



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.nj.gov

FORM C-1

FOR STATE USE ONLY

ELEC RECEIVED

JUL - 5 2018

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 \$1,600 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).

Amendment?

☐ Yes ☒ No

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

Candidate(s) Name <u>Richard Groves</u>		Election Date <u>11-6-18</u>
Committee Name		Election District/Municipality <u>Roselle Park</u>
Candidate or Committee Address (Number and Street, City, State, Zip Code) <u>622 Galloping Hill Rd Roselle Park NJ 07204</u>		
Office Sought <u>2nd Ward Council</u>	County <u>Union</u>	*(Area) Day Telephone <u>908 241-5909</u>
Political Party <u>Republican</u>		*(Area) Evening Telephone <u>908 241-5909</u>

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

Date Received <u>6-30-18</u>	Contributor Name <u>Donald Schreiber</u>	
Address (Number and Street, City, State, Zip Code) <u>149 E. Lincoln Ave Roselle Park NJ 07204</u>		Aggregate Amount \$ <u>500</u>
Occupation (If Individual) <u>retired</u>	Receipt Type <u>A check</u>	Amount \$ <u>500</u>
Employer Name (If Individual)	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution
Employer Mailing Address (If Individual)		

Date Received	Contributor Name	
Address (Number and Street, City, State, Zip Code)		Aggregate Amount
		\$
Occupation (If Individual)	Receipt Type	Amount
	Check if Currency <input type="checkbox"/>	\$
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)		Aggregate Amount
		\$
Occupation (If Individual)	Receipt Type	Amount
	Check if Currency <input type="checkbox"/>	\$
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)		Aggregate Amount
		\$
Occupation (If Individual)	Receipt Type	Amount
	Check if Currency <input type="checkbox"/>	\$
Description, if In-Kind Contribution		
Employer Name (If Individual)		
Employer Mailing Address (If Individual)		

(COMPLETE THIS LINE FOR EVERY PAGE USED)

TOTAL, THIS PAGE


\$ 500

(COMPLETE THIS LINE FOR LAST PAGE USED)

GRAND TOTAL

\$ 500

Candidate or Treasurer Signature <u>Richard D. Dwyer</u>	Date <u>7-2-18</u>
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CONTRIBUTIONS REPORT TYPE (CHECK ONE) <input checked="" 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. <input type="checkbox"/> Committee receiving a contribution in excess of \$1,600 in the aggregate from one source starting with the 13 TH day before the election up to, and including the day of the election (48-Hour Notice).			Amendment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION			
Candidate(s) Name <u>Richard Graves</u>		Election Date <u>11-6-18</u>	
Committee Name		Election District/Municipality	
Candidate or Committee Address (Number and Street, City, State, Zip Code) <u>622 Galloping Hill Rd Roseme Park NJ 07204</u>			
Office Sought <u>2nd Ward Council</u> County <u>Union</u>		*(Area) Day Telephone <u>908-241-5909</u>	
Political Party <u>Republican</u>		*(Area) Evening Telephone <u>908-241-5909</u>	
SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check; B = In-Kind; C = Loan)			
Date Received <u>9-26-18</u>		Contributor Name <u>Roselle Park Republican Municipal Committee</u>	
Address (Number and Street, City, State, Zip Code) <u>46-C Colfax Manor Roseme Park NJ 07204</u>		Aggregate Amount \$ <u>1000</u>	Amount \$ <u>1000</u>
Occupation (If Individual)	Receipt Type <u>check</u>	Check if Currency <input type="checkbox"/>	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)		Aggregate Amount \$	Amount \$
Occupation (If Individual)	Receipt Type	Check if Currency <input type="checkbox"/>	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)		Aggregate Amount \$	Amount \$
Occupation (If Individual)	Receipt Type	Check if Currency <input type="checkbox"/>	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)		Aggregate Amount \$	Amount \$
Occupation (If Individual)	Receipt Type	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution
Employer Name (If Individual)		Employer Mailing Address (If Individual)	
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE \$ <u>1000</u>	
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL \$ <u>1000</u>	
Candidate or Treasurer Signature <u>Richard Graves</u>		Date <u>9-26-18</u>	