

Final Report + 20 Day Post Primary



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)
www.elec.state.nj.us

FORM C-1
FOR STATE USE ONLY

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: *Thomas E. Burke* Election Date: *6/17/16*
 Committee Name: *Committee to Elect Thomas E Burke* Election District/Municipality: *Belmar*
 Candidate or Committee Address (Number and Street, City, State, Zip Code): *PO Box 1114 Belmar*
 Office Sought: *Councilman* County: *Monmouth* *(Area) Day Telephone: *908 618 4132*
 Political Party: *Republican* *(Area) Evening Telephone:

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

Date Received: *6/1/2016* Contributor Name: *Jessrey Ciallella - Perfect Nutrition Co*
 Address (Number and Street, City, State, Zip Code): *16201 Lindbergh Street Van Nuys CA 91406* Aggregate Amount: \$ *100* Amount: \$ *100*
 Occupation (If Individual): *CFO* Receipt Type: Currency Description, if In-Kind Contribution:
 Employer Name (If Individual): *Perfect Nutrition Co* Employer Mailing Address (If Individual):

Date Received: *6/6/2016* Contributor Name: *Paul E Burke*
 Address (Number and Street, City, State, Zip Code): *2614 18th Avenue Wall NJ 07719* Aggregate Amount: \$ *100* Amount: \$ *100*
 Occupation (If Individual): *Retired* Receipt Type: Currency Description, if In-Kind Contribution:
 Employer Name (If Individual): *NA* Employer Mailing Address (If Individual):

Date Received: Contributor Name:
 Address (Number and Street, City, State, Zip Code):
 Occupation (If Individual): Receipt Type: 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):
 Occupation (If Individual): Receipt Type: 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 \$ *200*
 (COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$ *200*
 Candidate or Treasurer Signature: *[Signature]* Date: *6/18/2016*

*Final Report
 Filed 6/17/2016
 GEB*