

CONTRIBUTIONS REPORT TYPE (Select One)

SUPPLEMENTAL CONTRIBUTOR INFORMATION

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

FO	RM	C-1
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Election Law Enforcement Commission E[EC	NEW JERSEY ELEC P.O. (609) 292-8700		ELEC Received Oct 28, 2015 2:15 PM Amendment					
	ORT TYPE (Select One)							
•	g under the R-1 reporting n the aggregate from one		•	•				
	g a contribution in excess				•	n the		
,	election up to, and include		<u>, </u>	,				
	E, JOINT CANDIDATES,	OR POL	ITICAL COMMIT	TEE INFORMATIO	JN			
date(s) Name								
ERAL MAJORITY PA	AC							
nittee Name								
ERAL MAJORITY PA	AC							
Address					Office Sought			
OX 805					POLITICAL	COMMITTEE		
		State	Zip Code	*(Area Code) Day	Telephone	*(Area Code) Evening Telephone		
TOWN		N.J	08850					

Committee receiving a	a contribution in exces	ss of \$ 1,4	100 in th	e aggreg	ate from one sour	ce starting with			
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	OINT CANDIDATES	, OR POL	IIICAL	COMMINIT	TEE INFORMATI	ON			
GENERAL MAJORITY PAC	:								
Committee Name									
GENERAL MAJORITY PAC	:								
Street Address PO BOX 805						POLITICAL COMMITTEE			
City	State Zip Code							de) Evening Telephone	
MILLTOWN		NJ	08850		(Alca Gode) Da	ay relephone (Area Code) Evening			de Liverning Telephone
	Primary				 District			Election	on Date
Licotion Type.	Election Type.					Election Date 11/03/2015			
County	y deficial (me of FI			tv			
MIDDLESEX COUNTY	Legal Name of Election District or Munic			strict or Mariicipan	1			Political Party DEMOCRAT	
SECTION II. CONTRIBUTION	N INFORMATION (F	Receipt T	vpes: A	= Curre	ncv or Check. B :	= In-Kind. C =	Loa		
Date Received	Contributor Name		<i>)</i>		, , <u>.</u>			,	
10/26/2015	GARDEN STATE FORWARD								
Address (Number and Street, City, State, Zip Code) 180 WEST STATE STREET TRENTON, NJ 08608					Aggregate Amount				
Occupation (If Individual) Receipt Type:				Α	Check if Currency	Description, if In-Kind Contribution			
Employer Name and Mailing Address (If Individual)				Employer Mailing Address (If Individual)					
Date Received 10/27/2015									
Address (Number and Street, City, State, Zip Code) 180 WEST STATE STREET TRENTON, NJ 08608						Aggregate Amount			Amount \$250,000.00
Occupation (If Individual) Receip Type:			Α	Check if Currency	Description, if In-Kind Contribution				
Employer Name and Mailing Address (If Individual) Employer Mailing Address (If Individual)									
Employer Mailing Address (if individual)									
Pate Received Contributor Name 10/27/2015 THE LEADERS FUND									
Address (Number and Street, City, State, Zip Code) PO BOX 3503 Aggregate Amount \$250,000.00 \$250,000.00									
Occupation (If Individual) Receipt Type:			Α	Check if Currency	Description, if In-Kind Contribution				
Employer Name and Mailing Address (If Individual) Employer Mailing Address (If Individual)									
						Gra	nd 1	Γotal:	\$1,000,000.00
Registration Number ********* PIN *****									
Candidate or Treasurer JOHN B POERSCH Date 10/28/2015									