

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 Oct 03, 2018 7:24 AM

√	Amendment
17	/ WITH TOTAL

CONTRIBUTIONS REPOR Committee spending	•	,	old (A-1 or A-2 file	rs etc.) who receiv	ed a contribu	tion				
in excess of \$ 300 in	the aggregate from o	ne source	in the election, or	any currency (cas	sh) contributio	ns.				
Committee receiving 13th day before the e						h the				
SECTION I. CANDIDATE,	JOINT CANDIDATES	S, OR POL	LITICAL COMMIT	TEE INFORMATI	ON					
Candidate(s) Name										
BRIAN MAGOVERN, JENN	NIFER NICOLAY, MA	RK LEVIS	;							
Committee Name PUTTING BELMAR FIRST	- MAGOVERN, NICC	LAY, LEV	'IS					•		
Street Address					Office Sought					
207 SOUTH LAKE DRIVE					MAYOR & COUNCIL					
City BELMAR		State NJ	Zip Code 07719	*(Area Code) Day 7327730097	Code) Day Telephone 30097		*(Area Code) Evening Telephone 7327730097			
Liconom Typo.	• •					Election Date 11/06/2018				
			gal Name of Election District or Municipality				Political Party DEMOCRAT			
SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check, B = In-Kind, C = Loan)										
Date Received Contributor Name PATRICIA O'KEEFE										
Address (Number and Street, City, State, Zip Code) 13 MAGNOLIA DRIVE, OCEAN TOWNSHIP, NJ 07712				Aggregate Amount \$50.00 \$50.00						
Occupation (If Individual) RETIRED			Receipt Check if Description,			if In-Kind Contribution				
Employer Name and Mailin	g Address (If Individu	al)		,						
Date Received 07/24/2018										
Address (Number and Street, City, State, Zip Code) 1218 BRIARWOOD ROAD, BELMAR, NJ 07719				Aggregate Amount \$500.00 \$500.00						
Occupation (If Individual) SELF-EMPLOYED-PROPERTY HOLDINGS			Receipt Type:	Check if Currency	Description, if In-Kind Contributi			ontribution		
Employer Name and Mailing Address (If Individual) THE MAXES PROPERTY HOLDINGS LLC, 1218 BRIARWOOD ROAD, BELMAR, NJJ 07719										
Date Received	Contributor Name									
Address (Number and Street, City, State, Zip Code)					Aggregate Amount		nt	Amount		
Occupation (If Individual)			Receipt Type:	Check if Currency	Description, if In-Kind Contribution		ontribution			
Employer Name and Mailin	g Address (If Individu	al)					·			
					Gra	and 1	Γotal:	\$550.00		
Registration Number ************************************										
Candidate or Treasurer BRIAN P MAGOVERN Date 10/03/2018										