This form can be electronically filed at: *www.elec.nj.gov*

SUPPLEMENTAL CONTRIBUTOR INFORMATION

FORM C-3

FOR STATE USE ONLY

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)
www.elec.nj.gov

CONTRIBUTIONS REPORT TYPE (CHECK ONE)

☐ Committee filing "Sworn Statement," Form A-3, and receiving a contribution in excess of $300 in the aggregate from one source, or currency (cash) contributions in any amount.

☐ Committee receiving a contribution in excess of $1,600 in the aggregate from one source between the closing date of the last quarterly report through the date of an election in which the committee is contributing or otherwise participating (48-Hour Notice).

Amendment? ☐ Yes ☐ No

REPORT QUARTER

☐ **APRIL 15** ☐ **JULY 15** ☐ **OCTOBER 15** ☐ **JANUARY 15**

ELEC Identification Number

SECTION I. PLEASE TYPE OR PRINT ☐ "X" If address is different from address previously reported

Full Committee Name, Address (Number and Street, City, State, Zip Code)

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

Full Name, Address (Number and Street, City, State, Zip Code)		Date(s) Received	Amount(s) Received This Period
Receipt Type	Description, if In-Kind Contribution	Aggregate Year to Date	
Occupation (If Individual)	Employer Name, Address (If Individual)		

Full Name, Address (Number and Street, City, State, Zip Code)		Date(s) Received	Amount(s) Received This Period
Receipt Type	Description, if In-Kind Contribution	Aggregate Year to Date	
Occupation (If Individual)	Employer Name, Address (If Individual)		

Full Name, Address (Number and Street, City, State, Zip Code)		Date(s) Received	Amount(s) Received This Period
Receipt Type	Description, if In-Kind Contribution	Aggregate Year to Date	
Occupation (If Individual)	Employer Name, Address (If Individual)		

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

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

Treasurer Signature	Date