

**SINGLE CONTRIBUTOR VIEW**

<b>Contributor Name</b>	SAMUEL KLEIN & CO
<b>Address</b>	550 BROAD ST 11TH FL NEWARK,NJ 07102
<b>Contributor Type</b>	BUSINESS/CORP
<b>Contributor Date</b>	10/03/2014
<b>Contributor Amount</b>	\$600.00
<b>Contribution Type</b>	MONETARY
<b>Occupation</b>	
<b>Employer</b>	
<b>Recipient Information</b>	YAKUBOV, MICHAEL, GENERAL, 2014, MAYOR, ROSELLE PARK BOROUGH, REPUBLICAN

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>	<b>REPORT (CHECK ONE)</b> <input checked="" type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct 15, _____ <input type="checkbox"/> Jan 15, _____
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P O Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) <i>www.elec.state.nj.us</i>		
CANDIDATE OR COMMITTEE NAME <b>FRIENDS OF MICHAEL YAKUBOV</b>		
STREET ADDRESS <b>146 W. LINCOLN Ave</b>		Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
CITY <b>Roselle Park</b>	STATE <b>NJ</b>	ZIP CODE <b>07204</b>
COUNTY <b>UNION</b>	ELECTION DISTRICT OR MUNICIPALITY <b>ROSELLE PARK</b>	
POLITICAL PARTY, IF ANY <b>(R) Republican</b>	OFFICE SOUGHT <b>MAYOR</b>	
ELECTION DATE <b>NOV 4, 14</b>	ELECTION TYPE (CHECK ONE) <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> FIRE DISTRICT
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED		
<b>TABLE I. RECEIPTS</b>		
	<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>
1 MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS	\$ 1,372	\$ 1,372
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 3,000	\$ 3,000
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ 0	\$ 0
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ 0-	\$ 0-
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ 0-	\$ 0-
6 <b>SUB TOTAL</b> (ADD LINES 1 THRU 5)	\$ 4,372	\$ 4,372
7 REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ 0-	\$ 0-
8 <b>TOTAL CONTRIBUTIONS</b>	\$ 4,372	\$ 4,372
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ 0-	\$ 0-
10 <b>TOTAL RECEIPTS</b> (ADD LINE 8 + LINE 9)	\$ 4,372	\$ 4,372
<b>TABLE II. EXPENDITURES</b>		
1 DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 3,493.07	\$ 3,493.07
2 DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ 0	\$ 0
3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ 0	\$ 0
4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ 0	\$ 0
5 IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ 0	\$ 0
6 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ 0	\$ 0
7 <b>SUB TOTAL</b> (ADD LINES 1 THRU 6)	\$ 3,493.07	\$ 3,493.07
8 REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ 0 ↓	\$ 0 ↓
9 <b>TOTAL EXPENDITURES</b> (LINE 7 MINUS LINE 8)	\$ - ↓	\$ - ↓

**SCHEDULE A**

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

CONTRIBUTOR NAME <b>KEAN FOR SENATE - TOM KEAN</b>			EMPLOYER NAME <b>KEAN FOR SENATE</b>	
CONTRIBUTOR ADDRESS <b>425 NORTH AVE Suite C Westfield, NJ 07090</b>			EMPLOYER ADDRESS <b>Self employed - same address.</b>	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$ 1,000</b>	DATE(S) RECEIVED <b>10-3-14</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$ 1,000</b>
OCCUPATION <b>SENATOR</b>				
CONTRIBUTOR NAME <b>Assemblyman Jon. M. Bramnick</b>			EMPLOYER NAME <b>BRANNICK FOR ASSEMBLY</b>	
CONTRIBUTOR ADDRESS <b>251 NORTH AVE W Westfield, NJ 07090</b>			EMPLOYER ADDRESS <b>251 NORTH AVE WEST Westfield, NJ 07090</b>	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$ 250</b>	DATE(S) RECEIVED <b>6-15-14 10-3-14</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$ 250.00</b>
OCCUPATION <b>Assemblyman/Attorney</b>				
CONTRIBUTOR NAME <b>NICHOLAS RAJOPPI JR.</b>			EMPLOYER NAME <b>NAR AUTO Sales</b>	
CONTRIBUTOR ADDRESS <b>610 West Westfield Ave Roselle Park, NJ 07204</b>			EMPLOYER ADDRESS <b>601 W. Westfield Ave Roselle Park, NJ 07204</b>	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$ 350</b>	DATE(S) RECEIVED <b>10-3-14 6-15-14</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$ 250</b>
OCCUPATION <b>AUTO Sales</b>				
CONTRIBUTOR NAME <b>HUSSAM ASSAD</b>			EMPLOYER NAME <b>Borough of Roselle Park</b>	
CONTRIBUTOR ADDRESS <b>105th HOLLOW ROAD Howell, NJ 07731</b>			EMPLOYER ADDRESS <b>110 E. WESTFIELD AVE Roselle park, NJ 07204</b>	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$ 500</b>	DATE(S) RECEIVED <b>10-3-14</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$ 500</b>
OCCUPATION <b>Police OFFICER</b>				
CONTRIBUTOR NAME <b>ANA D. and Ralph S. ORTIZ</b>			EMPLOYER NAME <b>SELF employed</b>	
CONTRIBUTOR ADDRESS <b>112 ROOSEVELT Street Roselle Park, NJ 07204</b>			EMPLOYER ADDRESS <b>112 ROOSEVELT Street Roselle Park, NJ 07204</b>	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$ 350</b>	DATE(S) RECEIVED <b>10-3-14 6-15-14</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$ 150</b>
OCCUPATION <b>Self employed</b>				
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	<b>\$ 2,150</b>
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	<b>\$ 3,000 TOTAL</b>

*[Handwritten signature]*

SCHEDULE A


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

CONTRIBUTOR NAME <i>NANCY FOSTER MUNOZ</i>			EMPLOYER NAME <i>NS STATE ASSEMBLY</i>	
CONTRIBUTOR ADDRESS <i>121 OAK RIDGE AVE</i>			EMPLOYER ADDRESS <i>ST UNION Place suite C</i>	
<i>Summit NJ 07901</i>			<i>Summit NJ 07901</i>	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>750</i>	DATE(S) RECEIVED <i>10-3-14</i> <i>6-15-14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>250</i>
OCCUPATION <i>Assemblywoman</i>				
CONTRIBUTOR NAME <i>SAMUEL KLEIN + CO</i>			EMPLOYER NAME <i>SAMUEL Klein .</i>	
CONTRIBUTOR ADDRESS <i>550 BROAD STREET 11th FL</i>			EMPLOYER ADDRESS <i>Sumit -</i>	
<i>NEWARK, NJ 07102-4517</i>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>600</i>	DATE(S) RECEIVED <i>10-3-14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>75/per person</i> <i>- 8 people.</i>
OCCUPATION <i>Certified Public Account.</i>				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ <i>850</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ <i>—</i>

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

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

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

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

**ADJUSTMENT SCHEDULE**

**Refund of Contributions**

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

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

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
10-20-2014	DEBIT	OFFICE DEPOT WAYNE, NJ 07747	COPIES/SUPPLIES FOR LITERATURE DISTRIBUTION	\$ 27.80	\$ 27.80	\$
10-14-2014	DEBIT	Valentino's PIZZA 201 E. WESTFIELD AVE Roselle Park	PAID FOR FOOD FOR ELECTION TEAM	\$ 107.32	\$ 107.32	
10-1-2014	DEBIT	FACEBOOK BOOST POST FB, ME ADS	CAMPAIGN ADVERTISE	\$ 45.46	\$ 45.46	
10-1-2014	DEBIT	OFFICE DEPOT WAYNE NJ 07747	COPIES/SUPPLIES FOR Lit. Dist.	\$ 66.10	\$ 66.10	
9-29-14	DEBIT	FACEBOOK BOOST POST	CAMPAIGN ADV.	50.01	50.01	
9-22-14	DEBIT	FACEBOOK BOOST POST	CAMPAIGN ADV.	25.69	25.69	
9-18-14	DEBIT	SUN TAVERN Roselle Park	PAID FOR FOOD FOR ELECTION TEAM	74.85	74.85	
9-9-14	DEBIT	SS GRAPHICS 4176 6TH ST WYANDOTTE, MI 48192	SIGNS FOR ELECTION	1,612.60	1,612.60	
9-8-14	DEBIT	OFFICE DEPOT	COPIES FOR ELECTION	52.40	52.40	
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$	\$ 2062.23
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$	\$ 3,143,072

See Back.



Payment Date	Check #	Payee Name	Purpose	Full Amount	Pro Rate
8-18-2014	DEBIT	Monte Print 540 W. Westfield Ave 07004	Campaign Printers.	\$930.90	930.90
7-29-14	DEBIT	UPS Store Wayne	Copies FAXed	\$12.52	12.52
6-23-14	Debit	Climate Brew Company	Fundraising Venue Payment	\$250.00	250.00
06-16-14	DEBIT	DEALS STORE	Supplies for Fundraiser	12.63	12.63
6-6-14	DEBIT	Squarespace website manager	For Election Website.	86.40	86.40
6-5-14	DEBIT	29 cents plus 350 Chestnut St Union, NJ	Supplies for meet + greet	73.21	73.21
6-5-14	DEBIT	Walmart 410 Route 22 Springfield, MO.	Supplies Decorations	15.64	15.64
6-4-2014	Debit	Sunrise Diner 41 W. Westfield Ave Roselle Park	Candidate Breakfast	22.80	22.80
5-27-14	Debit	Rite Aid Union, NJ	Materials Copies	26.74	26.74
				TOTAL	1,430.84

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

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
				\$	\$	\$
			<b>TOTAL, THIS PAGE</b>	\$ 0	\$	\$
			<b>GRAND TOTAL</b>	\$ 0	\$	\$

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

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

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

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

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

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

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

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

## STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

**Opening Balance, this report**

(Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero ) \$ 0

**Funds Transferred from Prior Campaign**

\$ 0

**Deposits** (Include interest)

\$ 0

**Disbursements** (Include bank charges)

\$ 0

**Closing Balance, this Report**

\$ 0

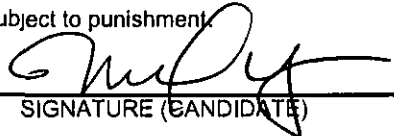
<input checked="" type="checkbox"/> <u>SANTANDER BANK</u>	<u>FRIENDS OF MICHAEL YAKUBOV</u>
<small>NAME OF BANK OR DEPOSITORY</small>	<small>NAME OF ACCOUNT</small>
<input checked="" type="checkbox"/> <u>324 CHESTNUT STREET UNION NJ 07083</u>	
<small>ADDRESS OF BANK OR DEPOSITORY</small>	
<input checked="" type="checkbox"/> <u>Michael Yakubov</u>	<u>973 342 7730</u>
<small>NAME OF TREASURER</small>	<small>*TELEPHONE NUMBER (DAY)</small>
<input checked="" type="checkbox"/> <u>146 West LINCOLN AVE, Roselle Park NJ</u>	
<small>ADDRESS OF TREASURER</small>	

### CERTIFICATION

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

10-16-14  
DATE

MICHAEL YAKUBOV  
PRINT FULL NAME (CANDIDATE)

  
SIGNATURE (CANDIDATE)

\_\_\_\_\_  
DATE

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

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

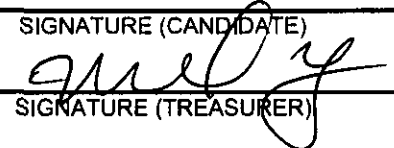
\_\_\_\_\_  
DATE

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

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

10-16-14  
DATE

Michael Yakubov  
PRINT FULL NAME (TREASURER)

  
SIGNATURE (TREASURER)

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

### DECLARATION OF FINAL REPORT

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

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

\_\_\_\_\_  
DATE

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

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

\_\_\_\_\_  
DATE

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

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

\_\_\_\_\_  
DATE

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

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

\_\_\_\_\_  
DATE

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

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