



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
Oct 08, 2016
8:45 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)

Three contribution entries:
1. Date Received: 10/04/2016, Contributor: WILLIAM YOUNG, Amount: \$200.00
2. Date Received: 10/05/2016, Contributor: WATERS, MCPHERSON, MCNEILL, P.C., Amount: \$300.00
3. Date Received: 10/05/2016, Contributor: GRACE FITZGERALD, Amount: \$100.00

Total This Page: \$600.00
Grand Total: \$650.00

Registration Number ***** PIN *****
Candidate or Treasurer BRIAN P MAGOVERN Date 10/08/2016

Date Received 10/05/2016	Contributor Name PATRICIA FAUGNO			
Address (Number and Street, City, State, Zip Code) 1902 SURF AVE, BELMAR, NJ, 07719			Aggregate Amount \$50.00	Amount \$50.00
Occupation (If Individual) RETIRED	Receipt Type: A	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution	
Employer Name and Mailing Address (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 <input type="checkbox"/>	Description, if In-Kind Contribution	
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