SUDDI FI	MENI	TAL CON	JTR	IBLITOR IN	IF	ORMA	TION	FC	RM C-1	
SUPPLEMENTAL CONTRIBUTOR IN							110IN	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 (CHECK ONE)										
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.								Amendmen	?	
Committee receiving a contribution in excess of \$1,400 in the aggregate from one source starting with the 13 TH								☐ Yes 🕍 No		
day boloc the distribution of the analysis and the distribution (10 the distribution).										
SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION										
Candidate(s) Name	AR		SHO	A VAUL	H	90	Election Date	how 7	2016	
Committee Name	-	100			E	lection [District/Municip	ality		
THEE AND JOSH FOR BEINGE JONELL BOROUGH OF BEINGE										
Candidate or Committee Address (Number and Street, City, State, Zip Code)										
Office Sought County						*(Area) Day Telephone				
(OUNCIL)	4			132-681-6791						
Political Party /FN/54/AN					*(*(Area) Evening Telephone				
SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check; B = In-Kind; C = Loan)										
Date Received Contributor Name MAY MAISTAR										
Address (Number and Street, City Sta	ite, Zip	Code)	, ,	1- 00-11		Aggrega	ate Amount	Amou	1 00	
1011 OLEAN AVE. BELLAND, N.S. OT.						\$ 50	200	\$ 5	0	
Occupation (If Individual) Receipt				Check if Description, if In-Kind C				Contribution		
Employer Name (If Individual) Employer Mailing Address (If Individual)										
Date Received	Contr	ibutor Nam	 е		_					
Address (Number and Street, City, State, Zip Code) Ag							ate Amount	mount Amount		
				lou	4	\$	# # I -	\$		
Occupation (If Individual)	Receipt Type Check if Currency			\neg	Descrip	tion, if In-Kind (ontribution			
Employer Name (If Individual)				oloyer Mailing A	⊐ı Add					
Date Received	Contr	ibutor Name	е							
Address (Number and Street, City, State, Zip Code)				Agg			ate Amount	Amou	nt	
						\$		\$		
Occupation (If Individual)		Receipt Ty	уре	Check if	\neg	Descript	tion, if In-Kind C	ontribution		
Employer Name (If Individual)		L	Emr	Currency Loloyer Mailing A	<u>기</u>	ross (If I	ndividual)			
Employer Name (ii individual)			= · · · · ·	bloyer Mailing A	٦uu	1622 (11 11	nuiviuuai)			
Date Received	Contr	ibutor Name	! В							
Address (Number and Street, City, State, Zip Code)						Aggrega \$	ate Amount	Amoui \$	nt	
Occupation (If Individual) Receipt T			/ре	Check if Description, if In-Kind Contribution						
Employer Name (If Individual)				imployer Mailing Address (If Individual)						
								00		
(COMPLETE THIS LINE FOR EVERY		TOTAL, THIS	S P	AGE	0					
(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$										
Candidate or Treasurer Signature	//	/		1			Date //			