



SUPPLEMENTAL CONTRIBUTOR INFORMATION

FORM C-1

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.state.nj.us

ELEC Received
Sep 25, 2016
10:25 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 \$ 1,400 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 & JANIS KEOWN-BLACKBURN
Committee Name: MAGOVERN-BLACKBURN FOR COUNCIL
Street Address: 207 S LAKE DRIVE
Office Sought: COUNCIL OR MUNICIPAL OFFICE
City: BELMAR, State: NJ, Zip Code: 07719, Telephone: 732-773-0097
Election Type: General, Election Date: 11/08/2016
County: MONMOUTH COUNTY, Legal Name: BELMAR BOROUGH, Political Party: DEMOCRAT

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

Date Received: 09/15/2016, Contributor Name: LILLIAN COUGHLAN
Address: 710 8TH AVE, APT 2A, BELMAR, NJ 07719
Aggregate Amount: \$150.00, Amount: \$150.00
Occupation: RETIRED, Receipt Type: A, Description: Description, if In-Kind Contribution
Employer Name and Mailing Address: (If Individual)

Date Received: 09/10/2016, Contributor Name: ACN GRAPHICS/AL NEWHOUSE
Address: PO BOX 1598, WALL, NJ 07719
Aggregate Amount: \$120.00, Amount: \$120.00
Occupation: GRAPHICS/PRINTER-SELF EMPLOYED, Receipt Type: A, Description: DONATION/ SMALL ORDER OF WALK PIECE
Employer Name and Mailing Address: ACN GRAPHICS, PO BOX 1598, WALL, NJ 07719

Date Received:
Contributor Name:
Address (Number and Street, City, State, Zip Code):
Aggregate Amount:
Amount:
Occupation (If Individual):
Receipt Type:
Check if Currency:
Description, if In-Kind Contribution:
Employer Name and Mailing Address (If Individual):
Employer Mailing Address (If Individual):

Grand Total: \$270.00

Registration Number: \*\*\*\*\*
Candidate or Treasurer: BRIAN P MAGOVERN
PIN: \*\*\*\*\*
Date: 09/25/2016

\*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.

Received 9-26-16