

 <b>SUPPLEMENTAL CONTRIBUTOR 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 C-1</b> <b>FOR STATE USE ONLY</b>	
<b>CONTRIBUTIONS REPORT TYPE (CHECK ONE)</b> <input type="checkbox"/> Committee spending under the R-1 reporting threshold (A-1 or A-2 filers etc.) who received a contribution in excess of \$300 in the aggregate from one source in the election, or any currency (cash) contributions. <input type="checkbox"/> Committee receiving a contribution in excess of \$1,600 in the aggregate from one source starting with the 13 <sup>TH</sup> day before the election up to, and including the day of the election (48-Hour Notice).				Amendment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION</b>					
Candidate(s) Name			Election Date		
Committee Name			Election District/Municipality		
Candidate or Committee Address (Number and Street, City, State, Zip Code)					
Office Sought		County		*(Area) Day Telephone	
Political Party			*(Area) Evening Telephone		
<b>SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check; B = In-Kind; C = Loan)</b>					
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)			
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)			
<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	