

 <p>SUPPLEMENTAL CONTRIBUTOR INFORMATION</p> <p>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</p>	<p>FORM C-1</p> <p>FOR STATE USE ONLY</p>
	<p>ELEC RECEIVED</p> <p>OCT 11 2016</p>
	<p>Amendment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>CONTRIBUTIONS REPORT TYPE (CHECK ONE)</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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).</p>	
<p>SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION</p>	
<p>Candidate(s) Name: <u>Jeff Regan</u> Election Date: <u>November 8, 2016</u></p>	
<p>Committee Name: <u>Roselle Park Democratic Committee</u> Election District/Municipality: <u>Roselle Park</u></p>	
<p>Candidate or Committee Address (Number and Street, City, State, Zip Code): <u>Roselle Park NJ 07204</u></p>	
Office Sought: <u>Br of Education Union</u> County: <u>Union</u>	*(Area) Day Telephone
Political Party: <u>Democrat</u>	*(Area) Evening Telephone
<p>SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check; B = In-Kind; C = Loan)</p>	
Date Received: <u>9-21-16</u> Contributor Name: <u>Roselle PK Democratic Committee</u>	Aggregate Amount: <u>\$ 500.00</u>
<p>Address (Number and Street, City, State, Zip Code): <u>317 Sheridan Ave Roselle Park NJ 07204</u></p>	
Occupation (If Individual):	Receipt Type: <input type="checkbox"/> Currency <input type="checkbox"/> In-Kind Description, if In-Kind Contribution: <u>Signs</u>
Employer Name (If Individual):	Employer Mailing Address (If Individual):
Date Received:	Contributor Name:
<p>Address (Number and Street, City, State, Zip Code):</p>	
Occupation (If Individual):	Receipt Type: <input type="checkbox"/> Currency <input type="checkbox"/> In-Kind Description, if In-Kind Contribution:
Employer Name (If Individual):	Employer Mailing Address (If Individual):
Date Received:	Contributor Name:
<p>Address (Number and Street, City, State, Zip Code):</p>	
Occupation (If Individual):	Receipt Type: <input type="checkbox"/> Currency <input type="checkbox"/> In-Kind Description, if In-Kind Contribution:
Employer Name (If Individual):	Employer Mailing Address (If Individual):
Date Received:	Contributor Name:
<p>Address (Number and Street, City, State, Zip Code):</p>	
Occupation (If Individual):	Receipt Type: <input type="checkbox"/> Currency <input type="checkbox"/> In-Kind Description, if In-Kind Contribution:
Employer Name (If Individual):	Employer Mailing Address (If Individual):
<p>(COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$ <u>500.00</u></p> <p>(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$ <u>500.00</u></p>	
Candidate or Treasurer Signature: <u>[Signature]</u>	Date: <u>10/7/16</u>