last page used Carry forward to front p	age, Line 8)	PAGE 11	<u> </u>	0
New Jersey Election Law Enforcement Commission		FORM R-3		

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RECEIPTS AND EXPENDITURES QUARTERLY REPORT NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P O Box 185, Trenton, NJ 08625-0185 (609) 292-8700or Toll Free Wahan NJ 1-888-313-ELEC (3532) Web site http://www.elec.state.nj.us/	FOR STATE USE ONLY		
COMMITTEE NAME OR APPROVED ACRONYM			
REAL TEANECK DEMOCRATS	APR 1	3 2009	
ADDRESS (number and street) CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED PO BOX 31.78			
CITY, STATE and ZIP CODE	ELEC IDENTIFICATION N	UMBER	
TEANECK, NJ 07666	- V0260 0001 4	4 Q2008	
COMMITTEE TYPE CHECK IF CPC PPC LLC AMENDMENT FIRST REPORT FILED	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
Do not attempt to complete the "Depository Information" or the "Net Financial Sum ma	ary'' until the app ropriate sched	lules have been completed	
DEPOSITORY INFORMATION	COLUMN A	COLUMIN B	
<b>PERIOD COVERED</b> $1/1/09$ $3/31/09$	THIS REPORT	CALENDAR YEAR-TO- DATE	
1. CASH ON HAND, JANUARY 1,2009	r ș	4849.07	
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD	4849.07		
3. MONETARY RECEIPTS (+)	-	-	
4. SUBTOTAL	4 <b>8</b> 49.07	4849.07	
5. MONETARY EXPENDITURES (-)	1000.00	1000.00	
6. CASH ON HAND, CLOSE OF REPORTING PERIOD	3849.07 3849.07		
NET FINANCIAL SUMMARY			
7. CASH ON HAND, CLOSE OF REPORTING PERIOD		3849-07	
8. DEBT OWED TO COMMITTEE	(+)	-	
9. SUBTOTAL	<u></u>	3849.07	
10. DEBT OWED BY COMMITTEE	(- )	_	
11. TOTAL (Net Worth)		3849.07	
TREASURER'S CERTIFICATION I certify that the statements on this document are true, and that the co limitations designated by law. I am aware that if any of the statements 4/7/09 MARK SCHWARTZ	ntribution amounts received	e subject to punishment.	
DATE PRINT NAME 641 Cumberland	<b>Ø</b> IGNATUI	, v	
Address Teaneck, NJ 07666	*(AREA CODE) DAY TE	LEPHONE NUMBER	
· ·	*(AREA CODE) EVENING	TELEPHONE NUMBER	
New Jersey Election Law Enforcement Commission, January, 2005 *Leave this field black if your telephone number is indicated. Present to NLSA 47 (A-1), an indicated telephone number is not an	while record and must not be arrived an this for	FORM R	

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KER TERNEEK DEMORATS

Do not attempt to com	nnlete Tables I and II until the anr	propriate schedules have been completed.
Do not attempt to com		Topriate seneautes have been compreted.

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	TABLE I RECEIPTS	COLUMN A	COLUMN B
	MONETARY RECEIPTS	THIS REPORT	CALENDAR YEAR-TO-DATE
1	CONTRIBUTIONS, \$300 OR LESS	-	1
2	CONTRIBUTIONS, MORE THAN \$300	-	
2a	CURRENCY CONTRIBUTIONS	-	
3	TOTAL (Add lines 1, 2 and 2a)	ρ	φ
4	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)	1	
5	SUBTOTAL (Subtract line 4 from line 3)	0	0,
	OTHER RECEIPTS		
6	REIMBURSEMENTS/REFUNDS	1	1
7	DIVIDENDS/INTEREST	1	-
8	LOANS RECEIVED BY COMMITTEE, \$300 OR LESS		
9	LOANS RECEIVED BY COMMITTEE MORE THAN \$300 AND ALL CURRENCY LOANS	1	
10	TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	Q	0
11.	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	1
12	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-
13	GROSS RECEIPTS (Add lines 10, 11 and 12)	0	Ø
	TABLE II EXPENDITURES	•	
14	OPERATING DISBURSEMENTS	-	
	CONTRIBUTIONS (FROM THIS COMMITTEE) TO		
15a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	-	-
15b	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-	1
15c	ALL OTHER CANDIDATES/COMMITTEES	1000	1000
	EXPENDITURES MADE ON BEHALF OF		
16a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	-	-
16b	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-	-
16c	ALL OTHER CANDIDATES/COMMITTEES		-
17	LOAN PAYMENTS	-	-
18	TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	1000 -	1000 -
19	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	-
20	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-
21	GROSS EXPENDITURES (Add lines 18 through 20)	1000 -	1000
Now Io	rsey Election Law Enforcement Commission	PAGE 2	FORM R-3 Revised 12/2008

New Jersey Election Law Enforcement Commission

PAGE 2

FORM R-3 Revised 12/2008

DEPOSITORY SUMMARY						
COMMITTEE NAME: REAL TEANEER DEMOLATS						
COMMITTEE NAME:						
1 NAME OF BANK	BANK ACCOUNT	INFORM		ER		
1 NAME OF BANK LAKELAND BANK			(AREA CODE) TELEPHONE NUMB (201) 836-830	0		
417 Cedar Lane						
Teaneck, NJ 07666	5					
REAL TEANECK DEMO	OCRATS		625405113			
OPENING BALANCE THIS PERIOD 4849.07	DEPOSITS THIS PERIOD	URSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD 3849.07			
If the committee h as mor e tha of the additional account(s) m		he same	ban k, the name(s) an d	ac count numb er (s)		
ACCOUNT NAME			ACCOUNT NUMBER			
OPENING BALANCE-THIS PERIOD	DEPOSITS THIS PERIOD	DISBU	RSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD		
2 NAME OF BANK			(AREA CODE) TELEPHONE NUME	ER		
MAILING ADDRESS						
CITY STATE, ZIP CODE						
ACCOUNT NAME			ACCOUNT NUMBER			
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBU	RSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD		
If the committe e has more tha		he same	bank, the name(s) a no	l ac count numbe r(s)		
of the additional account(s) m	ust de providea.		ACCOUNT NUMBER			
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBI	IRSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD		
OPENING BALANCE THIS PERIOD	DEFOSITS THIS FARIOD	0.350		CLOSING BREAKEN HILL I ENGO		
	OTHER	ASSETS				
Other than the bank account(	s) lı sted abo ve, do es th is con	nmitte e h	old any of the follown	1g (please X):		
Investment Instit	tution Money Market Account	it	Bonds			
Gertificate of De	•		 Stocks			
Mutual Fund Ac			Real Proper	·ty		
Other (please sp	ecify)			-		
For each item checked ("X") above (other than real property), please complete the following information. If real property is held, a Real Property Schedule must be filed as part of the Form R-3 Contact the Commission for a Real Property Schedule and instructions.						
1 NAME OF DEPOSITORY OR ISSUER (AREA CODE) TELEPHONE NUMBER						
MAILING ADDRESS						
CITY, STATE ZIP CODE						
ACCOUNT NAME ACCOUNT NUMBER						
TYPE OF ASSET						
VALUE OF ASSET AT PURCHASE IF APPL	hand have here a second here here a second here here a second here here here here here here here her		RITY, IF APPLICABLE			
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISE	BURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD		
New Jersey Election Law Enforcement Con	nmussion P.	AGE 3		FORM R-3		

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ITEMIZED RECEIPTS (Other than Loans) SCHEDULE A					1 of 1
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY receipt type (use a separate "schedule a" for each type and for	BE USED IF	ADDITIONA			
CURRENCY ALL OTHER MONETARY CONTRIBUTIONS		BUTIONS MADE BY OTHERS		BURSEMENTS/ NDS OF DISEURSEMENTS	DIVIDENDS/ INTEREST
COMMITTEE NAME REAL TEANECK D	)EMOCRATS				
ACCOUNT NAME and NUMBER					
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR A	DDRESS (NUME	BER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY STATE ANI	D ZIP CODE)		<u> </u>
EMPLOYER NAMB	l	L		DATE(S) RECHIVED THIS PERIOD	AMOUNT(S) RECEIVED
EMPLOYER ADDRESS (NUMBER AND STREET)				i ERIUD	THIS PERIOD
(CITY, STATE AND ZIP CODE)				l I	
RECEIPT DESCRIPTION (If In had)		AGGREGATE YEA	AR-TO-DATE		
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTION	DDRESS (MID of	BER AND STREET)	_l
OCCUPATION	STATE USE ONLY	(CITY, STATE ANI	UZP CODE)		
EMPLOYER NAME	•Ì	<u> </u>		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				1	
(CITY, STATE AND ZIP CODE)				1	
RECEIPT DESCRIPTION (If in-kand)		AGOREGATE YEA	AR-TO DATE	]	1
			·	<u> </u>	
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR	ADDRESS (NUN	MBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AN	ND ZIP CODE)		
EMPLOYER NAME	<u> </u>			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		,		1	
(CITY, STATE AND ZIP CODE)	<u>_</u>			1	
RECEIPT DESCRIPTION (If In-kind))		AGGREGATE YE	AR-TO DATE	1	
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR	ADDRESS (NUM	ABER AND STREET)	L
OCCUPATION -	STATE USE ONLY	(CITY STATE A)	VD ZIP CODE)		······
EMPLOYER NAME	<u> </u>	<u> </u>	<u></u>	DATE(S) RECEIVED	AMOUNT(S) RECEIVED
EMPLOYER ADDRESS (NUMBER AND STREET)			THIS PERIOD	THIS PERIOD	
(CITY, STATE AND ZIP CODE)		<u></u>	<u></u>	1	
RECEIPT DESCRIPTION (If In kind)		AGGREGATE YE	SAR TO DATE	1	
1 SUBTOTAL (Add -D		<u> </u>		<u> </u>	_ <u>_</u>
1. SUBTOTAL (Add all receipts listed on this 2. TOTAL RECEIPTS, THIS PERIOD (Compi	lete this line o	n the last pa	ige used fo	or	0
each receipt type. Carry forward to applica New Jersey Election Law Enforcement Commission	ble line on Pa PAGE	age 2, Colu n	un A.)	••••	O FORM R-

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LOANS RECEIVED			SCHEDULE B	Page No 1 of 1		
PLEASE TYPE OR PRINT PHOTOCOPIE USE A SEPARATE "SCHEDULE B" FOR EACH SEPARATE ACCOL			ORMS ARE NEEDE	D		
COMMITTEE NAME REAL TEAN	NECK DEMOCRA	TS				
ACCOUNT NAME and NUMBER						
NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD		
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)		
OCCUPATION	TERMS	DATE INCURRED DATE DUE TERMS				
EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY STA	TE AND ZIP CODE)			AGGREGATE YEAR TO DATE		
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING		
OCCUPATION	EMPLOYER NAME AND ADI	DRESS (NUMBER, STREET CII	FY, STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE		
2) NAME AND ADDRESS OF GUARANTOR	L			AMOUNT OUTSTANDING		
OCCUPATION	OCCUPATION EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)					
NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD		
			LUAN FLUS INTEREST	THIS FENIOD		
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)		
OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE		
EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STA	TE AND ZIP CODE			AGGREGATE YEAR-TO DATE		
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING		
OCCUPATION	AGGREGATE YEAR TO-DATE					
2) NAME AND ADDRESS OF GUARANTOR AMOUNT OUTSTANDIN						
OCCUPATION	EMPLOYER NAME AND AI	DDRESS (NUMBER, STREET, C	ITY, STATE AND 21P CODE)	AGGREGATE YEAR-TO-DATE		
1 TOTAL NEW LOANS, THIS PERIO Carry forward to Page 2, Line 9, Col	0					
2 TOTAL AMOUNT OF LOANS PLUS I	0					
3 TOT AL L OAN PAYM ENTS, THIS F Carry forward to Page 2, Line 17, Co	lumn A )			0		
4 TOTAL OF ALL OUTSTANDING LC last page used. Carry back to Page			s line on the	0		
New Jersey Election Law Enforcement Commission	FORM R-3					

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ADJUSTM	ENT SCHEI	DULE	
		CONTRIBUTIONS	Page No 1 of 1
		TOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE DR BACH SEPARATE ACCOUNT	ENEEDED
COMMITTEE NA		TEANECK DEMOCRATS	
ACCOUNT NAM	ME and NUMBER	R	
	IF A MONET	ARY CONTRIBUTION IN EXCESS OF THE CON	TRIBUTION
	LIMIT IS	S DEPOSITED, PLEASE REPORT THE REFUND	OF THE
	EXC	ESS AMOUNT ON THIS ADJUSTMENT SCHEDU	JLE.
PAYMENT	CHECK		REFUNDED
DATE	NO.	PAYEE NAME AND ADDRESS	AMOUNT
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1 TOTAL RE	FUND OF EXCE	ESSIVE CONTRIBUTIONS, THIS PERIOD (Complete	<u> </u>
		used Carry forward to Page 2, Line 4, Column A)	0

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ITEMIZED OPERATING DISBU	RSEMENTS	SCHI	EDULE C	Page N	• 1	of	1
PLEASE TYPE OR PRINT PHOTOCOPIES N USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT	1AY BE USED IF ADDI	TIONAI	L FORMS A	RE NEE	DED		
COMMITTEE NAME, REAL TEANECK	DEMOCRATS						-
ACCOUNT NAME and NUMBER							
PAYEE OR CREDITOR NAME,			AMOUN		TRAN		
ADD RESS (Numb er and Street,	PURPOSE*		DISBUR		ACTI		CHECK
City, State, Zip Code)			THIS PE		DATE		NO(S)
* Legislative Leadership Committ	ees - See Instructions o	oncern	ing permis	sible us	es of fu:	nds	T
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		<u> </u>					
1 SUBTOTAL (Add all disbursements lis	ted on this page )	<u>.</u>		0			
2 TOTAL DISBURSEMENTS, THIS PERI	OD (Complete this line			0			
last page used. Carry forward to Page 2	2, Line 14, Column A)		<u> </u>				FORM R

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ITEMIZED MONETARY CONTRIB TO CANDIDATES AND COMMITT		SCHEDUI	E D Page	No. 1 of 1
PLEASE TYPE OR PRINT PHOTOCOPIES MAY USE A SEPARATE "SCHEDULE D" FOR EACH SEPARATE ACCOUNT AND EA		AL FORMS	ARE NEEDE	ED
NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES	NEW JERSBY LEGISLATIVE CANDIDATES/COMMITTEES		ALL OTHE	R CANDIDATES/COMMITTERS
COMMITTEE NAME REAL TEANECK D	EMOCRATS			
ACCOUNT NAME and NUMBER				
	ELECTION DATE	СН	IECK	AMOUNT
RECIPIENT NAME, ADDRESS	DISTRICT OR COUNTY			OF EACH
(Number and Street, City, State, Zip Code)	NO(S)	DATE(S)	CONTRIBUTION	
BERGEN COUNTY DEMOCRATIC ORGANIZATION	-			
Hackensack, NJ	-	1811	1/16/09	1000.00
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		-		
1 SUBTOTAL (Add all contributions made t	o each recipient type lists	ed on this p	page)	1000.00
2 TOTAL, THIS R ECIPIENT TYPE, THIS PE used for each recipient type Carry forwar Line 15b, or Line 15c, Column A)			t page	1000.00
New Jersey Election Law Enforcement Commission	PAGE 8			FORM R-3

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ITEMIZED EXPENDITURES	CURRED								
ON BEHALF OF CANDIDATI	ES AND COMM	ITTEES	SCHEDULE E	Page No.	1 c	of 1			
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. USE A SEPARATE "SCHEDULE 5" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE									
NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES CANDIDATES/COMMITTEES ALL OTHER CANDIDATES/COMMITTEES									
COMMITTEE NAME: REAL TEANECK DEMOCRATS									
ACCOUNT NAME and NUMBER:									
PAYEE NAME, ADDRESS	PURPOSE	AMOUNT(S) 1	THIS PERIOD	TRANSACT	ION	CHECK			
(Number, Street, City, State and Zip Code)		INCURRED/NOT PAID	DISBURSED	DATE(S)		NO(S)			
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ALLOCATION OF EXPENDITU	DES DENTERITINO CA			I	1	• • • • • • • • • • • • • • • • • • •			
		······································							
CANDIDATE/COMMITTEE N	AME	ELECTION	DISTRICT OR			-RATED			
		DATE	OR MUNICIP	ALITY	AM	OUNT			
		·							
1									

PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) T	THIS PERIOD TRANSACTI DISBURSED DATE(S)		N CHECK NO(S)
	1				
ALLOCATION OF EXPENDITU	RES BENEFITING CAN	I IDIDATE(S)/CO	MMITTEES(S)	I	
CANDIDATE/COMMITTEE N		ELECTION	DISTRICT OR (		PRO-RATED
		DATE	OR MUN ICIP.	AL ITY	AMOUNT

1. SUBTOTAL (Add all disbursements made to each recipient typ listed on this page.)	e	0	
<ol> <li>TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line of page used for each recipient type. Carry forward to Page 2, ei Line 16a, Line 16b, or Line 16c, Column A.)</li> </ol>	0		
3. SUBTOTAL (Add all outstanding obligations incurred/ not paid, listed on this page.)	0		
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/ NOT PAID (Complete this line on the last page used. Carry back to P age 10, "Sche dule F," L ine 2.)	0		

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DEBTS AND OBLIGATIONS OF	WED BY COM	MITTEE	SCHEDULE F	PAGE No 1 of 1
PLEASE TYPE OR PRINT. PHOTOCOPIES				
USE A SEPARATE "SCHEDULE F" FOR EACH SEPARATE ACCOUNT COMMITTEE NAME REAT TEANED	V DEMOCRATS		· · ·	
ACCOUNT NAME and NUMBER.	K DEMOCRATS			
CREDITOR NAME AND ADDRESS	OUTSTANDING BEGINNING BAL-	AMOUNT INCURRED	PAYMENTS	OUTSTANDING BALANCE
(Number, Street, City, State and Zip Code)	ANCE THIS PERIOD	THIS PERIOD	THIS PERIOD	THIS PERIOD
DEBT PURPOSE				
· · · · · · · · · · · · · · · · · · ·		······	l	ـــــــــــــــــــــــــــــــــــــ
debt purpose				
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DBBT PURPOSE	-		ŝ	
DEBT PURPOSE	-			
		1	•••••	
SUMMARY OF DEBTS AND OBLIGATIONS				0
1 TOTAL OUTSTANDING LOANS PLUS	S INTEREST FROM	SCHEDULE B, PA	UE 5, LINE 4	I V

1 TOTAL OUTSTANDING LOANS PLUS INT	EREST FROM SCHEDULE B, PAGE 5, LINE 4	0	
2 TOTAL OUTSTANDING OBLIGATIONS IN	CURRED/NOT PAID ON BEHALF OF	0	
CANDIDATES/COMMITTEES FROM SCH	EDULE E, PAGE 9, LINE 4	0	
3 TOTAL OUTSTANDING OBLIGATIONS, SO	CHEDULE F		
(Complete this line on the last page used	)	0	
4 TOTAL OUTSTANDING DEBTS/OBLIGAT 1, 2 and 3 Carry forward to front page, L		0	
New Jersey Election Law Enforcement Commission	PAGE 10	FORM R-3	

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(Accounts R	OBLIGATIONS OW eceivable)			SCHEDULE G	Page No 1 of 1	
PLEASE TYPE OR	PRINT. PHOTOCOPIES	MAY BE USED IF A	ADDITIONAL FOR			
USE A SEPARATE "SCHEDUI COMMITTEE NAM	E G' FOR BACH SEPARATE ACCOUNT E· REAL TEANECK	DEMOCRATS				
ACCOUNT NAME				······································	<u> </u>	
DEBTOR NAME A		BALANCE DUE AT BEGINNING OF THIS PERIOD	NEW AMOUNT THIS PERIOD	TOTAL AMOUNT RECEIVED THIS PERIOD	BALANCE DUE AT CLOSE OF THIS PERIOD	
		1				
DATE DEBT INCURRED DE	BT DESCRIPTION					
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DATE DEBT INCURRED DE	BT DESCRIPTION					
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DATE DEBT INCURRED DE	BT DESCRIPTION					
DATE DEBT INCURRED D	EBT DESCRIPTION					
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DATE DEBT INCURRED D	EBT DESCRIPTION					
1 SUBTOTAL (	0					
	S AND OBLIGATIONS O		TEE (Complete th	is line on the	0	
		last page used Carry forward to front page, Line 8 )         New Jersey Election Law Enforcement Commission         PAGE 11				

ب موجوع میں ب

RECEIPTS AND EXPENDITURES QUARTERLY REPORT NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P O Box 185, Trenton, NJ 08625-0185 (609)2928700or Toll Free Within NJ 1-888-313-ELEC (3532)	FOR STATE USE ONLY				
Web site http://www.elec.state.nj.us/ COMMITTEE NAME OR APPROVED ACRONYM	FLEC				
		RECEIVED			
REAL TEANECK DEMOCRATS	n				
	ال	JL 1,7 2009			
ADDRESS (number and street) CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED		¥			
PO BOX 3178					
CITY, STATE and ZIP CODE	ELEC IDENTIFICATION I	NUMBER			
TEANECK, NJ 07666	- <b>V0260</b> <sup>-</sup> 0001 44 Q2008				
COMMITTEE TYPE CHECK IF	REPORT QUARTER	· · · · · · · · · · · ·			
CPC PPC LLC AMENDMENT	APR JUL 15 III				
		0CT JAN 15 15			
FIRST REPORT FILED	year <u>2009</u>				
Do not attempt to complete the "Depository Information" or the "Net Financial Summary" until the appropriate schedules have been completed					
DEPOSITORY INFORMATION	COLUMN A	COLUMN B			
PERIOD COVERED FROM 4/1/09 THROUGH 6/30/09	THIS REPORT	CALENDAR			

PERIOD COVERED	4/1/09	6/30/09	THIS REPORT	YEAR-TO-DATE
1. CASH ON HAND, JANUARY	2009		4849 07	
2. CASH ON HAND, BEGINNING	G OF REPORTING P	ERIOD	3849 07	
3 MONETARY RECEIPTS		(+)	-	-
4. SUBTOTAL			3849.07	4849.07
5. MONETARY EXPENDITURE	≩S	(-)	250	1250
6. CASH ON HAND, CLOSE OF	REPORTING PERIO	מכ	3599 07	3599 07

NET FINANCIAL SUMMARY		
7. CASH ON HAND, CLOSE OF REPORTING PERIOD		3599 07
8. DEBT OWED TO COMMITTEE	(+)	~
9. SUB TO TAL		3599 07
10. DEBT OWED BY COMMITTEE	(- )	_
11. TOTAL (Net Worth)		3599 07

## TREASURER'S CERTIFICATION

		at the contribution amounts received conform with the atements are willfully false, I may be subject to punishment
1 13/09	MARK SCHWARTZ	2
DATE	PRINT NAME 641 Cumberland	
	ADDRESS Teaneck, NJ 07666	*(AREA CODE) DAY TELEPHONE NUMBER
		*(AREA CODE) EVENING TELLPHONE NUMBER

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New Jersey Election Law Enforcement Commission, January, 2005 \*Leave this field black if your telephone number is unlisted. Pursuant to <u>NISA</u> 47 1A-1 1, an unlisted telephone number is not a public record and must not be provided on this form

FORM R-3

NEAL TEANEER DEMORATS

Do not attempt to complete Tables I and II until the appropriate schedules have been completed.

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	TABLE I RECEIPTS	COLUMN A	COLUMN B
_	MONETARY RECEIPTS	THIS REPORT	CALENDAR YEAR-TO-DATE
1	CONTRIBUTIONS, \$300 OR LESS	-	-
2	CONTRIBUTIONS, MORE THAN \$300	-	1
2a	CURRENCY CONTRIBUTIONS		-
3	TOTAL (Add lines 1, 2 and 2a)	ρ	ρ
4	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)	-	
5	SUBTOTAL (Subtract line 4 from line 3)	0	0
	OTHER RECEIPTS		
6	REIMBURSEMENTS/REFUNDS	-	-
7	DIVIDENDS/INTEREST	-	
8	LOANS RECEIVED BY COMMITTEE, \$300 OR LESS	-	-
9	LOANS RECEIVED BY COMMITTEE MORE THAN \$300 AND ALL CURRENCY LOANS	-	
10	TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	Ð	0
11	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	<u>~</u>
12	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-
13	GROSS RECEIPTS (Add lines 10, 11 and 12)	D	Ø
	TABLE II EXPENDITURES		
14	OPERATING DISBURSEMENTS	-	
	CONTRIBUTIONS (FROM THIS COMMITTEE) TO		
15a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	-	/
15b	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-	-
15c	ALL OTHER CANDIDATES/COMMITTEES	250	1250 -
	EXPENDITURES MADE ON BEHALF OF		
16a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	-	-
16b	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-	-
16c	ALL OTHER CANDIDATES/COMMITTEES	-	-
17	LOAN PAYMENTS	-	-
18	TOTAL MONETARY EXPENDITURES (Add lunes 14 through 17)	250	1250
19	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	<i>o</i> ~
20	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-
21	GROSS EXPENDITURES (Add lines 18 through 20)	250 -	1250
<u> </u>	ersey Election Law Enforcement Commission	PAGE 2	FORM R-3 Revised 12/2008

New Jersey Election Law Enforcement Commission

	DEPOSITORY	Y SUMM	<b>ARY</b>	
LEASE TYPE OR PRINT PHOTOCOP	IES MAY BE USED IF ADDITIONAL			
COMMITTÉE NAME	KEAL TE	ANEER	DEMORATS	
	BANK ACCOUNT			
LAKELAND BANK		4	201) 836-830	R )
417 Cedar Lane	<u></u>			
CITY, STATE ZIP CODE	· · · · · · · · · · · · · · · · · · ·			<u> </u>
Teaneck, NJ 07666	)			
REAL TEANECK DEMC	OCRATS	A'	625405113	
OPENING BALANCE THIS PERIOD 3849,07	DEPOSITS THIS PERIOD	DISBUR	SEMENTS THIS PERIOD	CLOSING BAL ANCE THIS PERIOD 3599.07
If the committee h as mor e that	n on e bank acc ount within t	he same ba	nk, the name(s) an d	ac count numb er(s)
of the additional account(s) mi	u st b e provided.			
ACCOUNTENAME	,	A	COUNT NUMBER	
OPENING BALANCE-THIS PERIOD	DEPOSITS THIS FERIOD	DISBURS	ements this period	CLOSING BALANCE THIS PERIOD
2 NAME OF BANK		1i	AREA CODE) TELEPHONS NUMB	)
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
		•		
ACCOUNT NAME			CCOUNT NUMBER	
OPENING BALANCE THIS FERIOD	DEPOSITS THIS PERIOD	DISBURS	EMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD
If the committe e has more tha	n one bank ac count within t	the same ha	ink the name(s) and	ac count number(s)
of the additional account(s) m				<u> </u>
ACCOUNT NAME		A	CCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBUR	SEMENTS THIS PERIOD	CLOSING BALANCE THIS FERIOD
	OTHER	ASSETS		<u> </u>
Other than the bank a ccount(	s) lı sted abo ve, do es thıs cor	mmitte e ho	ld any of the follown	ıg (please X)·
Investment Instit	tution Money Market Accou	nt	Bonds	
Gertificate of De	•		Stocks	
Mutual Fund Ac			Real Proper	tv
Other (please.sp				•,
For each item checked ("X") above Property Schedule must be filed as p	(other than real property), please of	complete the f	following information. If i	teal property is held, a Real
1 NAME OF DEPOSITORY OR ISSUER			(AREA CODE) TELEPHONE NUN	
MAILING ADDRESS				
				····
CITY STATE, ZIP CODE				
ACCOUNT NAME		<u> </u>	ACCOUNT NUMBER	
TYPE OF ASSET				
MONEY MARKET C D	MUTUAL FUND BONDS	STOCKS	OTHER (specify)	<u> </u>
VALUE OF ASSET AT PURCHASE IF APPL	JICABLE	DATE OF MATUR	ITY IF APPLICABLE	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBU	IKSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD
			, <u></u> ,	L
New Jersey Election Law Enforcement Co.	maission	PAGE 3		I ORM R-

	RECEIPTS (Other than R PRINT PHOTOCOPIES MAY			LE A Page No IS ARE NEEDED	1_of_1
ECEIPT TYPE (USE A SEPA	ARATE "SCHEDULE A" FOR EACH TYPE AND FO	DR EACH SEPARATE AC	UTIONS.	MBURSEMENTS/ UNDS OF DISBURSEMENTS	DIVDENDS/ INTEREST
COMMITTEE NA	ME REAL TEANECK	DEMOCRATS			
ACCOUNT NAM	E and NUMBER			······································	······································
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS (NU)	MBER AND STREET)	
OCCUPATION		STATE USE ONLY	(CITY, STATE AND ZIP CODE)	<u></u>	
EMPLOYER NAME	, <del></del>	<u></u>		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NU	MBER AND STREET)	<u> </u>		1113121400	
(CITY STATE AND ZIP CO	DE)				
RECEIPT DESCRIPTION (II	f In-kapd)		AGGREGATE YEAR-TO-DATE	-	
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS (NU	MBER AND STREET)	
OCCUPATION	<u></u>	STATE USE ONLY	(CITY STATE AND 21P CODE)		
EMPLOYER NAME			<u> </u>	DATE(S) RECEIVED THIS PERIOD	AMOUNI(S) RECEIVED
EMPLOYER ADDRESS (NU	IMBER AND STREET)				
(CITY, STATE AND ZIP CO	DB)				
RECEIPT DESCRIPTION (I	(f In kind)		AGGREGATE YEAR TO DATE		
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS (N	UMBER AND STREET)	
OCCUPATION	<u> </u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE	)	
EMPLOYER NAME			- <b>L</b>	DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (N	UMBER AND STREET)	<u> </u>			
(CITY STATE AND ZIP CO	ODE)				
RECEIPT DESCRIPTION ()	If In kind))	<u></u>	AGGREGATE YEAR-TO DATI	B	
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS (N	UMBER AND STREET)	
OCCUPATION -	, <u>v</u> ,	STATE USE ONLY	(CITY STATE AND ZIP CODE	5)	
EMPLOYER NAME				DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (1	NUMBER AND STREET)				
(CITY STATE AND ZIP O	CODE)				
RECEIPT DESCRIPTION	(If In-kind)		AGGREGATE YEAR-TO DAT	TE E	
	(Add all receipts listed on thi				
each receipt	CEIPTS, THIS PERIOD (Com type. Carry forward to appli	cable hne on P	age 2, Column A.)	l for	0
Mony Jaccay Flashon I.	aw Enforcement Commission	PAGI	< A		FORM

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LOANO DECENTED		1	a anna	
LOANS RECEIVED			SCHEDULE B	Page No 1 of 1
PLEASE TYPE OR PRINT PHOTOCOPIE USB A SEPARATE "SCHEDULE B" FOR EACH SEPARATE ACCOUNT	S MAY BE USED I	F ADDITIONAL FO	JKMS AKE NEEDE	.D
COMMITTEE NAME REAL TEAL	NECK DEMOORA	TS		
ACCOUNT NAME and NUMBER	ORIGINAL LOAN	NEW LOANS	TOTAL AMOUNT OF	OUTSTANDING DAT AVOR
THE AND ADDALSS OF LEADLY	AMOUNT	THIS PERIOD	LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)
OCCUPATION		DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
	TERMS			
EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, ST		AGGREGATE YEAR-TO DATE		
1) NAME AND ADDRESS OF GUARANTOR	·			AMOUNT OUTSTANDING
OCCUPATION	ELEV OVER MALE AND AD	DRESS (NUMBER, STREET CI		AGGREGATE YEAR TO DATE
OCCOPATION	EMPLOTER NAME AND AD	DRESS (NUMBER, SIREET CI	IT STATE AND ZIP CODE)	AUGREGATE TEAK TO DATE
	ł			
2) NAME AND ADDRESS OF GUARANTOR			·	AMOUNT OUTSTANDING
OCCUPATION	ELER OVER MANE AND AD	DRESS (NUMBER, STREET, CI	TY STATE AND 7D CODE	AGGREGATE YEAR TO DATE
OCCUPATION	EMPLOTER NAME AND AD	DRESS (NUMBER, STREET, CL	II SIAIE AND ZE CODE)	AGGREGATE TEAK TO DATE
	1			
NAME AND ADDRESS OF LENDER	ORIGENAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
	l			
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)
OCCUPATION		DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
1	TERMS			
EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, ST	ATE AND ZIP CODE)	·····		AGGREGATE YEAR TO DATE
1) NAME AND ADDRESS OF GUARANTOR		<u> </u>		AMOUNT OUTSTANDING
OCCUPATION				AGGREGATE YEAR TO DATE
OCCUPATION	EMPLOYER NAME AND A	DDRESS (NUMBER, STREET C	TTY, STATE AND ZIP CODE)	AGGREGATE YEAR TO DATE
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND	ADDRESS (NUMBER_ STREET	CITY STATE AND ZIP CODE)	AGGREGATE YEAR TO DATE
		· · · · · · · · · · · · · · · · · · ·		
1 TOTAL NEW LOANS, THIS PERIO	D/Complete the	line on the leat now	nced	
Carry forward to Page 2, Line 9, Co	olumn A)	ime on the fast page	u acu	0
2 TOTAL AMOUNT OF LOANS PLUS		ERIOD		0
3 TOTAL LOAN PAYM ENTS, THIS				
Carry forward to Page 2, Line 17, C	0			
4 TOTAL OF ALL OUTSTANDING L	OANS PLUS INTE	REST (Complete th	us line on the	0
last page_used_Carry back to Page	10, "Schedule F,"	Linel)		<u></u>
New Jersey Election Law Enforcement Commission		PAGE 5		FORM R-3

ADJUSTMI	ENT SCHED	ULE							
		ONTRIBUTIONS		Page No 1 of 1					
		OCOPIES MAY BE USED IF ADDITIONAL FORMS	S ARE NI	EEDED					
COMMITTEE NA	ME REAL	TEANECK DEMOCRATS							
ACCOUNT NAM	AE and NUMBER								
	LIMIT IS	RY CONTRIBUTION IN EXCESS OF THE O DEPOSITED, PLEASE REPORT THE REFU SS AMOUNT ON THIS ADJUSTMENT SCH	JND OF	7 THE					
PAYMENT									
DATE	NO.	PAYEE NAME AND ADDRESS		AMOUNT					
		····							
<b></b>									
1 TOTAL RE	FUND OF FYOE	SSIVE CONTRIBUTIONS, THIS PERIOD (Completed)	te						
		sed Carry forward to Page 2, Line 4, Column A )		0					

ITEMIZED OPERATING DISBU	RSEMENTS	SCHEDULE (	C Page N	lo <u>1</u> of	1
PLEASE TYPE OR PRINT, PHOTOCOPIES M use a separate "schedule c" for each separate account	IAY BE USED IF ADDI	TIONAL FORM	S ARE NEE	EDED	
COMMITTEE NAME REAL TEANECK	DEMOCRATS				
ACCOUNT NAME and NUMBER					
PAYEE OR CREDITOR NAME, ADDRESS (Number and Street,	PURPOSE*	DISB	UNT(S) URSED	TRANS- ACTION	CHECK
City, State, Zip Code)		<u> </u>	PERIOD	DATE(S)	NO(S)
* Legislative Leadership Committe	ees - See Instructions c	oncerning perr	nissible us	es of funds	
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				with The Addition statement and with the	The second of the second second second
1 SUBTOTAL (Add all disbursements lis	sted on this page )		0		
2 TOTAL DISBURSEMENTS, THIS PER last page used Carry forward to Page			0		

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED UPARAMATI SCIENTER ACCOUNT AND ACCOUNT ACCOUNT AND ACCOUNT ACCOUN	ITEMIZED MONETARY CONTRIBU		SCHEDUL	F D Baga	No 1 of
INV RESIT COMMUTER       INV RESIT LIGITATIVE CANDIALENCOMMETTES       Int other CANDIALENCE         COMMITTEE NAME       REAL TEANECK DEMOCRATS       ALL OTHER CANDIDATESCOMMETTES       ALL OTHER CANDIDATESCOMMETTES         ACCOUNT NAME and NUMBER       ELECTION DATE       CHECK       AMOUNT OF COUNTY NO (S)       AMOUNT (C)         RECIPIENT NAME, ADDRESS       DISTRICT OR COUNTY OR MUNICIPALITY       OF EXAMPLE       CONTRIF         DEMOCRATIC ORGANIZATION       -       18/3       6/4/64       4/5         Mackensack, NJ       -       18/3       6/4/64       4/5         Image: Communication of the c	PLEASE TYPE OR PRINT. PHOTOCOPIES MAY	BE USED IF ADDITIONA			
ACCOUNT NAME and NUMBER           RECIPIENT NAME, ADDRESS         ELECTION DATE         CHECK         AMOU           (Number and Street, City, State, Zip Code)         DISTRICT OR COUNTY         NO(8)         DATE(S)         CONTRIE           BERGEN COUNTY         -         1813         4/4/9         25           JEMORRATIC ORGANIZATION         -         1813         4/4/9         25           Image: Street City of the str	NEW JERSEY GUBERNATORIAL	NEW JERSEY LEGISLATIVE	 [	ALL OTH	ER CANDIDATES/COMM
RECIPIENT NAME, ADDRESS       ELECTION DATE       CHECK       AMOU         (Number and Street, City, State, Zip Code)       OR MUNICIPALITY       NO(S)       DATE(S)       CONTRIP         BERGEN COUNTY       -       18/3       6/4/09       25         JEMOCRATIC ORGANIZATION       -       18/3       6/4/09       25         Hackensack, NJ       -       18/3       6/4/09       25         Image: Street County of the stree county of the street County of the street County of t	COMMITTEE NAME REAL TEANECK D	EMOCRATS			
RECIPIENT NAME, ADDRESS (Number and Street, City, State, Zip Code)       DISTRICT OR COUNTY OR MUNICIPALITY       DATE(S)       OF EA CONTRIP         BERGEN COUNTY DEMOCRATIC ORGANIZATION Hackensack, NJ         18/3       6/4/09       25               1000000000000000000000000000000000000	ACCOUNT NAME and NUMBER				
(Number and Street, City, State, Zip Code)       OR MUNICIPALITY       NO(S)       DATE(S)       CONTRIP         BERGEN COUNTY DEMOCRATIC ORGANIZATION Hackensack, NJ       -       1813       4/4/9       25         -       -       1813       4/4/9       25         -       -       -       1813       4/4/9       25         -       -       -       -       -       5         -       -       -       -       -       -       5         -       -       -       -       -       -       -       5         -<		ELECTION DATE	CH	ECK	AMOUN
BERGEN COUNTY     -     1813     6/4/69     25       Hackensack, NJ     -     1813     6/4/69     25	<b>RECIPIENT NAME, ADDRESS</b>	DISTRICT OR COUNTY			OF EAC
DEMOCRATIC ORGANIZATION Hackensack, NJ - 1813 6/4/09 25	(Number and Street, City, State, Zip Code)	OR MUNICIPALITY	NO(S)	DATE(S)	CONTRIBU
	DEMOCRATIC ORGANIZATION	-	1813	6/4/09	250
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ITEMIZED EXPENDITURES						
ON BEHALF OF CANDIDATE	ES AND COMMI	ITEES	SCHEDULE E	Page No	1	of 1
PLEASE TYPE OR PRINT. PHOTOCOPIE USE A SEPARATE 'SCHEDULE E" FOR EACH SEPARATE ACCOUNT			RMS ARE NEEI	DED.		
NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES	VE BES	ALL OTHER O	ANDIDATES/COM	MITE	ES	
COMMITTEE NAME: REAL TEANECK DEMOCRATS						
ACCOUNT NAME and NUMBER:			<u> </u>			
PAYEE NAME, ADDRESS	PURPOSE	AMOUNT(S)	THIS PERIOD	TRANSACT	ION	CHECK
(Number, Street, City, State and Zip Code)		INCURRED/NOT PAID	DISBURSED	DATE(S)		NO(S)
ALLOCATION OF EXPENDITU	RES BENEFITING CAI	NDIDATE(S)/CO	MMITTEES(S)			
CANDIDATE/COMMITTEE N	AME	ELECTION DATE	DISTRICT OR OR MUNICIP			D-RATED
	- <u></u>	-	<u> </u>	<u></u>		

PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) T INCURRED/NOT PAID	HIS PERIOD DISBURSED	TRANSACTI DATE(S)	1 1
ALLOCATION OF EXPENDITU CANDIDATE/COMMITTEE N		NDIDATE(S)/CON ELECTION DATE	MMITTEES(S) DISTRICT OR OR MUN ICIP		PRO-RATED AMOUNT

1. SUBTOTAL (Add all disbursements made to each recipient type listed on this page.)		0	
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line page used for each recipient type . Carry forward to Page 2, Line 16a, Line 16b, or Line 16c, Column A.)	0		
3. SUBTOTAL (Add all outstanding obligations incurred/ not paid, listed on this page )	0		
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/ NOT PAID (Complete this line on the last page used Carry back to P age 10, "Sche dule F," L ine 2 )	0		

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DEBTS AND OBLIGATIONS OF	VED BY COM	MITTEE	SCHEDULE F	PAGE No 1 of 1
PLEASE TYPE OR PRINT PHOTOCOPIES I USE A SEPARATE "SCHEDULE F" FOR EACH SEPARATE ACCOUNT				
COMMITTEE NAME REAL TEANEC	K DEMOCRATS	······		
ACCOUNT NAME and NUMBER				
CREDITOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	OUTSTANDING BEGINNING BAL- ANCE THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENTS THIS PERIOD	OUTSTANDING BALANCE THIS PERIOD
DEBT PURPOSE				
DEBT PURFOSH				
DEBT PUR <b>fOSE</b>	-			
DEBT PURPOSE	-			
SUMMARY OF DEBTS AND OBLIGATION	s	<u>.[</u>	_1	

SOV	AMARY OF DEBTS AND OBLIGATIONS	
1	TOTAL OUTSTANDING LOANS PLUS INTEREST FROM SCHEDULE B, PAGE 5, LINE 4	0
2	TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID ON BEHALF OF	0
	CANDIDATES/COMMITTEES FROM SCHEDULE E, PAGE 9, LINE 4	0
3	TOTAL OUTSTANDING OBLIGATIONS, SCHEDULE F	
	(Complete this line on the last page used )	0
4	TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1, 2 and 3 Carry forward to front page, Line 10)	0
New '	Prever Election Law Enforcement Compussion PAGE 10	FORM R-3

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(Accounts F	OBLIGATIONS OW Receivable)	ED TO COM	MITTEE	SCHEDULE G P	age No 1 o
PLEASE TYPE C	R PRINT. PHOTOCOPIES IN ULE G" FOR EACH SEPARATE ACCOUNT	MAY BE USED IF A	DDITIONAL FOR	MS ARE NEEDED.	
COMMITTEE NA		DEMOCRATS			
ACCOUNT NAM	E and NUMBER			······	,
DEBTOR NAME Number, Street,	AND ADDRESS City, State and Zip Code)	BALANCE DUE AT BEGINNING OF THIS PERIOD	NEW AMOUNT THIS PERIOD	TOTAL AMOUNT RECEIVED THIS PERIOD	BALANCE DU AT CLOSE O THIS PERIOI
DATE DEBT INCURRED	DEBT DESCRIPTION				
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DATE DERT INCURRED	DEBT DESCRIPTION				
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DATE DEBT INCURRED	DEBT DESCRIPTION				
DATE DEBT INCURRED	DEBT DESCRIPTION	_			
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DATE DEBT INCURRED	DEBT DESCRIPTION	-			
1 SUBTOTA	L (Add all debts and obliga	tions owed to com	mittee listed on th		0
LI SUBIUIA				no haka )	
2 TOTAL DE	BTS AND OBLIGATIONS C		TTEE (Complete +	his line on the	

RECEIPTS AND EXPEND NEW JERSEY ELECTION LAW ENFORC P O Box 185, Trenton, NJ 08625-0185 (609)2928700or Toll Free Wahan NJ 1-88831		FOR STATE USE ONLY
Web site http://www.elec.state.nj.us/ COMMITTEE NAME OR APPROVED A	CRONVM	
REAL TEANECK DEMO		FI EC RECEIVED
ADDRESS (number and street)	CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED	OCT 1 6 2009
CITY, STATE and ZIP CODE		ELEC IDENTIFICATION NUMBER
TEANECK, NJ 07666		<b>V</b> 0260 0001 44 Q2008
COMMITTEE TYPE	CHECK IF AMENDMENT FIRST REPORT FILED	REPORT QUARTER APR JUL OCT JAN 15 15 2009 YEAR
Do not attempt to complete the "Depos	tory Information" or the "Net Financial Summary	y" until the appropriate schedules have been completed

DEPOSITORY INFORMATION	COLUMN A	COLUMN B
<b>PERIOD COVERED</b> $\frac{1}{100} \frac{1}{100} \frac{1}{10$	THIS REPORT	CALENDAR YEAR-TO-DATE
1. CASH ON HAND, JANUARY 1,		4849.07
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD	35.99 01	
3. MONETARY RECEIPTS (+)	-	
4. SUBTOTAL	3599 07	4849.07
5. MONETARY EXPENDITURES (-)	250 -	1500
6. CASH ON HAND, CLOSE OF REPORTING PERIOD	3349.07	3349 07

NET FINANCIAL SUMMARY		
7. CASH ON HAND, CLOSE OF REPORTING PERIOD		3349 07
8. DEBT OWED TO COMMITTEE	(+)	
9. SUB TO TAL		3349 07
10. DEBT OWED BY COMMITTEE	(- )	-
11. TOTAL (Net Worth)		3349.07

## TREASURER'S 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.

10/14/09	MARK SCHWARTZ	2
DATE	PRINT NAME 641 Cumberland	SIGATURE
	ADDRESS Teaneck, NJ 07666	*(AREA CODE) DAY TELEPHONE NUMBER
		*(AREA CODE) EVENING TELEPHONE NUMBER

New Jersey Election Law Enforcement Commission, January, 2005 \*Leave thus field blank if your telephone number is unlisted. Parsuant to NLSA. 47 1A-11 an unlisted telephone number is not a public record and must not be provided on this form

FORM R-3

REAL TEANECK DEMOCRATS 9/30/09

Do not attempt to complete Tables I and II until the appropriate schedules have been completed.

•

	TABLE I RECEIPTS	COLUMN A	COLUMN B
	MONETARY RECEIPTS	THIS REPORT	CALENDAR YEAR-TO-DATE
1	CONTRIBUTIONS, \$300 OR LESS		-
2	CONTRIBUTIONS, MORE THAN \$300	/	-
2a	CURRENCY CONTRIBUTIONS	/	1
3	TOTAL (Add lines 1, 2 and 2a)	0	0
4	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)	-	-
5	SUBTOTAL (Subtract line 4 from line 3)	0	D
	OTHER RECEIPTS		
6	REIMBURSEMENTS/REFUNDS	1	1
7	DIVIDENDS/INTEREST	1	-
8	LOANS RECEIVED BY COMMITTEE, \$300 OR LESS	/	-
9	LOANS RECEIVED BY COMMITTEE MORE THAN \$300 AND ALL CURRENCY LOANS	1	-
10	TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	o	0
11	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	-
12	IN-KIND CONTRIBUTIONS, MORE THAN \$300	1	-
13	GROSS RECEIPTS (Add lines 10, 11 and 12)	Ð	ρ
	TABLE II EXPENDITURES		
14	OPERATING DISBURSEMENTS	/	-
	CONTRIBUTIONS (FROM THIS COMMITTEE) TO		
15a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	1	-
15b	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-	/
15c	ALL OTHER CANDIDATES/COMMITTEES	250	15.0
	EXPENDITURES MADE ON BEHALF OF		
16a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	-	-
16b	NJ LEGISLATIVE CANDIDATES/COMMITTEES	1	-
16c	ALL OTHER CANDIDATES/COMMITTEES	-	-
17	LOAN PAYMENTS	-	
18	TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	250	1500
19	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	-
20	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-
21	GROSS EXPENDITURES (Add lines 18 through 20)	250	1500
	rsey Election Law Enforcement Commission	PAGE 2	FORM R-3 Revised 12/200

New Jersey Election Law Enforcement Commission

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PAGE 2

	DEPOSITOR			
	HES MAY BE USED IF ADDITIONAL			
COMMITTEE NAME: R	EAL TEANEUL DEMI	CRAT.	5	
	BANK ACCOUNT	INFORM		
1 NAME OF BANK LAKELAND BANK			(AREA CODE) IELEPHONE NUMBE (201) 836-830	<sup>LR</sup> O
41.7 Cedar Lane				
CITY STATE ZIP CODE	· · · · · · · · · · · · · · · · · · ·	-		
Teaneck, NJ 07666			ACCOUNT NO REP	
REAL TEANECK DEMC	OCRATS		ACCOUNT NUMBER 625405113	
OPENING BALANCE THIS PERIOD 3599 07	DEPOSITS THIS PERIOD		JRSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD
If the committee has more that		hesame b	ank, the name(s) an d	ac count numb er(s)
of the additional account(s) mi ACCOUNT NAME	ist de provided.		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBU	RSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD
2 NAME OF BANK			(AREA CODE) TELEPHONE NUMBI	ER
MAILING ADDRESS				
CITY, STATE ZIP CODE				
ACCOUNT NAME			ACCOUNT NUMBER	· · · · · · · · · · · · · · · · · · ·
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBU	RSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD
If the committe e has more that of the additional account(s) m		he same	bank, the name(s) and	ac count numbe r(s)
ACCOUNT NAME			ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBU	RSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD
	OTHER A	ASSETS	·····	
Other than the bank a ccount(s	) li sted abo ve, do es this com	amitte e ho	old any of the followin	ig (ple ase X).
Investment Instit	ution Money Market Accoun	t	Bonds	
Certificate of De		i.	Stocks	
Mutual Fund Act			Real Proper	tv
Other (please sp				·
For each item checked ("X") above ( Property Schedule must be filed as p	other than real property), please co	omplete the	following information If i for a Real Property Sched	real property 1s held, a Real lule and instructions
1 NAME OF DEPOSITORY OR ISSUER			(AREA CODE) TELEPHONE NUM	BER
MAILING ADDRESS			· · · · · · · · · · · · · · · · · · ·	
CITY STATE ZIP CODE				
ACCOUNT NAME	/		ACCOUNT NUMBER	
TYPE OF ASSET				
MONEY MARKET C D	MUTUAL FUND BONDS	STOCKS	OTHER (specify)	
VALUE OF ASSET AT PURCHASE IF APPLI	CABLE	ATE OF MATU	RITY, IF APPLICABLE	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISB	URSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD
New Jersey Election Law Enforcement Com	Imission Pr	AGE 3		FORM R-3

	RECEIPTS (Other than A PRINT PHOTOCOPIES MAY			EA Page No	1 of 1
CURRENCY	ALL OTHER MONETARY	REACH SEPARATE AC	COUNT)	BURSEMENTS/	Dividends/
COMMITTEE NA	ME REAL TEANECK I			VDS OF DISBURSEMENTS	INTEREST
ACCOUNT NAM	E and NUMBER				<u></u>
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUM	BER AND STREET)	
OCCUPATION		STATE USE ONLY	(CITY, STATE AND ZIP CODE)		
EMPLOYER NAME	······································	L		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NU	MBER AND STREET)				THIS FERIOD
(CITY, STATE AND ZIP COI	) )				
RECEIPT DESCRIPTION (IF	In-kind)		AGGREGATE YEAR-TO DATE		
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUM	BER AND STREET)	
OCCUPATION	<del>, </del>	STATE USE ONLY	(CITY, STATE AND ZIP CODE)		
EMPLOYER NAME		<u> </u>		DATE(S) RECEIVED	AMOUNT(S) RECEIVED
EMPLOYER ADDRESS (NU	MBER AND STREET)			THIS PERIOD	This period
(CITY, STATE AND ZIP CO	DE)			1	
RECEIPT DESCRIPTION (I	f In-kanð)		AGGREGATE YEAR TO DATE		
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS (NU	MBER AND STREET)	<u> </u>
OCCUPATION		STATE USE ONLY	(CITY, STATE AND 219 CODE)	<u></u>	
EMPLOYER NAME				DATE(S) RECEIVED	AMOUNT(S) RECEIVED
EMPLOYER ADDRESS (NU	MBER AND STREET)		<u> </u>	THIS PERIOD	THIS PERIOD
(CITY, STATE AND ZIP CC	)DE)			-	1
RECEIPT DESCRIPTION (I	f In-kind))	<del> </del>	AGGREGATE YEAR-TO DATE	-	
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS (NU	MBER AND STREET)	
OCCUPATION -		STATE USE ONLY	(CITY, STATE AND ZIP CODE)		
EMPLOYER NAME				DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (N	UMBER AND STREET)				
(CITY, STATE AND ZIP C	- 			_	
RECEIPT DESCRIPTION	(If In-kind)		AGGREGATE YEAR-TO DATE		
	(Add all receipts listed on this		······································		
each receipt	EIPTS, THIS PERIOD (Comp type. Carry forward to applic	<u>able line on P</u> a	a ge 2, Colu mn A )	for	0
New Jersey Election La	aw Enforcement Commission	PAGE	34		FORM F

LOANS RECEIVED			SCHEDULE B	Page No 1 of 1
PLEASE TYPE OR PRINT PHOTOCOPI USE A SEPARATE "SCHEDULE B" FOR EACH SEPARATE ACC	ES MAY BE USED I	F ADDITIONAL FO	ORMS ARE NEEDE	D
COMMITTEE NAME REAL TEA	NECK DEMOORA	TS		
ACCOUNT NAME and NUMBER				
NAME AND ADDRESS OF LENDER	ORIGINAL LOAN	NEW LOANS	TOTAL AMOUNT OF	OUTSTANDING BALANCE
	AMOUNT	THIS PERIOD	LOAN PLUS INTEREST	THIS PERIOD
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)
				(-)
OCCUPATION	· · · · · · · · · · · · · · · · · · ·	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
	TERMS	DATEMCORAED	DATEDOB	ANNOAD INTEREST RATE
EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, ST	(ATE AND ZIP CODE)			AGGREGATE YEAR-TO DATE
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
,				
OCCUPATION	THE OVER NUMBER	DRESS (NUMBER, STREET, CI		AGGREGATE YEAR-TO DATE
OCCOPATION	EMPLOTER NAME AND AD	DRESS (NOMBER, SIREEI, CI	11, 31ATE AND 21 CODE)	AUROAN IEARIO DAIB
2) NAMB AND ADDRESS OF GUARANTOR	<b>_</b>		····	AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND AD	DRESS (NUMBER, STREET, CT	TY, STATE AND ZIP CODE)	AGGREGATE YEAR TO DATE
l				<u>i</u>
NAME AND ADDRESS OF LENDER	ORIGINAL LOAN	NEW LOANS	TOTAL AMOUNT OF	OUTSTANDING BALANCE
	AMOUNT	THIS PERIOD	LOAN PLUS INTEREST	THIS PERIOD
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)
OCCUPATION		DATEINCURRED	DATE DUE	ANNUAL INTEREST RATE
	TERMS			
EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, S	TATE AND ZIP CODE)			AGGREGATE YEAR TO DATE
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND AL	DRESS (NUMBER, STREET, C	TTY, STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
			· · · · ·	
OCCUPATION	EMPLOYER NAME AND A	DDRESS (NUMBER, STREET,	CITY, STATE AND ZIP CODE)	AGGREGATE YEAR-TO DATE
		and the location		
1 TOTAL NEW LOA NS, THIS PERI Carry forward to Page 2, Line 9, C	olumn A)	ine on the last page	: usea	0
2. TOTAL AMOUNT OF LOANS PLUS		BRIOD		0
3 TOT ALLOAN PAYM ENTS, THIS			st page used	
Carry forward to Page 2, Line 17, 0	Column A )		• -	0
4 TOTAL OF ALL OUTSTANDING I			is line on the	0
last page used Carry back to Pag	e 10, Schedule F,"	PAGE 5		FORM R-3

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PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED  MEANANT ADDITARY CHEMINT FOR ACKEDIANT ACCOUNT  ODMMITTEE NAME  IF A MONETARY CONTRIBUTION IN EXCESS OF THE CONTRIBUTION  LIMIT IS DEPOSITED, PLEASE REPORT THE REFUND OF THE  EXCESS AMOUNT ON THIS ADJUSTMENT SCHEDULE.  PAYMENT CHECK NO PAYEE NAME AND ADDRESS AMOUN  AMOUN	ADJUSTME	NT SCHEDU	LE	
PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED UBA SEMANT-OUTPORT OF ASSISTMENT ADDODY UBA ASEMANT-OUTPORT OF ASSISTMENT ADDODY ACCOUNT NAME AND NUMBER  IF A MONETARY CONTRIBUTION IN EXCESS OF THE CONTRIBUTION LIMIT IS DEPOSITED, PLEASE REPORT THE REFUND OF THE EXCESS AMOUNT ON THIS ADJUSTMENT SCHEDULE.  PAYMENT CHECK NO PAYEE NAME AND ADDRESS AMOUN AMO	REFUND OF	EXCESSIVE CO	NTRIBUTIONS	Page No <sup>1</sup> o
COMMITTEE NAME       REAL TEANECK DEMOCRATS         ACCOUNT NAME and NUMBER       IF A MONETARY CONTRIBUTION IN EXCESS OF THE CONTRIBUTION LIMIT IS DEPOSITED, PLEASE REPORT THE REFUND OF THE EXCESS AMOUNT ON THIS ADJUSTMENT SCHEDULE.         PAYMENT       CHECK         DATE       NO         PAYMENT       CHECK         NO       PAYEE NAME AND ADDRESS         AMOUN       AMOUN				المارد المتعادين والمستعدين والمركب التركب والمتحافظ والمتحافظ والمتحافظ والمتحافظ والمتحافظ والمتحاف
ACCOUNT NAME and NUMBER  IF A MONETARY CONTRIBUTION IN EXCESS OF THE CONTRIBUTION LIMIT IS DEPOSITED, PLEASE REPORT THE REFUND OF THE EXCESS AMOUNT ON THIS ADJUSTMENT SCHEDULE.  PAYMENT CHECK PAYEE NAME AND ADDRESS REFUND AMOUN				
IF A MONETARY CONTRIBUTION IN EXCESS OF THE CONTRIBUTION LIMIT IS DEPOSITED, PLEASE REPORT THE REFUND OF THE EXCESS AMOUNT ON THIS ADJUSTMENT SCHEDULE.         PAYMENT       CHECK       PAYEE NAME AND ADDRESS       REFUND AMOUN         DATE       NO       PAYEE NAME AND ADDRESS       AMOUN         Image: Imag				······································
DATE       NO       PAYEE NAME AND ADDRESS       AMOUN		LIMIT IS D	EPOSITED, PLEASE REPORT THE REA	FUND OF THE
			PAYEE NAME AND ADDRESS	REFUNDE AMOUNT
1 TOTAL REFUND OF EXCESSIVE CONTRIBUTIONS. THIS PERIOD (Complete	<u></u>			
1 TOTAL REFUND OF EXCESSIVE CONTRIBUTIONS. THIS PERIOD (Complete		<b>  </b>		
1 TOTAL REFUND OF EXCESSIVE CONTRIBUTIONS. THIS PERIOD (Complete				
1 TOTAL REFUND OF EXCESSIVE CONTRIBUTIONS THIS PERIOD (Complete				
1 TOTAL REFUND OF EXCESSIVE CONTRIBUTIONS THIS PERIOD (Complete				
	1 TOTAL RE	FUND OF EXCESS	IVE CONTRIBUTIONS, THIS PERIOD (Compl	ete

ITEMIZED OPERATING DISBU	RSEMENTS	SCHEDUL	EC Page N	o <u>1</u> of	1
PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT					
COMMITTEE NAME REAL TEANECK	DEMOCRATS			<u> </u>	
ACCOUNT NAME and NUMBER					
PAYEE OR CREDITOR NAME,	<u> </u>		MOUNT(S)	TRANS-	
ADDRESS (Number and Street,	PURPOSE*	D	ISBURSED	ACTION	CHECK
City, State, Zip Code)		TH	IIS PERIOD	DATE(S)	NO(S).
* Legislative Leadership Committ	ees - See Instructions of	concerning p	ermissible us	es of funds	
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	+				
1					
1 SUBTOTAL (Add all disbursements lis	sted on this page )		0		
2 TOTAL DISBURSEMENTS, THIS PER		on the			
last page used Carry forward to Page			0		
New Jersey Election Law Enforcement Commission	PAGE 7	·			FORM R-1

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<b>ITEMIZED MONETARY CONTRIB</b> TO CANDIDATES AND COMMITT		SCHEDUL	E D Page	No / of /			
PLEASE TYPE OR PRINT PHOTOCOPIES MAY USE A SEPARATE SCHEDULE D" FOR EACH SEPARATE ACCOUNT AND EA	BE USED IF ADDITION						
NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES	NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES		ALL OTHE	R CANDIDATES/COMMITTEES			
COMMITTEE NAME REAL TEANEUR DEMOLAATS							
ACCOUNT NAME							
ELECTION DATE			CHECK AMOUNT				
RECIPIENT NAME, ADDRESS DISTRICT OR COUNTY				OF EACH			
(Number and Street, City, State, Zip Code)	OR MUNICIPALITY	NO(S)	DATE(S)	CONTRIBUTION			
SCHAER FOR ASSEMBLY PASSAIL, NJ	P151.36	1814	9/1/09	250			
		, ,					
		 	 	<u> </u>			
				<u> </u>			
1 SUBTOTAL (Add all contributions made to each recipient type listed on this page )				250			
2 TOTAL, THIS R ECIPIENT TYPE, THIS PERIOD (Complete this line on the last page used for each recipient type Carry forward to Page 2, either Line 15a, Line 15b, or Line 15c, Column A)				250 250			

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FORM R-3 Revised 12/2008

ITEMIZED EXPENDITURES	MADE AND INC	URRED			_		
ON BEHALF OF CANDIDATES AND COMMITTEES			SCHEDULE E	Page No	1 <u> </u>	of $1$	
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. USE a SEPARATE 'SCHEDULE B" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE							
New JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES CANDIDATES/COMMITTEES ALL OTHER CANDIDATES/COMMITTEES					25		
COMMITTEE NAME: REAL TEANECK DEMOCRATS							
ACCOUNT NAME and NUMBER:					_		
PAYEE NAME, ADDRESS	PURPOSE	AMOUNT(S)	THIS PERIOD	TRANSACTION		CHECK	
(Number, Street, City, State and Zip Code)		INCURRED/NOT PAID	DISBURSED	DATE(S)		NO(S)	
						L	
				<u> </u>		L	
ALLOCATION OF EXPENDITU							
CANDIDATE/COMMITTEE N	AME ELECTION DISTRICT OR COU DATE OR MUNICIPALI			PRO-RATED AMOUNT			
				ALITY			
		1	<u>+</u>	<u> </u>	1		
			]				
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		1	1		1		
			<b></b>	<u>    .                                </u>			
		1	1		1		

PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) T	HIS PERIOD DISBURSED	TRANSACTIC DATE(S)	DN CHECK NO(\$)
ALLOCATION OF EXPENDITURES BENEFITING CAN CANDIDATE/COMMITTEE NAME		NDIDATE(S)/CON ELECTION DATE	MMITTEES(S) DISTRICT OR OR MUN ICIP		PRO-RATED AMOUNT

<ol> <li>SUBTOTAL (Add all disbursements made to each recipient type listed on this page.)</li> </ol>		0	
<ol> <li>TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line page used for each recipient type. Carry for ward to Page 2, Line 16a, Line 16b, or Line 16c, Column A)</li> </ol>	0		
3. SUBTOTAL (Add all outstanding obligations incurred/ not paid, listed on this page.)	0		
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/ NOT PAID (Complete this line on the last page used Carry back to P age 10, ''Sche dule F,'' L ine 2 )	0		

s + +1

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DEBTS AND OBLIGATIONS OV			SCHEDULE F	PAGE No 1 of 1
PLEASE TYPE OR PRINT. PHOTOCOPIES USE A SEPARATE "SCHEDULE F" FOR EACH SEPARATE ACCOUNT	MAY BE USED IF A	DDITIONAL FOR	MS ARE NEEDED.	
COMMITTEE NAME REAL TEANED		· · · · · · · · · · · · · · · · · · ·		
ACCOUNT NAME and NUMBER	K DEMOCIALS		<u></u>	
	OUTSTANDING	AMOUNT		OUTSTANDING
CREDITOR NAME AND ADDRESS	BEGINNING BAL-	INCURRED	PAYMENTS	BALANCE
(Number, Street, City, State and Zip Code)	ANCE THIS PERIOD	THIS PERIOD	THIS PERIOD	THIS PERIOD
DEBT PURPOSE				
DERI MORIOSE				
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DEBT FURPOSE	1			Į
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debt furyose	<b>[</b>			
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	1			
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DEBT PURPOSE	4		1	1
		1		
	<u></u>	<u>l</u>	<u></u>	_ <u></u>
	~		<u> </u>	
SUMMARY OF DEBTS AND OBLIGATION	<u>s</u>			

SUN	AMARY OF DEBTS AND OBLIGATIONS	
1	TOTAL OUTSTANDING LOANS PLUS INTEREST FROM SCHEDULE B, PAGE 5, LINE 4	0
2	TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID ON BEHALF OF	0
	CANDIDATES/COMMITTEES FROM SCHEDULE E, PAGE 9, LINE 4	0
3	TOTAL OUTSTANDING OBLIGATIONS, SCHEDULE F	
	(Complete this line on the last page used )	0
4	TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1, 2 and 3 Carry forward to front page, Line 10)	0
New	lersey Election Law Enforcement Commission PAGE 10	FORM R-3

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(Accounts R				SCHEDULE G P	
PLEASE TYPE O USE A SEPARATE "SCHED	R PRINT. PHOTOCOPIES I ULE G" FOR EACH SEPARATE ACCOUNT	MAY BE USED IF A	ADDITIONAL FOR	RMS ARE NEEDED.	
COMMITTEE NA	ME REAL TEANECK	DEMOCRATS			
ACCOUNT NAM	E and NUMBER				······································
DEBTOR NAME / (Number, Street,	AND ADDRESS City, State and Zip Code)	BALANCE DUE AT BEGINNING OF THIS PERIOD	NEW AMOUNT THIS PERIOD	TOTAL AMOUNT RECEIVED THIS PERIOD	BALANCE DU AT CLOSE O THIS PERIO
DATE DEBT INCURRED	DEBT DESCRIPTION				
DATE DEBT INCURRED	DEBT DESCRIPTION				
DATE DEBT INCURRED	DEBT DESCRIPTION				
DATE DEBT INCURRED	debt description				
	-				
date deet incurred	DEBT DESCRIPTION				
	(Add all debts and obligat				0
7	STS AND OBLIGATIONS O		TTEE (Complete t	his line on the	0
	ed Carry forward to front aw Enforcement Commission	page, Line 8)	PAGE 11		FORM

_			
	RECEIPTS AND EXPENDITURES QUARTERLY REPORT		
	NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION	FOR STATE USE ONLY	
-	P O Box 185, Trenton, NJ 08625-0185		
_	(609)292-8700or Toll Free Within NJ 1-888-313-ELEC (3532)		
	Web site http://www.elec.state.nj.us/		
	COMMITTEE NAME OR APPROVED ACRONYM		
	REAL TEANECK DEMOCRATS		
-		ELEC RECEIVED	
-	ADDRESS (number and street) CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED		
_		JAN 2 0 2010	
	PO BOX 3178		
	CITY, STATE and ZIP CODE	ELEC IDENTIFICATION NUMBER	
	TEANECK, NJ 07666	<b>₩0260</b> <sup>0</sup> 0001 44 02008	
		- <b>10200 0001 44</b> Q2000	
-	COMMITTEE TYPE CHECK IF	REPORT QUARTER	
_	CPC PPC LLC AMENDMENT	APR JUL OCT JAN	
	CPC PPC AMENDMENT		
	FIRST REPORT FILED	YEAR 20/0	

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Do not attempt to complete the "Depository Information" or the "Net Financial Summary" until the appropriate schedules have been completed

DEPOSITORY INFORMATION	COLUMN A	COLUMN B
PERIOD COVERED         FROM         10/1/09         THROUGH           12/31/09         12/31/09         12/31/09         12/31/09	THIS REPORT	CALENDAR YEAR-TO-DATE
1. CASH ON HAND, JANUARY 1, 2009		4849.07
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD	3349.07	
3. MONETARY RECEIPTS (+)	684 22	684 22
4. SUBTOTAL	4033.29	5533 29
5. MONETARY EXPENDITURES (-)	250 -	1750
6. CASH ON HAND, CLOSE OF REPORTING PERIOD	3183.29	3783.29

6. CASH ON HAND, CLOSE OF REPORTING PERIOD	3183.29	3783.29
NET FINANCIAL SUMMARY		
7 CASH ON HAND, CLOSE OF REPORTING PERIOD		3783.29
8. DEBT OWED TO COMMITTEE	(+)	-
9. SUBTOTAL		3783 29
10. DEBT OWED BY COMMITTEE	(·)	
11. TOTAL (Net Worth)		3783 29

-	TREASURER'S CERTIFIC	ATION
I certify t	hat the statements on this document are true, and that	the contribution amounts received conform with the ements are willfully false, I may be subject to punishment.
.11		
//3//0	MARK SCHWARTZ	
DATE	PRINT NAME	SIĞNATURE
	641 Cumberland	
	ADDRESS	*(AREA CODE) DAY TELEPHONE NUMBER
1	Teaneck, NJ 07666	
		*(AREA CODE) EVENING TELEPHONE NUMBER
New Jersey Elect	tion Law Enforcement Commission, January, 2005	FORM R-3

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New Jersey Election Law Enforcement Commission, January, 2005 \*Leave this field blank if your telephone number is unlisted. Pursuant to NJSA 47 1A-11, an unlisted telephone number is not a public record and must not be provided on this form

DEAL TERNECK DEAS. 10/1 - 12/31/09

_Do ne	ot attempt to complete Tables I and II until the appropriate sch	edules have been comp	leted.	
_	TABLE I RECEIPTS	COLUMN A	COLUMN B	
	MONETARY RECEIPTS	THIS REPORT	CALENDAR YEAR-TO-DATE	
1	CONTRIBUTIONS, \$300 OR LESS			
2	CONTRIBUTIONS, MORE THAN \$300	684.22	684.22	
2a	CURRENCY CONTRIBUTIONS			
3	TOTAL (Add lines 1, 2 and 2a)	684.22	684.22	
4	REFUND OF EXCESSIVE CONTRIBUTIONS         (ADJUSTMENT SCHEDULE)			
5	SUBTOTAL (Subtract line 4 from line 3)	684.2	684.22	
	OTHER RECEIPTS		5-7 c. 11 b b b b b b b b b b b b b b b b b b	
6	REIMBURSEMENTS/REFUNDS			
7	DIVIDENDS/INTEREST			
8	LOANS RECEIVED BY COMMITTEE, \$300 OR LESS			
9	LOANS RECEIVED BY COMMITTEE MORE THAN \$300 AND ALL CURRENCY LOANS			
10	TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	684 22	684.22	
11	IN-KIND CONTRIBUTIONS, \$300 OR LESS			
12	IN-KIND CONTRIBUTIONS, MORE THAN \$300			
13	GROSS RECEIPTS (Add lines 10, 11 and 12)	684.22	684.n	
	TABLE II EXPENDITURES		rs /h	
14	OPERATING DISBURSEMENTS			
	CONTRIBUTIONS (FROM THIS COMMITTEE) TO	and the second second	1	
15a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES			
15Ъ	NJ LEGISLATIVE CANDIDATES/COMMITTEES			
15c	ALL OTHER CANDIDATES/COMMITTEES	250	1750	
	EXPENDITURES MADE ON BEHALF OF	The states	۰۰۰ ۵۰۰ ۱۰۰۰	
16a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES			
16b	NJ LEGISLATIVE CANDIDATES/COMMITTEES			
16c	ALL OTHER CANDIDATES/COMMITTEES			
17	LOAN PAYMENTS			
18	TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	250.1	1750	
19	IN-KIND CONTRIBUTIONS, \$300 OR LESS			
20	IN-KIND CONTRIBUTIONS, MORE THAN \$300			
21	GROSS EXPENDITURES (Add lines 18 through 20)	250 -	1950	
New J	ersey Election Law Enforcement Commission	PAGE 2	FORM R-3 Revised 12/2008	

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	DEPOSITOR				······································
EASE TYPE OR PRINT PHOTOCO	PIES MAY BE USED IF ADDITION. EM. TEANEY DENS		E NEEDED		
	BANK ACCOUN	· · · · · · · · · · · · · · · · · · ·	TION	·- ·-	· · · · ···
NAME OF BANK LAKELAND BANK	2.1.11100000		AREA CODE) TELEPHI (201) 830		·····
417 Cedar Lane				, 0300	
CITY STATE ZIP CODE				• • •	
Teaneck, NJ 0766	· ···· · · · · · · · · · · · · · · · ·				
REAL TEANECK DEM	OCRATS		6254051	.13	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBU	RSEMENTS THIS PERIO	a	CLOSING BALANCE THIS PERIO
the committee h as mor e tha		the same b	ank, the name	(s) an da	c count numb er (s)
f the additional account(s) m	ust be provided.		CCOUNT NUMBER		
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NAME OF BANK	I	<u>t</u>	AREA CODE) TELEPH	ONE NUMBER	
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
ACCOUNT NAME			ACCOUNT NUMBER		
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBUR	SEMENTS THIS PERIO	Ð	CLOSING BALANCE THIS PERIO
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It he additional account(s) m         ACCOUNT NAME         OPENINGBALANCE THIS PERIOD         Other than the bank a ccount(         Investment Instr         Certificate of De         Mutual Fund Ac         Other (please spor each item checked ("X") above	DEPOSITS THIS PERIOD OTHER (s) II sted above, does this co tution Money Market Accou cposit (C.D.) ccount becify)	ASSETS mmitte e ho	ACCOUNT NUMBER	D following ds ks Property ation. If re	cLOSING BALANCE THIS PERIC ; (ple ase X): / /
Investment Instructional Fund Account         OPENINGBALANCE THIS PERIOD         Investment Instruction         Investment Instruction         Other (please sport of the count ("X") above roperty Schedule must be filed as property	DEPOSITS THIS PERIOD OTHER (s) II sted above, does this co tution Money Market Accou cposit (C.D.) ccount becify)	ASSETS mmitte e ho	ACCOUNT NUMBER	D following ds ks Property atton, If re	cLOSING BALANCE THIS PERIO (ple ase X): // // al property is held, a Real le and instructions.
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ITEMIZED RECEIPTS (Other that	In Loans)	SCHEDULE	EA Page No 1	1 of 1
PLEASE TYPE OR PRINT PHOTOCOPIES MA	Y BE USED IF A	DDITIONAL FORMS		
RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND F	FOR EACH SEPARATE ACCO	COUNT )	BURSEMENTS/	DIVIDEND&
CONTRIBUTIONS	EXPENDITURES MA		NDS OF DISBURSEMENTS	INTEREST
COMMITTEE NAME REAL TEANECK	UEMOCRATS			······································
ACCOUNT NAME and NUMBER				
BULACK FOR TEANECK	STATE USE ONLY	SH3 MAITLAND	SER AND STREET)	
OCCURATION	STATE USE ONLY (			
CANDIDATE COMMITTEE			07666	
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD	AMOUNT(3) RECEIVE THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE AND ZIP CODE)			10/13/09	684.22
RECEIPT DESCRIPTION (If In land)	T	AGOREGATE YEAR-TO DATE	+	
		684 22		1
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUM	BER AND STREET)	
OCCUPATION	STATE USE ONLY	CITY, STATE AND ZIP CODE		
		,		
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIV
EMPLOYER ADDRESS (NUMBER AND STREET)			<b>H</b>	
(CITY, STATE AND ZIP CODE)			 	+
RECEIPT DESCRIPTION (If In-kind)		AGOREGATE YEAR-TO-DATE	╡────	+
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUL	MBER AND STREET)	
		· · · · · · · · · · · · · · · · · · ·		
OCCUPATION	STATE USB ONLY	(CITY, STATE AND 21P CODE)		<del>``</del>
EMPLOYER NAME			DATE(S) RECEIVED	AMOUNT(S) RECEP
EMPLOYER ADDRESS (NUMBER AND STREET)			THIS PERIOD	THIS PERIOD
(CITY, STATE AND ZP CODE)				
RECEIPT DESCRIPTION (If In-kind))		AGGREGATE YEAR-TO-DATE	+	
• • • • • • • • • • • • • • • • • • •	STATE USE ONLY	CONTRIBUTOR ADDRESS (NU	MBER AND STREET	
CONTRIBUTOR NAME				
CONTRIBUTOR NAME		(CITY, STATE AND ZP CODE)	) 	
CONTRIBUTOR NAME	STATE USE ONLY		DATE(S) RECEIVED	AMOUNT(S) RECE
	STATE USE ONLY			THE DEPART
OCCUPATION -			THIS PERIOD	THIS PERIOD
OCCUPATION - EMPLOYER NAME EMPLOYER ADDRESS (NUMBER AND STREET)				
OCCUPATION - EMPLOYER NAME EMPLOYER ADDRESS (NUMBER AND STREET) (CITY, STATE AND ZIP CODE)				
OCCUPATION - EMPLOYER NAME EMPLOYER ADDRESS (NUMBER AND STREET)		AGGREGATE YEAR-TO DATE	THIS PERIOD	
OCCUPATION - EMPLOYER NAME EMPLOYER ADDRESS (NUMBER AND STREET) (CITY, STATE AND ZIP CODE)		AGGREOATE YEAR-TO DAT	THIS PERIOD	

•<u>.</u>

FO CANDIDATES AND COMMITTE			E D Page	
PLEASE TYPE OR PRINT_PHOTOCOPIES MAY USE A SEPARATE "SCHEDULE D" FOR EACH SEPARATE ACCOUNT AND EAC		AL FORMS	ARE NEEDE	D
	EW JERSEY LEGISLATIVE ANDIDATES/COMMITTEES		ALL OTHE	R CANDIDATES/COMMITTI
COMMITTEE NAME FEAL TEANECK	DEMOCRATS			
ACCOUNT NAME				
	ELECTION DATE	СН	ECK	AMOUNT
RECIPIENT NAME, ADDRESS	DISTRICT OR COUNTY			OF EACH
(Number and Street, City, State, Zip Code)	OR MUNICIPALITY	<u>NO(S)</u>	DATE(S)	CONTRIBUTIO
VIELORY 2009	11/2019			
VIELORY 2009 HACKENSACK, NJ 07601	BERGÉN	1815	10/15/09	250
		1		
		<u> </u>		
		=		
				<b> </b>
		-		
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<b>-</b>		
1 SUBTOTAL (Add all contributions made to	each recipient type liste	d on this n	age)	240.1
2 TOTAL, THIS RECIPIENT TYPE, THIS PER	IOD (Compl ete this line	on the last		750.
used for each recipient type Carry forward	to Page 2, either Line 1:	5a,		1 220.1

COMMITTEE - SWORN STATEMENT To be used only by a continuing political committee,		FOR STATE USE ONLY
tave (★) political party committee, or a legisl     terror committee (	ative leadership committee	
Commission ★ NEWJERSEY ELECTION LAW ENF     ★ P O Box 185, Trenton,		
(609) 292-8700 or Toll Free Within Website www.elec	NJ 1-888-313-ELEC (3532)	
PLEASE TYPE OR PRINT		
Fuil Committee Name, Address (Number & Street, City, State, Z	Zip Code)	
REAL TEANECK DEMOCRATS		
PO BOX 3178		Calendar Year Period Jan 1 <sup>sr</sup> to Dec 31 <sup>sr</sup> ,2010
TEANECK, NJ 07666		First Report Filed?
Committee Type (CHECKONE) 🗹 Continuing Political 🔲 Politic		Yes No
ELEC Identification Number	X" If address is different from	Amendment?
	address previously reported	Yes No
V0260000144Q2010		
Committee Chairperson	and Treasurer Certification	
, the undersigned, do hereby certify as follows-~		
The total amount to be expended by this committee shall be zer year period indicated above. I have read the additional filing inform		
rue I am aware that if any of the statements are willfully false, I	I may be subject to punish ment	
2/22/10	Chiritsa	
DATE	COMMITTEE CHAIRPERSON SIGNATURE	
DAYTELEPHONE	Emil Stern PRINT COMMITTEE CHAIRPERSONS NA	AME
	309 Edgewood	
*EVENING TELEPHONE	ADDRESS Teaneck NJ 07666	
2/22/10	'r	
DATE	COMMITTEE TREASURER SUNATURE Mark Schwartz	
*DAYTELEPHONE	PRINT COMMITTEE TREASURER'S NAM	ie
*EVENING TELEPHONE	641 Cumberland	
EVENING I ELEPTIONE	Teaneck NJ 07666	
	CITY STATE ZIP	
Additional F		
In the event the total expended by this committee, in the aggrega	ate exceeds \$4,900 at any point in the	e calendar year, this committee
is required to file a "Receipts and Expenditures Quarterly Repo such reports shall include all activity dating back to January 1 <sup>st</sup>	ort," Form R-3, on each subsequent q	uarterly filing date The first o
October 15, and January 15		
If contributions from any one source during the calendar year ag		
contributions in any amount, the committee is required to report Information," Form C-3, on the next guarterly reporting date. No		
of \$200	····, (-····, -·························	
If the committee receives a contribution in excess of \$1,200 in		
closing date of the last quarterly report through the date of an elec-	ction in which the committee is contribu	uting or otherwise participating
the committee is required to notify the Commission in writing w a committee to file a cumulative report on the 11 <sup>TH</sup> day prior to ar		
day before an election. Thereafter, each contribution in excess		
the Form C-3, "Supplemental Contributor Information"		
If the committee makes, incurs, or authorizes an expenditure of		
from April 1 up to and including the day of any primary election including the day of any general election in which the committee		
in writing within 48 hours it is permissible for a committee to file	e a cumulative report on the 11TH day	prior to the primary or genera
election of expenditures made, incurred, or authorized in exces	ss of \$1,200 up to the 13 <sup>™</sup> day before	e the election, thereafter, each
expenditure in excess of \$1,200 must be reported within 48 hour	s Flease use the Form E-3, "Supplem	ental Expenditure Information
lew Jersey Election Law Enforcement Commission		Form A-3 Revised 01/2

IN JERS	COMMITTEE - SV	VORN STATEMENT	FORM A-3
Flortion		ntinuing political committee,	FOR STATE USE ONLY
★ Law ★		legislative leadership committee	
* Commission		VENFORCEMENT COMMISSION Inton, NJ 08625-0185	FIFO
		fithin NJ 1-888-313-ELEC (3532)	-LEC RECEIVE
- 103 -	•	v elec state nj us	IAN
PLEASE TYPE OR PRIN	······································		ELEC RECEIVED JAN 1 4 2011
Full Committee Name, Ad	dress (Number & Street, City, Sta	ate. Zip Code)	-011
	dress (Number & Street, City, Sta DEMOCRATS		_
c/o Emil Ste	rn		Calendar Year Period
PO Box 3178			Jan 1 <sup>s1</sup> to Dec 31 <sup>s1</sup> , 2011
Teaneck NJ O	7666		First Report Filed?
Committee Type (CHECKC	NE) 🗹 Continuing Political 🔲 I	Political Party 🔲 Legislative Leadership	🗌 Yes 🗌 No
ELEC Identification Numb		"X" If address is different from	Amendment?
V0260000144Q	2011	address previously reported	🗌 Yes 🛛 🗹 No
	Committee Chairper	rson and Treasurer Certification	
, the undersigned, do here	eby certify as follows		
The total amount to be exp		e zero, or shall not, in the aggregate, excer	ed \$4,900 during the calendar
ear period indicated abov	pended by this committee shall b e 1 have read the additional filing	e zero, or shail not, in the aggregate, excer information on this form I contify that my sta	
year period indicated abov true 1 am aware that if an	pended by this committee shall b e 1 have read the additional filing		
ear period indicated abov	pended by this committee shall b e 1 have read the additional filing	information on this form I certify that my sta	
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year period indicated above true 1 am aware that if any 1/11/11 DATE *DAYTELEPHONE *EVENING TELEPHONE	pended by this committee shall b e 1 have read the additional filing	Information on this form I confity that my statistics, I may be subject to pupilshment Committee chainperson signature EMIL STERN PRINT_COMMITTEE CHAINPERSON S NA PO BOX 3178 ADDRESS ADDRESS ADDRESS CITY STATE ZIP	tements on this document are
Year period indicated above rue 1 am aware that if any 1 /11 /11 DATE *DAYTELEPHONE *EVENING TELEPHONE 1 /11 /11	pended by this committee shall be e I have read the additional filing y of the statements are willfully fa	Information on this form I confity that my statistics, I may be subject to pupilshment Committee chainperson signature EMIL STERN PRINT_COMMITTEE CHAINPERSON S NA PO BOX 3178 ADDRESS ADDRESS ADDRESS COMMITTEE TREASURER SERVATURE / Mark Schwartz	ME
Year period indicated above rue 1 am aware that if any 1 / 11 / 11 DATE *DAYTELEPHONE 1 / 11 / 11 DATE *DAYTELEPHONE *DAYTELEPHONE	pended by this committee shall be e I have read the additional filing y of the statements are willfully fa	Information on this form I confity that my statise, I may be subject to purishment COMMITTEE CHAIRPERSON SIGNATURE EMIL STERN PRINT COMMITTEE CHAIRPERSON'S NA PO BOX 3178 ACORESS Teaneck NJ 07666 CITY STATE ZIP COMMITTEE TREASURER STATURE / Mark Schwartz PRINT COMMITTEE TREASURER S NAME 641 Cumberland	ME
year period indicated above rue 1 am aware that if any 1/11/11 DATE *DAY TELEPHONE *EVENING TELEPHONE 1/11/11 DATE	pended by this committee shall be e I have read the additional filing y of the statements are willfully fa	Information on this form I confity that my statistics, I may be subject to pupilshment Committee chainperson signature EMIL STERN PRINT_COMMITTEE CHAINPERSON S NA PO BOX 3178 ADDRESS ADDRESS ADDRESS COMMITTEE TREASURER SERVATURE / Mark Schwartz	ME
year period indicated above True 1 am aware that if any 1/11/11 DATE *DAY TELEPHONE 1/11/11 DATE *DAY TELEPHONE	pended by this committee shall be e I have read the additional filing y of the statements are willfully fa	Information on this form I confity that my statise, I may be subject to purishment COMMITTEE CHAIRPERSON SIGNATURE EMIL STERN PRINT COMMITTEE CHAIRPERSON'S NA PO BOX 3178 ACORESS Teaneck NJ 07666 CITY STATE ZIP COMMITTEE TREASURER STATURE / Mark Schwartz PRINT COMMITTEE TREASURER S NAME 641 Cumberland	ME

In the event the total expended by this committee, in the aggregate, exceeds \$4,900 at any point in the calendar year, this committee is required to file a "Receipts and Expenditures Quarterly Report," Form R-3, on each subsequent quarterly filing date. The first of such reports shall include all activity dating back to January 1<sup>st</sup> of the current calendar year. The filing dates are April 15, July 15, October 15, and January 15

If contributions from any one source during the calendar year aggregate more than \$300, or the committee receives currency (cash) contributions in any amount, the committee is required to report the contributions to the Commission on "Supplemental Contributor Information," Form C-3, on the next quarterly reporting date. Note that currency (cash) contributions cannot be accepted in excess of \$200

If the committee receives a contribution in excess of \$1,200 in the aggregate from any one source during the period between the closing date of the last quarterly report through the date of an election in which the committee is contributing or otherwise participating, the committee is required to notify the Commission in writing within 48 hours of the receipt of the contribution. It is permissible for a committee to file a cumulative report on the 11<sup>™</sup> day prior to an election of contributions in excess of \$1,200 received up to the 13<sup>™</sup> day before an election. Thereafter, each contribution in excess of \$1,200 must be reported within 48 hours of receipt. Please use the Form C-3, "Supplemental Contributor Information."

If the committee makes, incurs, or authorizes an expenditure of money or other thing of value in excess of \$1,200 in the aggregate from April 1 up to and including the day of any primary election in which the committee is participating, or from October 1 up to and including the day of any general election in which the committee is participating, the committee is required to notify the Commission in writing within 48 hours. It is permissible for a committee to file a cumulative report on the 11<sup>TH</sup> day prior to the primary or general election of expenditures made, incurred, or authorized in excess of \$1,200 up to the 13<sup>TH</sup> day before the election, thereafter, each expenditure in excess of \$1,200 must be reported within 48 hours. Please use the Form E-3, "Supplemental Expenditure Information."

N JERS	COMMITTEE - SWOR	N STATEMENT	FORM A-3
Floction	To be used only by a continuin		FOR STATE USE ONLY
Ar Law Enforcementate	political party committee, or a legisla	1	ELEC RECEIVE
Commission)	NEW JERSEY ELECTION LAW ENF	ORCEMENT COMMISSION	
	P O Box 185, Trenton, N	NJ 08625-0185	
* 100 *	(609) 292-8700 or Toll Free Within N	J 1-888-313-ELEC (3532)	JAN 1 1 2012
	Website www.elec:	state nj us	
PLEASE TYPE OR	PRINT	·	
Full Committee Nam	e, Address (Number & Street, City, State, Zip	Code)	
	NECK DEMOCRATS		
c/o Emil Stern			Calendar Year Period
PO Box 3178			Jan 1 <sup>st</sup> to Dec 31 <sup>st</sup>
Teaneck, NJ 07666		First Report Filed?	
		al Party 🔲 Legislative Leadership	Yes No
ELEC Identification	Number	"X" If address is different from	Amendment?
V0260000	14402012	address previously reported	Yes No
	= · · · <b>\</b> = = = = =		
	Committee Chairperson (	and Treasurer Certification	· · · · · · · · · · · · · · · · · · ·

I, the undersigned, do hereby certify as follows

The total amount to be expended by this committee shall be zero, or shall not, in the aggregate, exceed \$4,900 during the calendar year penod indicated above I have read the additional filing information on this form I config that my statements on this document are true I am aware that if any of the statements are willfully false, I may be subject to pursement

1/10/12		amon	
DATE		COMMITTEE CHAIRPERSON SIGNATURE EMIL STERN	
DAY TELEPHONE		PRINT COMMITTEE CHAIRPERSONS NAME PO Box 3178	
*EVENING TELEPHONE		Teaneck, NJ 07666	***
1/10/12	e de la		, • •
DATE	۰ ایرا	COMMITTEE TREASURER SIGNATURE MARK SCHWARTZ	ь ф
DAY TELEPHONE	<b></b> )	PRINT COMMITTEE TREASURERS NAME 641 Cumberland	
*EVENING TELEPHONE	· ,	ADDRESS Teaneck, NJ 07666 CITY STATE ZIP	1

## **Additional Filing Information**

In the event the total expended by this committee, in the aggregate, exceeds \$4,900 at any point in the calendar year, this committee is required to file a "Receipts and Expenditures Quarterly Report," Form R-3, on each subsequent quarterly filing date. The first of such reports shall include all activity dating back to January 1<sup>st</sup> of the current calendar year. The filing dates are April 15, July 15, October 15, and January 15

if contributions from any one source during the calendar year aggregate more than \$300, or the committee receives currency (cash) contributions in any amount, the committee is required to report the contributions to the Commission on "Supplemental Contributor Information," Form C-3, on the next quarterly reporting date. Note that currency (cash) contributions cannot be accepted in excess of \$200

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If the committee makes, incurs, or authonzes an expenditure of money or otherthing of value in excess of \$1,200 in the aggregate from April 1 up to and including the day of any primary election in which the committee is participating, or from October 1 up to and including the day of any general election in which the committee is participating, the committee is required to notify the Commission in writing within 48 hours. It is permissible for a committee to file a cumulative report on the 11<sup>tH</sup> day prior to the primary or general election of expenditures made, incurred, or authorized in excess of \$1,200 up to the 13<sup>TH</sup> day before the election, thereafter, each expenditure in excess of \$1,200 must be reported within 48 hours Please use the Form E-3, "Supplemental Expenditure Information

Form A 3 Revised 01/2010 New Jersey Election Law Enforcement Commission Leave this field blank if your telephone number is unlisted. Pu suant 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

NERC	COMMITTEE - SWO	RN STATEMENT	FORM A-3
	To be used only by a continu		FOR STATE USE ONLY
(*) Law (*) pol	litical party committee, or a legis		
Commission	P O Box 185, Trentor		
N + 3	9) 292-8700 or Toll Free Withir		ELEC RECEIVED
	WWW BIEC STA	/ /	
LEASE TYPE OR PRINT			JAN 2 2 2013
Committee Type (CHECK ONE)	🗹 Continuing Political 🛛 🗌 Poli	tical Party 🔲 Legislative Leadership	JAN 2 2 2010
Committee Name	TEANECK DEMOCRAT	29	
			Calender Veer Dered
Address (Number and Street) [] ( PO Bo	ox 3178	\$P0/180	Jan 1 <sup>st</sup> to Dec 31 <sup>st</sup> 2013
 City, State, Zip Code	······	ELEC Identification Number	Amendment?
City, State, Zip Code Teaneck NJ 0766	56	V0260000144Q2013	Yes Z No
	Committee Chairnerson	n and Treasurer Certification	
		nt to be expended by this committee	
		ed above I have read the additional film any of the statements are will full Talse	
1/15/13	noncaro trao ir ann awaro that h (	Cur St.	, and you subject to puttoration
ATE		COMMITTEE CHAIRPERSON SIGNATU	RE
_		Emil Stern	
DAY TELEPHONE		PRINT COMMITTEE CHAIRPERSONS POB 3178	NAME
*EVENING TELEPHONE		-	
		ADDRESS Teaneck NJ 0766	6
1/15/13			
DATE		COMMITTEE TREASURE SIGNATURI	
		Mark Schwartz	
DAY TELEDUCKE		PRINT COMMITTEE TREASURERS N. 641 Cumberland	MME
DAY TELEPHONE			
		ADDRESS	
		Teaneck NJ 0766	6
		CITY STATE ZIP	Ú
	Additional I	Teaneck NJ 0766	6
EVENING TELEPHONE		CITY STATE ZIP	
EVENING TELEPHONE	by this committee, in the aggree Expenditures Quarterly Repor	TEATIECK NJ 0766 CITY STATE ZIP Filing Information gate, exceeds \$5,500 at any point in th t,' Form R-3, on each subsequent qua	ne calendar year, this committee rterly filing date The first of such
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evening telephone the event the total expended to required to file a "Receipts and ports shall include all activity di 5, and January 15	by this committee, in the aggreg I Expenditures Quarterly Repor ating back to January 1 <sup>st</sup> of the	Teatrieck NJ 0766 city state zip Fling Information gate, exceeds \$5,500 at any point in th t,' Form R-3, on each subsequent qua current calendar year. The filing dates	ne calendar year, this committee rterly filing date The first of such sare April 15, July 15, October
evening telephone the event the total expended to required to file a "Receipts and sports shall include all activity di 5, and January 15 contributions from any one sou	by this committee, in the aggree I Expenditures Quarterly Repor ating back to January 1 <sup>st</sup> of the urce during the calendar year a	TEATIECK NJ 0766 CITY STATE ZIP Filing Information gate, exceeds \$5,500 at any point in th t,' Form R-3, on each subsequent qua	ne calendar year, this committee rterly filing date The first of such are <b>April 15, July 15, October</b> imittee receives currency (cash)
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<ul> <li>required to file a "Receipts and eports shall include all activity di 5, and January 15</li> <li>f contributions from any one sou ontributions in any amount, the information," Form C-3, on the n e200</li> <li>f the committee receives a contri- late of the last quarterly report to committee is required to notify the bile a cumulative report on the in election. Thereafter, each con Supplemental Contributor Information</li> </ul>	by this committee, in the aggreg Expenditures Quarterly Repor- ating back to January 1 <sup>st</sup> of the urce during the calendar year a a committee is required to repo- text quarterly reporting date. No next quarterly reporting date. No bution in excess of \$1,400 in the through the date of an election a Commission in writing within 48 a 11 <sup>TH</sup> day prior to an election o ntribution in excess of \$1,400 r mation "	Teatrieck NJ 0766 city state zip Fling Information gate, exceeds \$5,500 at any point in th t.' Form R-3, on each subsequent qua current calendar year. The filing dates aggregate more than \$300, or the com- out the contributions to the Commission bate that currency (cash) contributions in the aggregate from any one source durin is which the committee is contribution if contributions in excess of \$1,400 re- nust be reported within 48 hours of the	ne calendar year, this committee rterly filing date. The first of such are April 15, July 15, October mittee receives currency (cash) n on "Supplemental Contributor cannot be accepted in excess of g the period between the closing g or otherwise participating, the i It is permissible for a committee ceived up to the 13 <sup>TH</sup> day before ceipt. Please use the Form C-3,
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		ORN STATEMENT	FORM A-3
EN JERSE	To be used only by a conti	inuing political committee,	FOR STATE USE ONLY
[{★}] Lav }★	political party committee, or a le		
★ Enforcement ★ ★ Commission ★	NEW JERSEY ELECTION LAW	ENFORCEMENT COMMISSION	
	P O Box 185, Trent		LEC RECEIVED
* 1111 *	(609) 292-8700 or Toll Free Wit		
	www.elec	state nj us	JAN 2 4 2014
PLEASE TYPE O	R PRINT		
Committee Type (C	CHECK ONE) 🖉 Continuing Political 🔲 P	Political Party 📋 Legislative Leadership	
Committee Name	REAL TEANECK DEMOCRATS	S	
Address (Number an	nd Street) Check if different than previously PO BOX 31.78	y reported	Calendar Year Period Jan 1 <sup>st</sup> to Dec 31 <sup>st</sup> ,2014
City, State, Zip Cod	<sup>le</sup> Teaneck NJ 07666	ELEC Identification Number V026000014402014	Amendment?
	Committee Chairpers	son and Treasurer Certification	
1 4h	de bereker en de se de llaver. The datal and	such the her successful building committee of	all he zere or shall not in the
1, the undersigned,	do hereby certify as follows. The total ami	ount to be expended by this committee sh cated above Thave read the additional filing i	all be zero, or snall riot, in the
aggregate, exceed a	55,500 during the calendar year period indic on this document are true. Lam aware that	if any of the statements are with what also, I	may be subject to pupishment
1/3/14	on this document are true in an aware that	any of the state of the state of the state of the	
		COMMITTEE CHAIRPERSON SIGNATURE	-
DATE		Emil Stern	<u>-</u>
*DAY TELEPHONE	······	PRINT COMMITTEE CHAIRPERSONS N. POB 3178	AME
*EVENING TELEPHONE		ADDRESS	
		Teaneck NJ 07666	
1/3/14		CITY STATE, ZIP	
	····	COMMITTEE TREASURER SIGNATURE	
	, <sup>1</sup> 4 1	Mark Schwartz	
DAY TELEPHONE		PRINT COMMITTEE TREASURERS NAM	IE
L. L.	· ·	641 Cumberland	
*EVENING TELEPHONE		ADDRESS	
		Teaneck NJ 07666	
,,			
	Additiona	al Filing Information	
In the event the tetr	al expended by this committee in the age	regate, exceeds \$5,500 at any point in the	colondar year, this committee
is required to file a "	Receipts and Expenditures Quarterly Rep e all activity dating back to January 1 <sup>st</sup> of t	bort," Form R-3, on each subsequent quart he current calendar year. The filing dates a	erly filing date. The first of such
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		Note that currency (cash) contributions ca	
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		ion in which the committee is contributing	
		n 48 hours of the receipt of the contribution	• • •
		n of contributions in excess of \$1,400 rece	
		00 must be reported within 48 hours of reci	eipt Please use the Form C-3,
Supplemental Cor	ntributor Information "		
		of money or other thing of value in excess of	
		which the committee is participating, or from	
		articipating, the committee is required to no	
		mulative report on the 11 <sup>TH</sup> day prior to the 400 up to the 13 <sup>TH</sup> day before the election, t	
		use the Form E-3, "Supplemental Expend	

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New Jersey Election Law Enforcement Commission Form A 3 Rev 01/2013 Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47 1A 1.1. an unlisted talophone number is not a public record and must not be provided on this form

ALWA JERSEL	CONTINUING POLITICAL COMMITTEE FINALIZATION PURSUANT TO N.J.S		FORM: CPC-F
Law Enforcement Commission Ffer www.	NEW JERSEY ELECTION LAW ENFORCE PO Box 185, Trenton, NJ 0862 (609) 292-8700 or Toll Free Within NJ 1-886 www.elec state nj us	MENT COMMISSION	<b>LEC RECEIVE</b> MAR 0 4 2014
LEASE PRINT OR	ТҮРЕ	· · · · · · · · · · · · · · · · · · ·	ļ
Name of Continuing	Political Committee REAL_TEANECK_D	EMOCRATS	
ELEC Identification	Number V0260000144Q2014 POB 3178		
Address	Teaneck NJ 07666		
Telephone Number	- *Day *		
Name of Treasurer	641 Quebeeleed		
Add1633	Teaneck NJ 07666		
Telephone Number	- *Day	Evening	
Address			
Telephone Number		Evening	
Name of Bank or D	epository Lakeland Bank 410 Cedar Lane Teaneck NJ 07666		
Account Name	Real Teaneck Democrats		
Delow ) Name of Bank or D Address			
Account Name			

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New Jersey Election Law Enforcement Commission Form CPC-F Page 1 of 2 Revised 02/2011
"Leave this field blank if your telephone number is unlisted. Pursuent 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.

f

## **CERTIFICATION OF FINALIZATION**

toward the aiding or promoting of the candid	ntinuing political committee which at any point expects to cease making contributions dacy of an individual(s) for elective public office or the passage or defeat of a public riting to the Commission Placing your signature below fulfills this requirement
Declaration for Continuing Political Com aiding or promoting of the candidacy of an i	mittee' I certify that the committee has ceased to make contributions toward the ndividual(s) or the passage or defeat of a public question(s) in the State of New Jersey
Gen &	$\sim$
	SIGNATURE OF TREASURED
Declaration Regarding Funds I certify th	at the committee has wound up its business
Balance on hand (if any) \$	
Earl &	Y
SIGNATURE OF CHAIRPERSON	SIGNATURE OF TREASURER
I certify that the forgoing statements made to willfully false, I may be subject to punishme	by me are true I am aware that if any of the foregoing statements made by me are int
Elin Sh	η
SIGNATURE OF CHAIRPERSON	SIGNATURE OF TREASURER
	at continuing political committees that cease activity submit a final accounting of any andidates or public questions in the State of New Jersey A final Form R-3 should be
submitted with this form to fulfill this require	
1	

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