



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 08, 2018
8:41 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 \$ 300 in the aggregate from one source in the election, or any currency (cash) contributions.
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

MARK LEVIS

Committee Name

LEVIS FOR COUNCIL

Street Address

904 13TH AVE

Office Sought

COUNCIL OR MUNICIPAL OFFICE

City

BELMAR

State

NJ

Zip Code

07719

*(Area Code) Day Telephone

(732) 403 0020

*(Area Code) Evening Telephone

(732) 403 0020

Election Type:
(Select One)

- Primary
May Municipal
Fire District
General
Run-Off
Special

Election Date

11/06/2018

County

MONMOUTH COUNTY

Legal Name of Election District or Municipality

BELMAR BOROUGH

Political Party

DEMOCRAT

SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check, B = In-Kind, C = Loan)

Date Received
09/27/2018

Contributor Name
MARK LEVIS

Address (Number and Street, City, State, Zip Code)
904 13TH AVE BELMAR NJ 07719

Aggregate Amount
\$600.00

Amount
\$100.00

Occupation (If Individual)
ACCOUNT MANAGER

Receipt Type: A

Check if Currency [checked]

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

WILHELMSSEN SHIPS SERVICE 210 EDGEWATER ST. STATEN ISLAND NY 10305

Date Received
10/02/2018

Contributor Name
MARK LEVIS

Address (Number and Street, City, State, Zip Code)
904 13TH AVE BELMAR NJ 07719

Aggregate Amount
\$600.00

Amount
\$500.00

Occupation (If Individual)
ACCOUNT MANAGER

Receipt Type: A

Check if Currency [unchecked]

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

WILHELMSSEN SHIPS SERVICE 210 EDGEWATER ST. STATEN ISLAND NY 10305

Date Received

Contributor Name

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

Aggregate Amount

Amount

Occupation (If Individual)

Receipt Type:

Check if Currency [unchecked]

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Grand Total: \$600.00

Registration Number *****

PIN *****

Candidate or Treasurer MARK A LEVIS

Date 10/08/2018

*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.