

 <b>SUPPLEMENTAL EXPENDITURE INFORMATION</b> <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) <a href="http://www.elec.nj.gov">www.elec.nj.gov</a>				<b>FORM E-1</b> <b>FOR STATE USE ONLY</b>	
To be filed within 48 hours of expenditure by a candidate, joint candidates committee, or a political committee expending in excess of \$1,600 starting with the 13 <sup>th</sup> day prior to the election up to, and including, the day of the election.					
Candidate or Committee Name			Election Date		Amendment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (Number and Street, City, State, Zip Code)					
County		Election District/Municipality		*(Area) Day Telephone	
Committee Treasurer Name			*(Area) Evening Telephone		
<b>EXPENDITURE INFORMATION</b>			<b>PLEASE PRINT OR TYPE</b>		
Payment Date	Check No.	Purpose	Amount Incurred/Not Paid \$	Amount Disbursed \$	
Full Name of Payee					
Full Mailing Address					
<b>Expenditures on Behalf of Candidate(s)/Committee(s) (Identify Recipient)</b>					
Candidate/Committee Full Name			Election Date	Election District or Municipality	Prorated Amount \$
Payment Date	Check No.	Purpose	Amount Incurred/Not Paid \$	Amount Disbursed \$	
Full Name of Payee					
Full Mailing Address					
<b>Expenditures on Behalf of Candidate(s)/Committee(s) (Identify Recipient)</b>					
Candidate/Committee Full Name			Election Date	Election District or Municipality	Prorated Amount \$
Payment Date	Check No.	Purpose	Amount Incurred/Not Paid \$	Amount Disbursed \$	
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Candidate/Committee Full Name			Election Date	Election District or Municipality	Prorated Amount \$
Payment Date	Check No.	Purpose	Amount Incurred/Not Paid \$	Amount Disbursed \$	
Full Name of Payee					
Full Mailing Address					
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	\$ _____	
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	\$ _____	
Candidate or Treasurer Signature				Date	