



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
Oct 28, 2018
9:42 AM

☐ 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

THOS SHIPLEY

Committee Name

FRIENDS OF THOS SHIPLEY FOR COUNCIL

Street Address

824 LARCH STREET

Office Sought

COUNCIL OR MUNICIPAL OFFICE

City

ROSELLE PARK

State

NJ

Zip Code

07204

*(Area Code) Day Telephone

*(Area Code) Evening Telephone

Election Type:
(Select One)☐ Primary☐ May Municipal☐ Fire District☒ General☐ Run-Off☐ Special

Election Date

11/06/2018

County

UNION COUNTY

Legal Name of Election District or Municipality

ROSELLE PARK BOROUGH

Political Party

REPUBLICAN

SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check, B = In-Kind, C = Loan)Date Received
10/16/2018

Contributor Name

ROSELLE PARK REPUBLICAN MUNICIPAL COMMITTEE

Address (Number and Street, City, State, Zip Code)

46C COLFAX MANOR

Aggregate Amount

\$1,000.00

Amount

\$1,000.00

Occupation (If Individual)

Receipt
Type: ACheck 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)

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: \$1,000.00

Registration Number *****

PIN *****

Candidate or Treasurer THOS SHIPLEY

Date 10/28/2018

*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.