



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)
 www.elec.state.nj.us

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CONTRIBUTIONS REPORT TYPE (CHECK 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).

Amendment?

Yes No

SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION

Candidate(s) Name <i>JAMES BEAN - MICHAEL SIEBECK</i>		Election Date <i>NOV. 4, 2014</i>
Committee Name <i>BEAN SIEBECK 2014</i>		Election District/Municipality <i>BOROUGH OF BELMAR</i>
Candidate or Committee Address (Number and Street, City, State, Zip Code) <i>P.O. BOX 391, BELMAR, NEW JERSEY 07719</i>		
Office Sought <i>Mayor - Council</i>	County <i>MONMOUTH</i>	*(Area) Day Telephone <i>732-681-6791</i>
Political Party <i>REPUBLICAN</i>		*(Area) Evening Telephone <i>732-681-6791</i>

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

Date Received <i>Oct. 8, 2014</i>	Contributor Name <i>PATRICIA LOREA</i>		Aggregate Amount \$ <i>500.00</i>	Amount \$ <i>500.00</i>
Address (Number and Street, City, State, Zip Code) <i>303 DAWN AVE., BELMAR, N.J. 07719</i>				
Occupation (If Individual) <i>RETIRED</i>	Receipt Type <i>A</i>	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution	
Employer Name (If Individual) <i>N/A</i>	Employer Mailing Address (If Individual) <i>N/A</i>			
Date Received <i>Oct. 8, 2014</i>	Contributor Name <i>JAMES BEAN</i>		Aggregate Amount \$ <i>653.53</i>	Amount \$ <i>533.53</i>
Address (Number and Street, City, State, Zip Code) <i>612 16TH AVE., BELMAR N.J. 07719</i>				
Occupation (If Individual) <i>F.T. DIRECTOR</i>	Receipt Type <i>B</i>	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution <i>PRINTING AND POSTAGE</i>	
Employer Name (If Individual) <i>SPAVONA</i>	Employer Mailing Address (If Individual) <i>175 BRIFT RD., TUNNERSFALLS, N.J. 07724</i>			
Date Received	Contributor Name		Aggregate Amount	Amount
Address (Number and Street, City, State, Zip Code)			\$	\$
Occupation (If Individual)	Receipt Type	Check if Currency	Description, if In-Kind Contribution	
Employer Name (If Individual)	Employer Mailing Address (If Individual)			
Date Received	Contributor Name		Aggregate Amount	Amount
Address (Number and Street, City, State, Zip Code)			\$	\$
Occupation (If Individual)	Receipt Type	Check if Currency	Description, if In-Kind Contribution	
Employer Name (If Individual)	Employer Mailing Address (If Individual)			

(COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$ *1033.53*

(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$ *1033.53*

Candidate or Treasurer Signature *John F. Young* Date *October 23 2014*