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SUPPLEMENTAL CONTRIBUTOR INFORMATION

FORM C-1

Election						FOF	STATE USE ONLY	
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION								
F.O. Box 103, Tremon, NJ 00025-0105							•	
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.state.nj.us								
CONTRIBUTIONS REPORT TYPE (CHECK ONE) BELMAR REPORTS ALL DON ATTOMS						:		
☑ Committee spending under the R-1 reporting	a threshold (/	\-1 or	A-2 filers etc.) wh	o receive	d a contribution in			
excess of \$300 in the aggregate from one s	ource in the e	lection	i, or any currency	(cash) co	ntributions.	Amen	iment?	
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						Y	es 🖳 No	
SECTION I. CANDIDATE, JOINT CANDID	DATES, OR	POL	ITICAL COMM	NTTEE N	NFORMATION	P	PINADA	
Candidate(s) Name	uice V.	. (3.1.	- 14 / A4 (1) O	22 % 4 1	Election Date	·	(1)	
BRIAN MAGOVERN + JA	HUIS NOU	WK-	PICHCHE) NE	4 2013	
Constituee Name					Election District/Municipality BEL MAR			
Candidate or Committee Address (Number and Street, City, State, Zip Code)								
207 SOUTH LAKE D	RIVE	,	BEL MAR.	NS	07119			
Office Sought County		•	<u> </u>	*(Area)	Day Telephone	, -		
MUNICIPIE COUNCIL MONMOUTH				732 - 681-3768				
Political Party				*(Area)	Evening Telephor	ne	17/t	
DEMOCRAT					732-6			
SECTION II. CONTRIBUTION INFORMA			ypes: A = Cu	rrency o	r Check; B = In	-Kind;	C = Loan)	
Date Received Cont	ributor Name		N Alaise	1 .	_			
Address (Number and Street, City, State, Zip	BRIAN	/	M A GOVERL		- , , ,		 	
267 SOUTH LAKE DRIVE.		240	NT07719	Aggre \$	gate Amount		Amount -	
Occupation (If Individual)	Receipt T	νε. ⁄De	Check if		700 iption, if In-Kind (tion	
TEACHER		, ,	Currency []	paon, ii in-raila c			
Employer Name (If Individual)	- 4	Emp	oloyer Mailing A	ddress (I	f Individual)		08045	
ST. PETER SCHOOL			415 A14	ANTIC	AVE OT	PLEAGA	NT 1×4, NJ	
5/0//3	ributor Namo	∍ }\/[s KEOW	N-BL	ACKBURN			
Address (Number and Street, City, State, Zip	Code)				gate Amount	1	Amount	
106 PIVER CT, B	LLMAK,	N.	67/19	\$	<u> 100</u>		-	
Occupation (If Individual) RETIREN	Receipt Ty	/pe	Check if	Descr	iption, if In-Kind (Contribu	ıtion	
Employer Name (If Individual)	<u> </u>	lema	Currency L	<u>.] </u> dd:coo./b	f (mais data an)			
N A		 	oloyer Mailing A	aaiess (i	i maiviauar)			
	ributor Name	 }				_		
21/7[13	CHR	15%	THE BL	AMCH	ARD			
Address (Number and Street, City, State, Zip	. 1-		TAIN TECEPEE		gate Amount	/	Amount	
22503 51 ST AVE	W)		WA 98043		00		100	
Occupation (If Individual) PANALEGAL	Receipt Ty	pe	Check if Currency	Descr	iption, if In-Kind (Contribu	ition	
Employer Name (If Individual)		Emr	loyer Mailing A	ddraee (1:	f Individual)			
DAVISWRIGHT TREMAINE LLC					E. SUITE 2200	58	ATTLE WAR	
	ributor Name	-			<u>e, 2011 (2 - 2 </u>	}	TATE OF LON	
Addison (All and a Carlo	<u> </u>							
Address (Number and Street, City, State, Zip	(Code)			Aggre \$	gate Amount	[Amount	
Occupation (If Individual)	Receipt Ty	ne	Check if	•	iption, if In-Kind C	`ontribu	tion.	
,,,,,,	, incoorpi i	PC	Currency]	ipuon, ii m-raita c	JULILLIDE	ILIOI I	
Employer Name (If Individual)		Emp	loyer Mailing A	ddress (h	f Individual)			
					· · · · · · · · · · · · · · · · · · ·			
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE \$ 300					
·			300					
Condidate of Theorem Clinical and								
Candidate of Treasurer Signature	. 10		+ 010		Date /	/ الدا) 'D	

New Jersey Election Law Enforcement Commission

Form C-1 Revised: 01/07/2013

Leave this field plank 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.