



SUPPLEMENTAL CONTRIBUTOR INFORMATION
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185
Phone: (609) 292-8700
Website: www.elec.nj.gov

FORM C-1

ELEC Received
May 03, 2024 11:22 AM

Amendment

CONTRIBUTIONS REPORT TYPE (Select One)

- Committee spending under the R-1 reporting threshold (A-1 or A-2 filers etc.) who received a contribution in excess of \$200 in the aggregate from one source in the election, or any currency (cash) contributions.
Committee receiving a contribution in excess of \$200 in the aggregate from one source starting with the 13th day before the election up to, and including the day of the election (72/24 Hour Notice).

SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION

Candidate(s) Name: JOHANNA ROBINSON
Committee Name: ROBINSON FOR BELMAR COUNCIL
Street Address: 406 9TH AVE
Office Sought: COUNCIL OR MUNICIPAL OFFICE
City: BELMAR State Zip Code: NJ 07719 *Day Telephone: 732-532-9660 *Evening Telephone: 732-532-9660
Election Type: Primary
Election Date: 06/04/2024
County: MONMOUTH COUNTY Legal Name of Election District or Municipality: BELMAR BOROUGH Political Party: DEMOCRAT

SECTION II. CONTRIBUTION INFORMATION

Date Received: 04/16/2024 Contributor Name: COLLEEN M. SULLIVAN
Address: 56 INLET TERRACE
Occupation: RETIRED Receipt Type: CHECK
Employer Name and Mailing Address: (If Individual)

Date Received: Contributor Name:
Address: (Number and Street, City, State, Zip Code)
Occupation: (If Individual) Receipt Type:
Employer Name and Mailing Address: (If Individual)

Date Received: Contributor Name:
Address: (Number and Street, City, State, Zip Code)
Occupation: (If Individual) Receipt Type:
Employer Name and Mailing Address: (If Individual)

Total This Page: \$500.00
Grand Total: \$500.00

Registration Number: ***** PIN: *****
Candidate or Treasurer: COLLEEN SULLIVAN Date: 05/03/2024

*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.

Date Received _____ Contributor Name _____

Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount _____ Amount _____

Occupation (If Individual) _____ Description, if In-Kind Contribution _____

Employer Name and Mailing Address (If Individual) _____ Receipt Type _____

Date Received _____ Contributor Name _____

Address (Number and Street, City, State, Zip Code) _____ Aggregate Amount _____ Amount _____

Occupation (If Individual) _____ Description, if In-Kind Contribution _____

Employer Name and Mailing Address (If Individual) _____ Receipt Type _____

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Grand Total: \$500.00

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Total This Page: _____
Grand Total: \$500.00

Date Received Contributor Name

Address (Number and Street, City, State, Zip Code) Aggregate Amount Amount

Occupation (If Individual) Description, if In-Kind Contribution

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Occupation (If Individual) Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual) Receipt Type

Date Received Contributor Name

Address (Number and Street, City, State, Zip Code) Aggregate Amount Amount

Occupation (If Individual) Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual) Receipt Type

Total This Page:

Grand Total: \$500.00



SINGLE CANDIDATE COMMITTEE - CERTIFICATE OF ORGANIZATION AND DESIGNATION OF CAMPAIGN TREASURER AND DEPOSITORY

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185

Phone: (609) 292-8700

Website: www.elec.nj.gov

FORM D-1

ELEC Received
Apr 18, 2024 12:14 PM

Amendment

Candidate Name (required)

JOHANNA ROBINSON

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Committee Name

ROBINSON FOR BELMAR COUNCIL

Street Address

406 9TH AVENUE

City

State

Zip Code

*Day Telephone

*Evening Telephone

BELMAR

NJ

07719

732-532-9660

732-532-9660

Committee Email (Optional)

ROBINSONJOHANNA1@GMAIL.COM

Committee Website (Optional)

Election Type:

Primary

May Municipal

Fire District

Election Date

(Select One)

General

Run-Off

Special

06/04/2024

County

MONMOUTH COUNTY

Legal Name of Election District or Municipality

BELMAR BOROUGH

Political Party

DEMOCRAT

CHAIRPERSON

Name

JOHN WALSH

Mailing Address

1101 B STREET

City

State

Zip Code

*Day Telephone

*Evening Telephone

BELMAR

NJ

07719

917-753-5814

917-753-5814

TREASURER (required)

Name

COLLEEN SULLIVAN

Mailing Address

56 INLET TERRACE

City

State

Zip Code

*Day Telephone

*Evening Telephone

BELMAR

NJ

07719

732-513-9488

732-513-9488

Resident Address

56 INLET TERRACE

City

State

Zip Code

BELMAR

NJ

07719

DEPOSITORY INFORMATION

Name of Bank or Depository

KEARNY BANK

Mailing Address

611 MAIN STREET

City

State

Zip Code

Day Telephone

BELMAR

NJ

07719

732-280-5400

Account Name

ROBINSON FOR BELMAR COUNCIL

Account Number

****4090

**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.*

LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ANY PERSON(S) AUTHORIZED TO SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS

Name

COLLEEN SULLIVAN

Mailing Address

56 INLET TERRACE

City

State

Zip Code

*Day Telephone

*Evening Telephone

BELMAR

NJ

07719

732-513-9488

732-513-9488

Name

JOHANNA ROBINSON

Mailing Address

406 9TH AVENUE

City

State

Zip Code

*Day Telephone

*Evening Telephone

BELMAR

NJ

07719

732-532-9660

732-532-9660

Name

JOHN WALSH

Mailing Address

1101 B STREET

City

State

Zip Code

*Day Telephone

*Evening Telephone

BELMAR

NJ

07719

917-753-5814

917-753-5814

CANDIDATE CERTIFICATION: I certify that the statements on this document are true. I further certify that I have not, and will not during the existence of the candidate committee, establish, authorize the establishment of, maintain, or participate directly or indirectly in the management or control of any political committee or continuing political committee. I am aware that if any of the statements are willfully false, I may be subject to punishment.

Registration Number

PIN

JOHANNA E ROBINSON

04/18/2024

Candidate (required)

Date

CHAIRPERSON/TREASURER CERTIFICATION: I certify that the statements on this document are true. I am aware that if any of the statements are willfully false, I may be subject to punishment.

Registration Number

PIN

COLLEEN SULLIVAN

04/18/2024

Treasurer (required)

Date

Registration Number

PIN

Chairperson

Date

Treasurers for Gubernatorial and Legislative candidates are required to receive training with the NJ ELEC. If you have completed the training enter your Treasurer Training ID# _____

**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.*



CANDIDATE - SWORN STATEMENT

FORM A-1

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185

Phone: (609) 292-8700

Website: www.elec.nj.gov

ELEC Received
Apr 18, 2024 12:24 PM

Amendment

Candidate Name		Office Sought		
JOHANNA ROBINSON		COUNCIL OR MUNICIPAL OFFICE		
Candidate Committee Name				
ROBINSON FOR BELMAR COUNCIL				
Street Address				
406 9TH AVE				
City	State	Zip Code	*Day Telephone	*Evening Telephone
BELMAR	NJ	07719	732-532-9660	732-532-9660
Committee Email (Optional)		Committee Website (Optional)		
ROBINSONJOHANNA1@GMAIL.COM				
Election Type:	<input checked="" type="radio"/> Primary	<input type="radio"/> May Municipal	<input type="radio"/> Fire District	Election Date
(Select One)	<input type="radio"/> General	<input type="radio"/> Run-Off	<input type="radio"/> Special	06/04/2024
County	Legal Name of Election District or Municipality		Political Party	
MONMOUTH COUNTY	BELMAR BOROUGH		DEMOCRAT	

I, the undersigned, do hereby certify as follows:

1. The total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person, or committee shall be zero, or shall not, in the aggregate, exceed \$5,800 for this election.
2. I am aware that in the event the total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person or committee shall, in the aggregate, exceed \$5,800, I am required to file the Form R-1 (Report of Contributions and Expenditures) through ELEC eFile, on each subsequent reporting date.
3. I am aware that if I receive a contribution in excess of \$200 in the aggregate from one source in an election or a currency (cash) contribution in any amount, I am required to report the contribution to the Commission on Form C-1 (Supplemental Contributor Information). I am aware that I am required to identify the source and the aggregate total of the contributions therefrom, and if the contributor is an individual, his/her occupation and the name and address of his/her employer.
4. I am aware that contributions received in excess of \$200 from one source starting with the 13th day before the election, up to and including the 8th day before the election must be reported to the Commission within 72 hours of receipt, and starting with the 7th day before the election, up to and including, the day of the election, must be reported to the Commission within 24 hours of receipt. I am aware that I am required to identify the source and the aggregate total of the contributions therefrom during the period, and if the contributor is an individual, his/her occupation and the name and address of his/her employer on Form C-1 (Supplemental Contributor Information).
5. I am aware that if I make, incur or authorize an expenditure of money or other thing of value in excess of \$200 in the aggregate to support or defeat a candidate or public question, starting with the 13th day before the election, up to and including the 8th day before the election, it must be reported to the Commission within 72 hours, and starting with the 7th day before the election, up to and including, the day of the election, it must be reported to the Commission within 24 hours on Form E-1 (Supplemental Expenditure Information).
6. I am aware that I am required to designate a campaign treasurer and depository by filing Form D-1 (Certificate of Organization and Designation of Campaign Treasurer and Depository) with the Commission no later than 10 days after receipt of any contribution or no later than 10 days after making any expenditure, whichever comes first.

CANDIDATE CERTIFICATION : I certify that the statements on this document are true. I am aware that if any of the statements are willfully false, I may be subject to punishment.

Registration Number	*****	PIN	*****
Candidate	JOHANNA E ROBINSON	Date	04/18/2024

*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.

