



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

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

MAYOR & COUNCIL

City

BELMAR

State

NJ

Zip Code

07719

*(Area Code) Day Telephone

732-773-0097

*(Area Code) Evening Telephone

732-773-0097

Election Type:

Primary

May Municipal

Fire District

Election Date

(Select One)

General

Run-Off

Special

06/07/2016

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

03/02/2016

Contributor Name

BRIAN MAGOVERN

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

207 S LAKE DRIVE, BELMAR, NJ 07719

Aggregate Amount

\$100.00

Amount

\$100.00

Occupation (If Individual)

TEACHER

Receipt Type:

A

Check if Currency

Description, if In-Kind Contribution

Employer Name (If Individual)

ST PETER SCHOOL

Employer Mailing Address (If Individual)

ATLANTIC AVE., POINT PLEASANT BEACH, NJ

Date Received

03/11/2016

Contributor Name

JANIS KEOWN-BLACKBURN

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

106 RIVER CT, BELMAR, NJ 07719

Aggregate Amount

\$200.00

Amount

\$200.00

Occupation (If Individual)

RETIRED

Receipt Type:

A

Check if Currency

Description, if In-Kind Contribution

Employer Name (If Individual)

Employer Mailing Address (If Individual)

Date Received

03/11/2016

Contributor Name

JANET GROSSHANDLER

Address (Number and Street, City, State, Zip Code) PO BOX 787, BELMAR, NJ 07719

Occupation (If Individual) CONSULTANT/SELF EMPLOYED

Employer Name (If Individual)

Employer Mailing Address (If Individual)

Aggregate Amount \$200.00

Amount \$200.00

Receipt Type: A

Check if Currency

Description, if In-Kind Contribution

Total This Page: \$500.00

Grand Total: \$1,325.00

Registration Number 10503589651

Candidate or Treasurer *Brian Magovern*
BRIAN P MAGOVERN

PIN RRT905

Date 03/17/2016

*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.

New Jersey Election Law Enforcement Commission

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sForm C-1a Revised Jul. 2013

Date Received 03/11/2016

Contributor Name PATRICIA HUTCHINSON

Address (Number and Street, City, State, Zip Code) 519 6TH AVE., BELMAR, NJ 07719

Occupation (If Individual) RETIRED

Employer Name (If Individual)

Employer Mailing Address (If Individual)

Aggregate Amount \$50.00

Amount \$50.00

Receipt Type: A

Check if Currency

Description, if In-Kind Contribution

Date Received 03/11/2016

Contributor Name ROSEMARY VOLKER

Address (Number and Street, City, State, Zip Code) 527 8TH AVE., BELMAR, NJ 07719

Occupation (If Individual) RETIRED

Employer Name (If Individual)

Employer Mailing Address (If Individual)

Aggregate Amount \$100.00

Amount \$100.00

Receipt Type: A

Check if Currency

Description, if In-Kind Contribution

Date Received 03/11/2016

Contributor Name GEORGE KOMITAS

Address (Number and Street, City, State, Zip Code) 111 3RD AVE., BELMAR, NJ 07719

Occupation (If Individual) DEPT OF PUBLIC WORKS

Employer Name (If Individual) BELMAR BOROUGH

Employer Mailing Address (If Individual) 601 MAIN ST., BELMAR, NJ 07719

Aggregate Amount \$50.00

Amount \$50.00

Receipt Type: A

Check if Currency

Description, if In-Kind Contribution

Date Received 03/11/2016

Contributor Name ROBYN MAGOVERN

Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
610 6TH AVE., BELMAR, NJ 07719		\$50.00	\$50.00
Occupation (If Individual)	Receipt Type:	Check if Currency	Description, if In-Kind Contribution
RETIRED	A	<input type="checkbox"/>	
Employer Name (If Individual)	Employer Mailing Address (If Individual)		

Date Received	Contributor Name		
03/11/2016	IRENE MCCANN		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
529 8TH AVE., BELMAR, NJ 07719		\$50.00	\$50.00
Occupation (If Individual)	Receipt Type:	Check if Currency	Description, if In-Kind Contribution
RETIRED	A	<input type="checkbox"/>	
Employer Name (If Individual)	Employer Mailing Address (If Individual)		

Date Received	Contributor Name		
03/11/2016	SYDNEE DECUIR-WHALLEY		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
400 MORRIS AVE, SPRING LAKE, NJ 07762		\$100.00	\$100.00
Occupation (If Individual)	Receipt Type:	Check if Currency	Description, if In-Kind Contribution
CONSULTANT/SELF EMPLOYED	A	<input type="checkbox"/>	
Employer Name (If Individual)	Employer Mailing Address (If Individual)		

Date Received	Contributor Name		
03/11/2016	THOMAS LEPETICH		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
400 MORRIS AVE., SPRING LAKE, NJ 07762		\$100.00	\$100.00
Occupation (If Individual)	Receipt Type:	Check if Currency	Description, if In-Kind Contribution
SOCIAL WORKER	A	<input type="checkbox"/>	
Employer Name (If Individual)	Employer Mailing Address (If Individual)		
ARA-WOODBRIDGE DIALYSIS	345 MAIN ST., WOODBRIDGE, NJ07095		

Total This Page: \$500.00

Grand Total: \$1,325.00

Date Received	Contributor Name		
03/11/2016	WILLIAM YOUNG		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
1702 A ST., BELMAR, NJ 07719		\$100.00	\$100.00
Occupation (If Individual)	Receipt Type:	Check if Currency	Description, if In-Kind Contribution
RETIRED	A	<input type="checkbox"/>	
Employer Name (If Individual)	Employer Mailing Address (If Individual)		

Date Received	Contributor Name		
03/11/2016	EDWARD WINDAS		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
416 7TH AVE., BELMAR, NJ 07719		\$100.00	\$100.00
Occupation (If Individual)	Receipt Type:	Check if Currency	Description, if In-Kind Contribution
MANAGEMENT	A	<input type="checkbox"/>	
Employer Name (If Individual)	Employer Mailing Address (If Individual)		
MIDDLESEX COUNTY IMPROVEMENT AUTHORITY	1010 INTERCHANGE PLAZA, CRANBERRY, NJ08512		

Date Received	Contributor Name		
03/11/2016	MARYANN FUREY		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
601 8TH AVE., BELMAR, NJ 07719		\$100.00	\$100.00
Occupation (If Individual)	Receipt Type:	Check if Currency	Description, if In-Kind Contribution
RETIRED	A	<input type="checkbox"/>	
Employer Name (If Individual)	Employer Mailing Address (If Individual)		

Date Received	Contributor Name		
03/11/2016	MARIE L BOYDMAN		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
48C JUNIPERPLAZA, MONROE TWP, NJ 08831		\$25.00	\$25.00
Occupation (If Individual)	Receipt Type:	Check if Currency	Description, if In-Kind Contribution
RETIRED	A	<input type="checkbox"/>	
Employer Name (If Individual)	Employer Mailing Address (If Individual)		

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
		<input type="checkbox"/>	
Employer Name (If Individual)	Employer Mailing Address (If Individual)		

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
		<input type="checkbox"/>	
Employer Name (If Individual)	Employer Mailing Address (If Individual)		

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 (If Individual) _____ Employer Mailing Address (If Individual) _____

Total This Page: \$325.00

Grand Total: \$1,325.00

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

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

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

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

Date Received	Contributor Name		

Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)	Receipt Type: <input type="text"/>	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution
Employer Name (If Individual)	Employer Mailing Address (If Individual)		

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)	Receipt Type: <input type="text"/>	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution
Employer Name (If Individual)	Employer Mailing Address (If Individual)		

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)	Receipt Type: <input type="text"/>	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution
Employer Name (If Individual)	Employer Mailing Address (If Individual)		

Total This Page:

Grand Total: \$1,325.00

File With ELEC

March 17, 2016

To ELEC, Monmouth County Clerk of Elections and Belmar Borough:

We tried to file this C1 form online but our MAC computer/Safari browser wouldn't send this through to the ELEC website (even though our A2 and D2 forms did go through). In talking with ELEC's compliance department, we were told that some browsers do not always work with their website and in the future, we might have to handwrite our ELEC forms.

However, since this was all complete, ELEC compliance said to print it out, sign above the candidate/treasurer's space with a signature and that they would accept that. So that is what we did. Please accept this version of Form C1.



Brian Magovern
Candidate and Treasurer
Magovern-Blackburn For Council