

SUPPLEMENTAL CONTRIBUTOR INFORMATION

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185

FORM	C-1
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ELEC Received Oct 30, 2019 10:48 AM

1072	(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)								
Website: www.elec.nj.gov					Amendment				
CONTRIBUTIONS REPORT	Γ TYPE (Select One)								
Committee spending to in excess of \$ 300 in to	under the R-1 reporting the aggregate from one								
Committee receiving a 13th day before the el	a contribution in excess lection up to, and includ					h the			
SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION									
Candidate(s) Name JAN P EGAN, LISA BURKE, MELISSA MATHEWS									
Committee Name TOGETHER WE CAN									
Street Address 26 WEST 5TH STREET					Office Sought SCHOOL BOARD				
City BAYONNE		State NJ	Zip Code 07002	' ' ' ' '			rea Code) Evening Telephone		
Election Type: School Board						Election Date 11/05/2024			
County HUDSON COUNTY			oard District NE BD OF ED				Political Party NONPARTISAN		
SECTION II. CONTRIBUTION	ON INFORMATION (R	eceipt T	ypes: A = Curre	ency or Check, B =	In-Kind, C =	Loan)			
Date Received Contributor Name 08/22/2019 BAYONNE CITY REGULAR DEMOCRATIC COMMITTEE									
Address (Number and Street, City, State, Zip Code) 470 BROADWAY STE 273 BAYONNE, NJ, 07002				Aggregate Amount Amount \$1,000.00					
,			Check if Currency	Description, if In-Kind Contribution					
Employer Name and Mailing Address (If Individual)									
Date Received 10/07/2019	Contributor Name CHASAN LAMPARELLO MALLON & CAPPUZO, PC								
Address (Number and Street, City, State, Zip Code) 300 LIGHTING WAY BAYONNE, NJ 07002					Aggregate Amount		Amount \$900.00		
Decupation (If Individual) LAWYER/ PARTNER Receipt Type: Check if Currency				Description, if In-Kind Contribution					
Employer Name and Mailing Address (If Individual) RALPH LAMPARELLO 300 LIGHTING WAY, SECAUCUS, NJ 07094									
Date Received 09/01/2019	Contributor Name RAINE CUSEGLIO								
Address (Number and Stree 26 WEST 5TH STREET	t, City, State, Zip Code	;)			Aggregate A	mount	Amount \$2,000.00		
ccupation (If Individual) HIEF OF STAFF Receipt Type: C Currency			Description, if In-Kind Contribution						
Employer Name and Mailing STATE OF NEW JERSEY 1	Address (If Individual) 125 W STATE ST, TRE	NTON,	NJ 08608						
Grand Total: \$3,900.00									
Registration Number ************* PIN ******									
Candidate or Treasurer RAINE P CUSEGLIO Date 10/30/2019									