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 17, 2026 5:56 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 $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: DIAZ FOR SCHOOL BOARD

Street Address: 461 VOSE AVENUE, 2ND FLOOR

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: JOHNSON BAKER

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

Street Address: 4 FOSTER COURT

City: SOUTH ORANGE

State: NJ

Zip Code: 07079

Occupation: RETIRED

Date Received: 08/05/2026

Employer Name:

Street Address:

City:

State:

Zip:

Receipt Type: CHECK

Description, if In-Kind Contribution:

Aggregate Amount: $255.50

Amount: $250.00

Contributor Type: (●) Individual ( ) Non-Individual

Last Name / Non-Individual Name: MAINI

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

Street Address: 134 IRVING AVENUE

City: SOUTH ORANGE

State: NJ

Zip Code: 07079

Occupation: BUSINESS OWNER

Date Received: 08/20/2026

Employer Name: CROSSOVER SOLUTIONS LLC

Street Address: 461 VOSE AVENUE

City: SOUTH ORANGE

State: NJ

Zip: 07079

Receipt Type: CHECK

Description, if In-Kind Contribution:

Aggregate Amount: $400.00

Amount: $400.00

Total This Page: $650.00

Grand Total: $1,400.00

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

PIN: ******

Candidate or Treasurer: ROBIN JOHNSON BAKER

Date: 10/17/2026

*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: RAAB

First Name (Leave blank if Non-Individual): MARIAN | Street Address: 7 HUBERT PLACE

City	State	Zip Code	Occupation	Date Received
MAPLEWOOD	NJ	07040	BUSINESS OWNER	09/05/2026

Employer Name	Street Address	City	State	Zip

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

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

First Name (Leave blank if Non-Individual): WILLIAM | Street Address: 74 5TH STREET

City	State	Zip Code	Occupation	Date Received
SOUTH ORANGE	NJ	07079	MANAGEMENT/ADMINISTRATOR/EXECUTIVE	09/09/2026

Employer Name	Street Address	City	State	Zip

Receipt Type	Description, if In-Kind Contribution	Aggregate Amount	Amount
ELECTRONIC		$250.00	$250.00

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

Total This Page: $750.00

Grand Total: $1,400.00

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

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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

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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

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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

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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

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Total This Page:

Grand Total: $1,400.00