



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 19, 2019
10:34 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: DONNA COALLIER, ROBERT "BOB" ZUCKERMAN, SUMMER JONES
Committee Name: YOUR VOICE, OUR VILLAGE
Street Address: PO BOX 104
Office Sought: COUNCIL OR MUNICIPAL OFFICE
City: SOUTH ORANGE
State: NJ
Zip Code: 07079
\*(Area Code) Day Telephone: (215)982-0701
\*(Area Code) Evening Telephone: (215)982-0701
Election Type: May Municipal
Election Date: 05/14/2019
County: ESSEX COUNTY
Legal Name of Election District or Municipality: SOUTH ORANGE VILLAGE
Political Party: NONPARTISAN

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

Three contribution entries for Nancy Donoghue and Robert Zuckerman. Includes fields for Date Received, Contributor Name, Address, Occupation, Receipt Type, and Amount.

Total This Page: \$2,075.00

Grand Total: \$6,970.00

Registration Number \*\*\*\*\* PIN \*\*\*\*\*
Candidate or Treasurer ROBIN E SHERER Date 04/19/2019

Date Received 04/02/2019	Contributor Name MALIKAH SHERMAN			
Address (Number and Street, City, State, Zip Code) 25 CUMMING ST #2F NEW YORK, NEW YORK 10034			Aggregate Amount \$35.00	Amount \$35.00
Occupation (If Individual) ATTORNEY	Receipt Type: A	Check if Currency <input checked="" type="checkbox"/>	Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual) DISTRICT COUNCIL 37				
Date Received 04/04/2019	Contributor Name CAROL BRODEY			
Address (Number and Street, City, State, Zip Code) 647 INWOOD LN SOUTH ORANGE, NJ 07079			Aggregate Amount \$360.00	Amount \$360.00
Occupation (If Individual) CEO	Receipt Type: A	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual) DURST CORP				
Date Received 04/04/2019	Contributor Name WALTER CLARKE			
Address (Number and Street, City, State, Zip Code) 328 LENOX AVE SOUTH ORANGE, NJ 07079			Aggregate Amount \$500.00	Amount \$500.00
Occupation (If Individual)	Receipt Type: A	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)				
Date Received 04/02/2019	Contributor Name STEPHEN MERSHON			
Address (Number and Street, City, State, Zip Code) 107 MAPLEWOOD AVE MAPLEWOOD, NJ 07040			Aggregate Amount \$500.00	Amount \$500.00
Occupation (If Individual)	Receipt Type: A	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)				
Date Received 03/31/2019	Contributor Name DONNA COALLIER			
Address (Number and Street, City, State, Zip Code) 460 REDMOND RD SOUTH ORANGE, NJ 07079			Aggregate Amount \$1,000.00	Amount \$1,000.00
Occupation (If Individual)	Receipt Type: A	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)				
Date Received 04/05/2019	Contributor Name PAUL DESJARDINS			
Address (Number and Street, City, State, Zip Code) 40 DURAND RD MAPLEWOOD, NJ 07040			Aggregate Amount \$500.00	Amount \$500.00
Occupation (If Individual) PHARMACOLOGIST	Receipt Type: A	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual) SELF-EMPLOYED				
Date Received 04/06/2019	Contributor Name GRANT NEUMANN			
Address (Number and Street, City, State, Zip Code) 324 MEEKER STREET SOUTH ORANGE, NJ 07079			Aggregate Amount \$1,000.00	Amount \$1,000.00
Occupation (If Individual) COPY DIRECTOR	Receipt Type: A	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual) RANDOM HOUSE				
<b>Total This Page: \$3,895.00</b>				
<b>Grand Total: \$6,970.00</b>				

Date Received 04/10/2019	Contributor Name SUSAN HALLMAN			
Address (Number and Street, City, State, Zip Code) 2011 NORTH CAMPO ALLEGRE DRIVE TEMPE, AZ 85281			Aggregate Amount \$1,000.00	Amount \$1,000.00
Occupation (If Individual) PHYSICIAN	Receipt Type: A	Check if Currency <input type="checkbox"/>	Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual) CIGNA MEDICAL GROUP				
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	
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**Total This Page: \$1,000.00**

**Grand Total: \$6,970.00**

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