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 23, 2026 9:44 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 FOOR

Office Sought: SCHOOL BOARD

City: SOUTH ORANGE | State: NJ | Zip Code: 07079 | *Day Telephone: 9734775251 | *Evening Telephone: 9734775251

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: JASEY

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

Street Address: 9 KEASBY ROAD

City: SOUTH ORANGE | State: NJ | Zip Code: 07079 | Occupation: RETIRED | Date Received: 10/09/2026

Employer Name: NOT APPLICABLE | Street Address: | City: | State: | Zip:

Receipt Type: CHECK | Description, if In-Kind Contribution: | Aggregate Amount: $250.00 | Amount: $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:

Total This Page: $250.00

Grand Total: $250.00

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

Candidate or Treasurer: ROBIN JOHNSON BAKER Date: 10/23/2026

*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

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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