



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
Apr 07, 2019
8:08 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: JOHN QUATTROCCHI
Committee Name: JOHN QUATTROCCHI FOR VERONA
Street Address: 44 AFTERGLOW WAY
Office Sought: COUNCIL OR MUNICIPAL OFFICE
City: VERONA, State: NJ, Zip Code: 07044, Day Telephone: 2015632567, Evening Telephone: 2015632567
Election Type: May Municipal
Election Date: 05/14/2019
County: ESSEX COUNTY, Legal Name of Election District or Municipality: VERONA BOROUGH, Political Party: NONPARTISAN

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

Three contribution entries for JOHN QUATTROCCHI, MARY BOVICH, and ALEX SCOTT, each with address, amount, and receipt type details.

Total This Page: \$1,500.00

Grand Total: \$2,322.43

Registration Number ***** PIN *****
Candidate or Treasurer JOHN QUATTROCCHI Date 04/07/2019

*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.

Date Received 04/02/2019	Contributor Name KRIS BROMLEY		
Address (Number and Street, City, State, Zip Code) 35 BELLECLAIRE PLACE		Aggregate Amount \$500.00	Amount \$500.00
Occupation (If Individual) HOMEMAKER	Receipt Type: A	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individual) HOMEMAKER			

Date Received 03/31/2019	Contributor Name MARIA BARONA		
Address (Number and Street, City, State, Zip Code) 6 BELLECLAIRE PLACE		Aggregate Amount \$322.43	Amount \$322.43
Occupation (If Individual) MANAGING DIRECTOR	Receipt Type: B	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution MAGNETS
Employer Name and Mailing Address (If Individual) I-ADVIZE, INC			

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 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 <input type="checkbox"/>	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individual)			

Date Received	Contributor Name		
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Occupation (If Individual)	Receipt Type:	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individual)			

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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 <input type="checkbox"/>	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individual)			

Total This Page: \$822.43
Grand Total: \$2,322.43

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Occupation (If Individual)	Receipt Type:	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution
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