

## 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	/I C-	1
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ELEC Received Aug 15, 2018 9:43 AM

Amendment	

CONTRIBUTIONS REPORT	`	,								
Committee spending u in excess of \$ 300 in the	ne aggregate fro	m or	ne source	in the election, o	r any currency (ca	sh) contributio	ns.			
Committee receiving a contribution in excess of \$ 1,600 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, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION										
Candidate(s) Name										
BRIAN MAGOVERN, JENNIFER NICOLAY, MARK LEVIS										
Committee Name PUTTING BELMAR FIRST-	MAGOVERN, N	licol	LAY, LEV	IS						
Street Address Office Sought										
207 SOUTH LAKE DRIVE						MAYOR & COUNCIL				
City			State	Zip Code *(Area Code) Day Telephon			*(Area Code) Evening Telephone			
BELMAR			NJ	07719	732-773-0097	•	732-773-0097			
Election Type:	Primary	(	May Mun	icipal () Fire	District	I		Election Date		
(0.1.10.)	General	$\mathcal{C}$	`Run-Off	in-Off (Special					11/06/2018	
County				me of Election Di	tv		Political Party			
MONMOUTH COUNTY			_	R BOROUGH	•	-7		)	OCRAT	
SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check, B = In-Kind, C = Loan)										
Date Received Contributor Name  88/07/2018 BRIAN MAGOVERN										
Address (Number and Street, City, State, Zip Code) 207 SOUTH LAKE DRIVE, BELMAR, NJ 07719						Aggregate Amount \$1,000.00 \$1,000.00				
Occupation (If Individual) RETIRED				Receipt Type: A	Check if Currency	Description, if In-Kind Contribution			ontribution	
Employer Name and Mailing Address (If Individual)										
Date Received 08/14/2018	Contributor Name MARK LEVIS									
Address (Number and Street, City, State, Zip Code) 904 13TH AVE., BELMAR, NJ 07719						Aggregate Amount \$250.00 \$250.00				
Occupation (If Individual) ACCOUNT MANAGER				Receipt Type: A	Check if Currency			In-Kind Contribution		
Employer Name and Mailing WILHELMSEN SHIPS SER'	Address (If Indi VICE INC., 9400	vidua ) NE\	al) W CENTL	JRY DRIVE, PAS	ADENA, TX 77507	7				
Date Received	Contributor Na	me								
Address (Number and Street	t, City, State, Zip	Coc	de)			Aggregate A	mou	nt	Amount	
Occupation (If Individual)				Receipt Type:	Check if Currency	Description, if In-Kind Contribution			ontribution	
Employer Name and Mailing	Address (If Indi	vidua	⊒l)							
Grand Total: \$1,250.00										
Registration Number ********			*****	*** PIN *****						
Candidate or Treasurer BRIAN P MAGOVERN Date 08/15/2018										
*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.										