



SUPPLEMENTAL CONTRIBUTOR INFORMATION

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/>

FORM C-1

FOR STATE USE ONLY

CONTRIBUTIONS REPORT TYPE (CHECK ONE)

- Committee filing either the Form A-1, A-2, or A-4 and receiving a contribution in excess of \$300 in the aggregate from one source in the election, or any currency (cash) contributions.
- Committee receiving a contribution in excess of \$1,200 in the aggregate from one source starting with the 13TH day before the election up to, and including the day of the election (48-Hour Notice).

Amendment?

Yes No

SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION

Candidate or Committee Name		Election Date
Candidate or Committee Address (Number and Street, City, State, Zip Code)		
*(Area) Day Telephone		*(Area) Evening Telephone
Office Sought	County	Election District/Municipality
Committee Treasurer Name		Political Party

SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check; B = In-Kind; C = Loan)

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount \$	Amount \$
Occupation (If Individual)	Receipt Type	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution
Employer Name (If Individual)		Employer Mailing Address (If Individual)	
Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount \$	Amount \$
Occupation (If Individual)	Receipt Type	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution
Employer Name (If Individual)		Employer Mailing Address (If Individual)	
Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount \$	Amount \$
Occupation (If Individual)	Receipt Type	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution
Employer Name (If Individual)		Employer Mailing Address (If Individual)	
Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount \$	Amount \$
Occupation (If Individual)	Receipt Type	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution
Employer Name (If Individual)		Employer Mailing Address (If Individual)	

(COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$ _____

(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$ _____

Candidate or Treasurer Signature	Date
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