

FORM R-1		REPORT OF CONTRIBUTIONS AND EXPENDITURES		REPORT (CHECK ONE).	
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P O Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site http://www.elec.state.nj.us/				<input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input checked="" type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct 15, _____ <input type="checkbox"/> Jan 15, _____	
CANDIDATE OR COMMITTEE NAME COMMITTEE TO ELECT LEONARD COUNCILMAN				Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS 27 LORRIE LANE				ELEC RECEIVED <small>Year State Use Only</small> JUL 08 2010	
CITY WANAQUE	STATE NJ	ZIP CODE 07465			
COUNTY PASSAIC	ELECTION DISTRICT OR MUNICIPALITY WANAQUE				
POLITICAL PARTY, IF ANY REPUBLICAN	OFFICE SOUGHT COUNCILMAN				
ELECTION DATE 6/8/2010	ELECTION TYPE (CHECK ONE)	<input checked="" type="checkbox"/> PRIMARY	<input type="checkbox"/> MUNICIPAL	<input type="checkbox"/> GENERAL	<input type="checkbox"/> SPECIAL
		<input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL		
SUMMARY TABLES DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED					
TABLE I. RECEIPTS		THIS REPORT		CUMULATIVE TO DATE	
1 MONETARY CONTRIBUTIONS OF \$300 OR LESS		\$	300.00	\$	300.00
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]		\$	0	\$	5000.00
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 SUB TOTAL (ADD LINES 1 THRU 5)		\$	300.00	\$	5300.00
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)		\$	0	\$	0
8 TOTAL CONTRIBUTIONS		\$	300.00	\$	5300.00
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)		\$	0	\$	0
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)		\$	300.00	\$	5300.00
TABLE II. EXPENDITURES					
1 DISBURSEMENTS -CAMPAIGN EXPENSES [Schedule 1(D)]		\$	5300.00	\$	5300.00
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 SUB TOTAL (ADD LINES 1 THRU 6)		\$	5300.00	\$	5300.00
8 REFUNDED DISBURSEMENTS [Schedule F] (-)		\$	0	\$	0
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)		\$	5300.00	\$	5300.00

SCHEDULE A

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

CONTRIBUTOR NAME			EMPLOYER NAME			
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS			
OCCUPATION			CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
			None			
CONTRIBUTOR NAME			EMPLOYER NAME			
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS			
OCCUPATION			CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
			None			
CONTRIBUTOR NAME			EMPLOYER NAME			
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS			
OCCUPATION			CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
			None			
CONTRIBUTOR NAME			EMPLOYER NAME			
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS			
OCCUPATION			CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
			None			
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE		\$ <u>0</u>	
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL		\$ <u>0</u>	



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

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

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

LENDER NAME		EMPLOYER NAME	
LENDER ADDRESS		EMPLOYER ADDRESS	
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block; font-size: 2em; font-family: cursive;">NONE</div>			
OCCUPATION			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD	
		\$	
DATE(S) RECEIVED	AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>	
	\$		
LENDER NAME		EMPLOYER NAME	
LENDER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD	
		\$	
DATE(S) RECEIVED	AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>	
	\$		
TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD		\$	
		<div style="font-size: 3em; font-family: cursive;">0</div>	

ADJUSTMENT SCHEDULE
Refund of Excessive Contributions

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
		None	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 

SCHEDULE 1(D) - DISBURSEMENTS
Campaign Expenses

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT * OTHERS
6/1/10	1001	Suburban Trends Princeton, NJ	Newspaper Ad.	\$ 675 ⁰⁰	\$	\$
6/1/10	1002	Printing Imagery Managers NY	Political Flyer	1,327.54		
6/2/10	1003	Suburban Trends Princeton, NJ	Newspaper Ad	675 ⁰⁰		
6/1/10	1004	Political Service Co. Columbus OH	Lawn Signs	628 ⁹³		
6/1/10	1005	Printing Imagery Managers NY	Political Flyer	1,239 ⁷⁹		
6/16/10	1006	Kriston Pettef Managers NY	Challenger	168 ⁰⁰		
6/16/10	1007	Rita Santos Managers NY	Challenger	56 ⁰⁰		
6/16/10	1008	Ed Landis Managers NY	Challenger	196 ⁰⁰		
6/28/10	-	Balance of \$ 333.74 Transferred to the Committee		333.74		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 5,300 ⁰⁰	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 5,300 ⁰⁰	\$

SCHEDULE 2(D) - DISBURSEMENTS

Other

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
			<i>None</i>	\$	\$	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$	\$	\$

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

PAYMENT DATE	CHECK NO	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
		<i>None</i>		\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 0
TOTAL, THIS PAGE				\$ 0
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED				1 \$ 0
SCHEDULE 3(D) GRAND TOTAL				2 \$ 0
ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)				3 \$ 0
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				0

SCHEDULE E
Outstanding Obligations

Date Incurred	Creditor's Name	Address	Description	Amount
		None		\$
			TOTAL OUTSTANDING OBLIGATIONS	\$ 0

SCHEDULE F
Refunded Disbursements

Date	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 \$

None

STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER	
Opening Balance, this report <small>(Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero)</small>	\$ <u>5000.00</u>
Funds Transferred from Prior Campaign	\$ <u>- 0 -</u>
Deposits (Include interest)	\$ <u>300.00</u>
Disbursements (Include bank charges)	\$ <u>5300.00</u>
Closing Balance, this Report	\$ <u>- 0 -</u>
<u>LAKELAND BANK</u> NAME OF BANK OR DEPOSITORY	<u>COMMITTEE TO ELECT LEONARD</u> NAME OF ACCOUNT
<u>28 MAIN STREET</u> ADDRESS OF BANK OR DEPOSITORY	<u>BLOOMINGDALE, NJ 07403</u> ADDRESS OF BANK OR DEPOSITORY
<u>DANIEL G MAHLER</u> NAME OF TREASURER	<u>973-838-0904</u> *TELEPHONE NUMBER (DAY)
<u>27 LORRIE LANE, WANAQUE, NJ 07465</u> ADDRESS OF TREASURER	

CERTIFICATION

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

6-28-10
DATE

EDWARD LEONARD
PRINT FULL NAME (CANDIDATE)


SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

6/28/10
DATE

DANIEL G MAHLER
PRINT FULL NAME (TREASURER)


SIGNATURE (TREASURER)

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

DECLARATION OF FINAL REPORT	
<small>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.</small>	
<input checked="" type="checkbox"/> I certify that all contributions or other monies received by this election fund have been disbursed, that there are no outstanding loans or other obligations, and that the election fund has wound up its business and has been dissolved.	
<u>6-28-10</u> DATE	<u>EDWARD LEONARD</u> PRINT FULL NAME (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)
<u>6/28/10</u> DATE	<u>DANIEL G MAHLER</u> PRINT FULL NAME (TREASURER)
_____ DATE	_____ PRINT FULL NAME (TREASURER)
_____ DATE	_____ PRINT FULL NAME (TREASURER)