

Received 5-10-17



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
May 08, 2017
7:47 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
THOMAS BRENNAN

Committee Name
CAMPAIGN TO REELECT TOM BRENNAN

Street Address
404 11TH AVE

Office Sought
COUNCIL OR MUNICIPAL OFFICE

City BELMAR State NJ Zip Code 07719 *(Area Code) Day Telephone 7328294433 *(Area Code) Evening Telephone 7328294433

Election Type: Primary (selected), May Municipal, Fire District, General, Run-Off, Special. Election Date 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 04/24/2017 Contributor Name THOMAS BRENNAN

Address (Number and Street, City, State, Zip Code) 404 11TH AVE Aggregate Amount \$100.00 Amount \$100.00

Occupation (If Individual) TEACHER Receipt Type: A Check if Currency Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual) BELMAR BOARD OF EDUCATION

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: \$100.00

Registration Number ***** PIN *****

Candidate or Treasurer THOMAS W BRENNAN Date 05/08/2017

*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.