

FORM R-1	REPORT OF CONTRIBUTIONS AND EXPENDITURES		REPORT (CHECK ONE) <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, _____	
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/				
CANDIDATE OR COMMITTEE NAME COMMITTEE TO RE-ELECT MAYOR MAHLER				
STREET ADDRESS 27 LORRIE LANE				
CITY WANAQUE		STATE NJ	ZIP CODE 07465	ELEC RECEIVED Only JUL 08 2010
COUNTY PASSAIC		ELECTION DISTRICT OR MUNICIPALITY WANAQUE		
POLITICAL PARTY, IF ANY REPUBLICAN		OFFICE SOUGHT MAYOR		
ELECTION DATE 6/8/2010		ELECTION TYPE (CHECK ONE) <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> MUNICIPAL SCHOOL <input type="checkbox"/> GENERAL SPECIAL	
Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>				
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		\$ 0	\$ 0	
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)		\$ 0	\$ 5000 -	
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)		\$ 0	\$ 0	
8 TOTAL CONTRIBUTIONS		\$ 0	\$ 5000 -	
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)		\$ 0	\$ 10,046.64	
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)		\$ 0	\$ 15,046.64	
TABLE II EXPENDITURES				
1 DISBURSEMENTS -CAMPAIGN EXPENSES [Schedule 1(D)]		\$ 9082.37	\$ 15046.64	
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)		\$ 9082.37	\$ 15046.64	
8 REFUNDED DISBURSEMENTS [Schedule F] (-)		\$ 0	\$ 0	
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)		\$ 9082.37	\$ 15046.64	

SCHEDULE A

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

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

NONE

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;"> <p style="font-size: 2em; margin: 0;">None</p> </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: 2em; margin: 0;">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	\$ <u> </u>
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ <u> </u>

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
6/2/10	109	Wanayun Golden Age Club 1714 Pl. Wanayun NY	Dessert for Seniors	\$ 60.00	\$	\$
6/10/10	110	Eliff Annet Hosker, NY	Challenge	140.00		
6/14/10	111	Printing Prints Wanayun NY	Campaign Flyers	1693 14		
6/16/10	112	Charles Riccardelli Wanayun NY	Challenge	56.00		
6/16/10	113	Jan Noelant Wanayun NY	Challenge	42.00		
6/16/10	114	Tom Boulder Hosker NY	Challenge	112.00		
6/16/10	115	Janet Cavallone Hosker NY	Challenge	112.00		
6/17/10	116	Lindsey Ruble Wanayun NY	Louis Bay II Scholarship Lakeland N.S.	250.00		
6/28/10	—	Transfer balance in Mayor Mahan 2010	Account to Committee to Re-Elect General Election	6617.23		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 9082.37	\$ 9082.37

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>Norfolk</i>	\$	\$	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$	\$

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

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

SCHEDULE E
Outstanding Obligations

Date Incurred	Creditor's Name	Address	Description	Amount
		<i>None</i>		\$
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 (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero)	\$	<u>9082.32</u>
Funds Transferred from Prior Campaign	\$	<u>0</u>
Deposits (Include interest)	\$	<u>0</u>
Disbursements (Include bank charges)	\$	<u>9082.37</u>
Closing Balance, this Report	\$	<u>-0-</u>

LAKELAND BANK	584011546	COMMITTEE TO RE-ELECT MAYOR MAHLER
NAME OF BANK OR DEPOSITORY	ACCOUNT NUMBER	NAME OF ACCOUNT
28 MAIN STREET, BLOOMINGDALE, NJ 07403		
ADDRESS OF BANK OR DEPOSITORY		
MARIE E. MAHLER	973-838-0904	
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)	
27 LORRIE LANE, WANAQUE, NJ 07465		
ADDRESS OF TREASURER		

CERTIFICATION

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

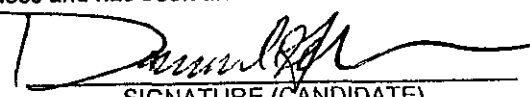
<u>6/28/10</u> DATE	<u>DANIEL G. MAHLER</u> PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>6-28-10</u> DATE	<u>MARIE E. MAHLER</u> PRINT FULL NAME (TREASURER)	<u>Marie E Mahler</u> SIGNATURE (TREASURER)

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

DECLARATION OF FINAL REPORT

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

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

<u>6/28/10</u> DATE	<u>DANIEL G MAHLER</u> PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>6-28-10</u> DATE	<u>MARIE E MAHLER</u> PRINT FULL NAME (TREASURER)	<u>Marie Mahler</u> SIGNATURE (TREASURER)