SUPPLEMENTAL CONTRIBUTOR INFORMATION

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185
Phone: (609) 292-8700
Website: www.elec.nj.gov

FORM C-1

ELEC Received
Oct 03, 2026 11:46 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 $200 in the aggregate from one source in the election, or any currency (cash) contributions.

○ Committee receiving a contribution in excess of $300 in the aggregate from one source starting with the13th day before the election up to, and including the day of the election (72/24 Hour Notice).

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

Candidate(s) / Committee Name: CALLAHAN AND MEYER FOR BOARD OF EDUCATION

Street Address: 366 ACADEMY ST

Office Sought: SCHOOL BOARD

City: SOUTH ORANGE | State: NJ | Zip Code: 07079 | *Day Telephone: | *Evening Telephone:

Election Type: (Select One) ◉ School Board

Election Date: 11/03/2026

County: ESSEX COUNTY

Legal Name of Election District or Municipality: SO ORANGE-MAPLEWOOD BD OF ED

Political Party: NONPARTISAN

SECTION II. CONTRIBUTION INFORMATION

Contributor Type: ◉ Individual ○ Non-Individual

Last Name / Non-Individual Name: VADLAMANI

First Name (Leave blank if Non-Individual): ARUN

Street Address: 505 HILLSIDE TERRACE

City: SOUTH ORANGE | State: NJ | Zip Code: 07079 | Occupation: FINANCIAL SERVICES/BANKING | Date Received: 08/24/2026

Employer Name: BANK OF AMERICA | Street Address: 1111 6TH AVENUE | City: NY | State: NY | Zip: 10036

Receipt Type: ELECTRONIC | Description, if In-Kind Contribution: | Aggregate Amount: $501.00 | Amount: $501.00

Contributor Type: ◉ Individual ○ Non-Individual

Last Name / Non-Individual Name: FORMAN

First Name (Leave blank if Non-Individual): AMY

Street Address: 1000 EXECUTIVE DR

City: WEST ORANGE | State: NJ | Zip Code: 07052 | Occupation: SOCIAL WORKER | Date Received: 07/27/2026

Employer Name: SEEDS | Street Address: 494 BROAD ST | City: NEWARK | State: NJ | Zip: 07102

Receipt Type: ELECTRONIC | Description, if In-Kind Contribution: | Aggregate Amount: $206.00 | Amount: $206.00

Total This Page: $707.00

Grand Total: $1,207.00

Registration Number: ********** PIN: ******

Candidate or Treasurer: RICHARD INSERRO Date: 10/03/2026

*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.

Contributor Type: (●) Individual ( ) Non-Individual | Last Name / Non-Individual Name: CUTLER

First Name (Leave blank if Non-Individual): JESSE | Street Address: 142 JORALEMON STREET

City: BROOKLYN | State: NY | Zip Code: 11201 | Occupation: ATTORNEY | Date Received: 09/13/2026

Employer Name: SKYER AND ASSOCIATES | Street Address: 142 JORALEMON STREET | City: BROOKLYN | State: NY | Zip: 11201

Receipt Type: ELECTRONIC | Description, if In-Kind Contribution: | Aggregate Amount: $500.00 | Amount: $500.00

Contributor Type: ( ) Individual ( ) Non-Individual | Last Name / Non-Individual Name:

First Name (Leave blank if Non-Individual): | Street Address:

City: | State: | Zip Code: | Occupation: | Date Received:

Employer Name: | Street Address: | City: | State: | Zip:

Receipt Type: | Description, if In-Kind Contribution: | Aggregate Amount: | Amount:

Contributor Type: ( ) Individual ( ) Non-Individual | Last Name / Non-Individual Name:

First Name (Leave blank if Non-Individual): | Street Address:

City: | State: | Zip Code: | Occupation: | Date Received:

Employer Name: | Street Address: | City: | State: | Zip:

Receipt Type: | Description, if In-Kind Contribution: | Aggregate Amount: | Amount:

Contributor Type: ( ) Individual ( ) Non-Individual | Last Name / Non-Individual Name:

First Name (Leave blank if Non-Individual): | Street Address:

City: | State: | Zip Code: | Occupation: | Date Received:

Employer Name: | Street Address: | City: | State: | Zip:

Receipt Type: | Description, if In-Kind Contribution: | Aggregate Amount: | Amount:

Contributor Type: ( ) Individual ( ) Non-Individual | Last Name / Non-Individual Name:

First Name (Leave blank if Non-Individual): | Street Address:

City: | State: | Zip Code: | Occupation: | Date Received:

Employer Name: | Street Address: | City: | State: | Zip:

Receipt Type: | Description, if In-Kind Contribution: | Aggregate Amount: | Amount:

Total This Page: $500.00

Grand Total: $1,207.00

Contributor Type ○ Individual ○ Non-Individual | Last Name / Non-Individual Name

First Name (Leave blank if Non-Individual) | Street Address

City | State | Zip Code | Occupation | Date Received

Employer Name | Street Address | City | State | Zip

Receipt Type | Description, if In-Kind Contribution | Aggregate Amount | Amount

Contributor Type ○ Individual ○ Non-Individual | Last Name / Non-Individual Name

First Name (Leave blank if Non-Individual) | Street Address

City | State | Zip Code | Occupation | Date Received

Employer Name | Street Address | City | State | Zip

Receipt Type | Description, if In-Kind Contribution | Aggregate Amount | Amount

Contributor Type ○ Individual ○ Non-Individual | Last Name / Non-Individual Name

First Name (Leave blank if Non-Individual) | Street Address

City | State | Zip Code | Occupation | Date Received

Employer Name | Street Address | City | State | Zip

Receipt Type | Description, if In-Kind Contribution | Aggregate Amount | Amount

Contributor Type ○ Individual ○ Non-Individual | Last Name / Non-Individual Name

First Name (Leave blank if Non-Individual) | Street Address

City | State | Zip Code | Occupation | Date Received

Employer Name | Street Address | City | State | Zip

Receipt Type | Description, if In-Kind Contribution | Aggregate Amount | Amount

Contributor Type ○ Individual ○ Non-Individual | Last Name / Non-Individual Name

First Name (Leave blank if Non-Individual) | Street Address

City | State | Zip Code | Occupation | Date Received

Employer Name | Street Address | City | State | Zip

Receipt Type | Description, if In-Kind Contribution | Aggregate Amount | Amount

Total This Page:

Grand Total: $1,207.00