38	W JERS
13	Election
#	Enforcement *
*	E/EC +
	* 1973 *
201	TRIBUTION
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SUPPLEMENTAL CONTRIBUTOR INFORMATION

FORM C-1

= Election 2				FOR STATE USE ONLY		
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)						
www.elec.state.nj.us						
CONTRIBUTIONS REPORT TYPE						
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 Committee receiving a contribution in	Amendment?					
day before the election up to, and including the day of the election (48-Hour Notice).						
SECTION I. CANDIDATE, JOINT C.	ANDIDATES, OF	R POLITICAL COM	MITTEE INFORMATION	,		
Candidate(s) Name		1 1/1	Election Date	1 2004		
JIARK NAIR	MIL 1	108HUG VIII	211610 1	WE 1, 2016		
Committee Name Election District/Memicipality						
Candidate or Committee Address (Nu	mber and Street.	City State. Zip Cod	e) SURCOUGH OF	CEHINA		
9.0. BOX 163,1	ELMAL	NEW JER	SEY, OTTIS			
Office Sought County	1-01					
COUNCIL	ryonimov,	7/4		179/		
Political Party Halbaron	*(Area) Evening Telepho	109/				
SECTION II. CONTRIBUTION INFO	DMATION (Doc	aint Tungs: A = C	1 200	-Kind: C = Loan)		
Date Received	Contributor Nam		directly of Check, B - in	-Killa, O - Loalij		
141 10 2016	Contributor Hun	MARK A	ALSIFER			
Address (Number and Street, City, Sta	te, Zip Code)		Aggregate Amount	Amount 500		
DII CETAN AVE SE	unal N.S.	07719	\$ 2030.	\$ 2000.		
Occupation (If Individual)	Receipt T	ype Check if Currency	Description, if In-Kind	Contribution		
Employer Name (If Individual)			Address (If Individual)			
NA	Z					
Date Received	Contributor Nam	18 Mary 1	heren			
Address (Number and Street, City, Sta	te Zin Code)	MINKE 10	Aggregate Amount	Amount an		
1011 OFFAN ALE BET	MAD N-J	0729	\$ 3050.00	\$ 1000. 00		
Occupation (If Individual)	Receipt T	ype Check if	Description, if In-Kind	Contribution		
STIREL) C	Currency				
Employer Name (If Individual)	7	Employer Mailing	Address (If Individual)			
Date Received	Contributor Nam	1				
Date Nederrod	Common to			A		
Address (Number and Street, City, Sta	te, Zip Code)		Aggregate Amount	Amount		
The state of the s			\$	\$		
Occupation (If Individual)	Receipt T	ype Check if Currency	Description, if In-Kind	Contribution		
Employer Name (If Individual) Employer Mailing Address (If Individual)						
Ettipidy of season (in managed)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Date Received	Contributor Nam	ie				
Address (Number and Street, City, Sta	te, Zip Code)		Aggregate Amount	Amount		
Occupation (If Individual)	Receipt T	voe Check if	Description, if In-Kind			
	1	Currency				
Employer Name (If Individual)		Employer Mailing	Address (If Individual)			
				2000 00		
(COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$						
(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$ 3050						
Candidate or Treasurer Signature	10	GIOTE	Date /	20 22 30 3		
1	ke Z M	uno!	NA	24,2016		
ew Jersey Election Law Enforcement Computer on	100	12	3 4 6 6	Form C-1 Revised: 01/23/201		

Leave this field blank if your relept the flumber is unlisted. Pursuant to N.I.S.A. 17:18-1.1, an unlisted telephone number is not a public record and must not be provided on this form.