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

SUPPLEMENTAL CONTRIBUTOR INFORMATION

FORM C-1

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.state.nj.us

CONTRIBUTIONS REPORT TYPE (CHECK ONE)

☐ 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.

☐ Committee receiving a contribution in excess of $1,400 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(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

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 ☐	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 ☐	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 ☐	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 ☐	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

**Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.*