



# SUPPLEMENTAL CONTRIBUTOR INFORMATION

### 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) Website: www.elec.nj.gov

## FORM C-1

ELEC Received Jun 15, 2018 10:28 AM

Amendment

CONTRIBUTIONS REPORT	TYPE (Select (	One)				4.			
Committee spending usin excess of \$ 300 in the	inder the R-1 rep	porting thresho	old (A-1 or A-2 fi	lers etc.) who receiver any currency (car	red a contribut sh) contributio	tion ns.			
Committee receiving a									
C 13th day before the el	ection up to, and	including the	day of the elect	ion (48-Hour Notice	).				
SECTION I. CANDIDATE, J	OINT CANDIDA	TES, OR PO	LITICAL COMM	ITTEE INFORMATI	ON				
Candidate(s) Name									
BRIAN MAGOVERN, JENN	IFER NICOLAY								
Committee Name PUTTING BELMAR FIRST-	MAGOVERN, N	IICOLAY							
treet Address Office Sought									
207 S LAKE DRIVE					MAYOR & C	<del></del>			
City BELMAR		State NJ	Zip Code 07719	*(Area Code) Da 732-773-0097	, , , , , , , , , , , , , , , , , , ,			Area Code) Evening Telephone 32-773-0097	
Election Type:	Primary	( May Mu	nicipal ( Fire District				Election Date		
	General	(Run-Off	06		06/05/2018				
County	Legal Name of Election District or Municipality					Political Party			
MONMOUTH COUNTY			R BOROUGH					CRAT	
SECTION II. CONTRIBUTION	ON INFORMATI	ON (Receipt	Types: A = Cur	rency or Check, B	= In-Kind, C =	= Loan	)		
Date Received 06/04/2018		Contributor Name PATRICIA O'KEEFE							
Address (Number and Street, City, State, Zip Code) 13 MAGNOLIA COURT, OCEAN TOWNSHIP, NJ 07712				Aggregate Amount \$50.00 Amount \$50.00			Amount \$50.00		
Occupation (If Individual) RETIRED			Receipt Type: A	Check if Currency	Description, if In-Kind Contribution			ontribution	
Employer Name and Mailing	g Address (If Ind	vidual)							
Date Received	Contributor Na	Contributor Name							
Address (Number and Stree		Aggregate Amount		t	Amount				
Occupation (If Individual)			Receipt Type:	Check if Currency	Description, if In-Kind Contribution		ontribution		
Employer Name and Mailing	g Address (If Ind	ividual)							
Date Received	Contributor Na	ıme							
Address (Number and Street, City, State, Zip Code)						Aggregate Amount		Amount	
Occupation (If Individual)			Receipt Type:	Check if Currency	Description, if In-Kind Contribution		ontribution		
Employer Name and Mailin	g Address (If Ind	ividual)	1		***************************************				
					Gı	and T	otal:	\$50.00	
Registrat	*****		PIN *****						
Candidate or Treasurer BRIAN P MAGOVERN Date 06/15/2018									
*Leave this field blank if your telep		sted. Pursuant to I	<u>N.J.S.A.</u> 47:1A-1.1, a	ın unlisted telephone num	iber is not a public	record :	and mus	st not be provided on this form.	



## POLITICAL PARTY COMMITTEE -DESIGNATION OF ORGANIZATIONAL TREASURER AND DEPOSITORY

#### **NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION**

ELEC Received Jun 16, 2018 11:55 AM

FORM D-3

P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Website: www.elec.nj.gov

State Committee County	Committee	Muni	icipal Co	mmitte	е			
Committee Name BELMAR DEMOCRATIC COMMITTEE								
Street Address PO BOX 787								
City BELMAR						State NJ	Zip Code 07719	
*(Area Code) Day Telephone 732-773-0097	-	(Area Code) Evening Tele 732-773-0097			ELEC Identificatio H130700C11	n Number		
Committee Email (Optional) JANETGROSSHANDLER@GMAIL.COM			Committee Website (Optional)					
County MONMOUTH COUNTY	Municipa BELMA	ality R BOROUGH	I				Political Party DEMOCRAT	
Type of Filing:								
Chairperson Name JOHN HUTCHINSON								
Mailing Address 519 6TH AVE.								
City BELMAR		State Zip Code NJ 07719		*(Area Code) Day Telephone 732-771-5840		*(Area Code) Evening Telephone 732-771-5840		
Treasurer Name JANET GROSSHANDLER								
Mailing Address PO BOX 787								
City BELMAR	State NJ	'		1 \		*(Area Code) Evening Telephone 732-773-0097		
Resident Address, if different from mailing address 701 OCEAN AVE. APT 1								
City BELMAR				State NJ		Zip Code 07719		
Depository Information								
Name of Bank or Depository KEARNY BANK								
Mailing Address 611 MAIN STREET								
City BELMAR				State NJ	Zip Code 07719	1 '	Code) Day Telephone 80-5400	
Account Name BELMAR DEMOCRATIC COMMITTEE								
Account Number  ******1525	ted Diverset to a	(   C A 47.4 A 4 -	1	d falsely	no attrabar ja wak a auk ti	oord and rever	not be provided on this form	

Depository Informa	tion (continued)							
Name of Bank or De	pository						· · ·	
Mailing Address								
City				State	Zip Code	(Area Co	de) Day Telephone	
Account Name						I		
Account Number								
	, MAILING ADDRESS(ES		PHONE NUME	BER(S) OF AN	Y PERSON(S) AUT	HORIZED TO	SIGN	
Name							•	
JANET GROSSHAN	NDLER							
Mailing Address PO BOX 787								
City BELMAR			Zip Code 07719	*(Area Code) Day Telephone 732-773-0097		*(Area Code) Evening Telephone 732-773-0097		
Name JOHN HUTCHINSC	DN	1	<b>-</b>					
Mailing Address 519 6TH AVE.								
City BELMAR			Zip Code 07719	*(Area Cod 732-771-58	le) Day Telephone 340	*(Area Code) Evening Telephone 732-771-5840		
Name		•						
Mailing Address							144-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
City		State	Zip Code	*(Area Cod	le) Day Telephone	*(Area Code)	Evening Telephone	
CHAIRPERSON/1 statements are wil	TREASURER CERTIFICA Ifully false, I may be subje	TION: I certife to punishm	y that the state		document are true.	am aware tha	t if any of the	
	Registration Number			PIN				
	JOHN P F	06/16/	2018					
	Cha							
	Registration Number	*****		PIN	*****			
				· · · · · ·				
	JANET GROSSHANDLER Treasurer				06/16/2018 Date			
Treasurers for Sta your Treasurer Tra	te Political Party Committe aining ID#	ees are requi CF1300394	red to receive t	raining with the	NJ ELEC. If you ha	ave completed	the training enter	
*I gave this field blank if	vour talanhona aumhar is unlisted	Dumuent to M	I Q A 17:1A 1 4 ~~	a unlinted telephone	numberie net e nublic -	agerd and must	t ha neovided on this f	