

CONTRIBUTIONS REPORT TYPE (Select One)

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.state.nj.us FORM C-1

ELEC Received Oct 16, 2016 10:38 AM

Amendment

Committee spending in excess of \$ 300 ir	g under the R-1 reporti n the aggregate from o	ng thresh ne source	old (A-1	or A-2 file	ers etc.) who recei	ived a contribution	tion				
Committee receiving	g a contribution in exce	ss of \$ 1,	,400 in th	ne aggrec	ate from one sour	ce starting with		!			
13th day before the	election up to, and inc	luding the	e day of t	he election	on (48-Hour Notice	e).					
SECTION I. CANDIDATE	, JOINT CANDIDATES	s, OR PO	LITICAL	COMMI	TTEE INFORMAT	ION					
Candidate(s) Name BRIAN MAGOVERN & JA	NIS KEOWN-BLACKE	BURN									
Committee Name MAGOVERN-BLACKBUR	IN FOR COUNCIL			, <u> </u>			<u>-</u>				
Street Address				 -		0.00					
207 S LAKE DRIVE				Office Sough				IT PR MÚNICIPAL OFFICE			
City BELMAR	1			ode 9	y Telephone			ea Code) Evening Telephone -773-0097			
Election Type:	C Primary (nicipal	(-Fir		<u></u>	Election Date					
(Select One)	General (Run-Off		€Sp	ecial			11/08/2016			
County		Legal Name of Election District or Municip				ty Political Party			cal Party		
MONMOUTH COUNTY		R BORC	UGH	•	DEMOCRAT						
SECTION II. CONTRIBUT		Receipt	Types: A	= Curre	ncy or Check, B	= In-Kind, C =	Loa	n)			
Date Received 10/04/2016	Contributor Name CLIFF HORES	Contributor Name									
Address (Number and Street, City, State, Zip Code) 214 19TH AVE., BELMAR, NJ 07719					-	Aggregate Amount \$100.00			Amount \$100.00		
Occupation (If Individual) RETIRED			Receip Type:		Check if Currency				In-Kind Contribution		
Employer Name and Mailing Address (If Individual)				Employer Mailing Address (If Individual)							
Date Received	Contributor Name					<u>- </u>	-				
Address (Number and Street, City, State, Zip Code) Aggregate Ar						mour	nount Amount				
Occupation (If Individual)			Receipt Type:		Check if Currency	Description, if Ir		n-Kind Contribution			
Employer Name and Mailing Address (If Individual)				Employer Mailing Address (If Individual)							
Date Received	Contributor Name]							
Address (Number and Street, City, State, Zip Code)						Aggregate A	mour	nt	Amount		
Occupation (If Individual) Receip Type:			 t	Check if Currency	Description, if In-k			L Kind Contribution			
Employer Name and Mailir	ng Address (If Individua			Employ	er Mailing Address	(If Individual)					
						Gra	nd 1	Γotal:	\$100.00		
Registra	tion Number *****	****			PIN ***						
Candidate or Treasurer BRIAN P MAGOVERN Date 10/16/2016											
*Leave this field blank if your tele							ecord :	and mus	st not be provided on this form		
						F					



SUPPLEMENTAL CONTRIBUTOR INFORMATION

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FORM C-1

Oct 21, 2016 12:31 PM

Amendment

CONTRIBUTIONS REPORT	• • •										
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).											
SECTION I. CANDIDATE, J	OINT CANDIDATES,	OR POL	TICAL	COMMIT	TEE INFOR	VATI	ON				
Candidate(s) Name											
BRIAN MAGOVERN & JANI	S KEOWN-BLACKNU —	JRN									
Committee Name MAGOVERN-BLACKBURN	FOR COUNCIL										
Street Address					_		Office Sough	nt .			
207 S LAKE DRIVE		COUNCIL OR				RM	MUNICIPAL OFFICE				
City			Zip Co	de	*(Area Code) Day		/ Telephone *(Area Code) Evening Telephone		
BELMAR		NJ	07719)	732-773-0097			732-773-00		097	
Election Type:	Primary C	May Muni	cipal	Fire	District				Election Date		
(Select One)	General C	Run-Off		← Special					11/08/2016		
County Legal Name of Election District or Municipality					ty	Political Party					
MONMOUTH COUNTY		BELMAR								OCRAT	
SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check, B = In-Kind, C = Loan)											
Date Received 10/17/2016											
Address (Number and Street, City, State, Zip Code) 303 11TH AVE., BELMAR, NJ 07719										Amount \$25.00	
Occupation (If Individual) RETIRED Receipt Type:					Check if Currency		Description, if In-Kind Contribution				
Employer Name and Mailing Address (If Individual) Employer Mailing Address (If Individual)											
Date Received 10/20/2016	Contributor Name ELLEN DOMAN-RAMEY										
Address (Number and Street 710 8TH AVE., BELMAR, N.						Amount \$300.00					
Occupation (If Individual) RETIRED				Receipt Check if Currency			Description, if In-Kind Contribution				
					Employer Mailing Address (If Individual)						
Date Received 10/20/2016	Contributor Name CLAIRE DEICKE										
Address (Number and Street, City, State, Zip Code) 1017 14TH AVE., BELMAR, NJ 07719 Aggregate Amount \$121.36 \$121.36											
Occupation (If Individual) Receipt RETIRED Receipt				Α	Check if Currency	Description, if In-Kind Col FOOD FOR MEET & GR					
Employer Name and Mailing Address (If Individual) Employer Mailing Address (If Individual)											
							Gra	and '	Total:	\$446.36	
Registration Number **********					_ PIN	****	****				
Candidate or Treasurer BRIAN P MAGOVERN					Date	10.	/21/2016				
*Leave this field blank if your telepho	one number is unlisted. Pur	suant to <u>N.J</u>	.S.A. 47:1	A-1.1, an u	nlisted telephone	numb	er is not a public r	ecord	and mus	t not be provided on this form.	