



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 02, 2019
3:45 PM

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

JIM BEAN

Committee Name

JIM BEAN FOR BELMAR COUNCIL 2019

Street Address

612 16TH AVE

Office Sought

COUNCIL OR MUNICIPAL OFFICE

City

BELMAR

State

NJ

Zip Code

07719

*(Area Code) Day Telephone

732-620-0526

*(Area Code) Evening Telephone

732-620-0526

Election Type: (Select One)

- Primary, May Municipal, Fire District, General, Run-Off, Special

Election Date

11/05/2019

County

MONMOUTH COUNTY

Legal Name of Election District or Municipality

BELMAR BOROUGH

Political Party

INDEPENDENT

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

Date Received
07/24/2019

Contributor Name
JIM BEAN

Address (Number and Street, City, State, Zip Code)
612 16TH AVE

Aggregate Amount

Amount
\$1,000.00

Occupation (If Individual)
IT DIRECTOR

Receipt Type: A

Check if Currency

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)
175 DRIFT RD TINTON FALLS NJ 07724

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)

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)

Grand Total: \$1,000.00

Registration Number *****

PIN *****

Candidate or Treasurer JAMES BEAN

Date 10/02/2019

*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.