

## 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 ELEC Received Apr 22, 2022 8:30 AM

FORM C-1

## **CONTRIBUTIONS REPORT TYPE (Select One)**

Committee spending under the R-	-1 reporting threshold (A	A-1 or A-2 filers etc.)	who received a contributioning	nexcess of \$300 in the aggregate
from one source in the election, o	r any currency (cash) co	ontributions.		

O Committee receiving a contribution in excess of \$1,900 in the aggregate from one source starting with the13th day before the election up to, and including the day of the election (48-Hour Notice).

Candidate(s) Name									
KAREN BERGMAN									
Committee Name	001111011								
KAREN BERGMAN FOR	COUNCIL					0#1 0			
Street Address						Office Sought			
1019 BAY AVENUE						COUNCIL OR MI	JNICI	PAL OFFICE	
City		State	State Zip Code		*Day Telep	hone *Ever		ning Telephone	
OCEAN CITY		NJ	08226		609-703-	7817			
Election Type:	O Primary	May M	Municipal	nicipal	O Fire Dist	t Elect		on Date	
(Select One)	○ General	O Run-0	O Run-Off		O Special	05/1		/2022	
County		_		District	•	6./ I	Dolitic	al Darty	
CAPE MAY COUNTY				Political Party					
CAPE WAT COUNTY		JCEAN CITT				<u>!</u>	NONE	PARTISAN	
Date Received	Contributor Name	Receipt Typ	es: A = (	Curren	cy or Chec	k, B = In-Kind, C =	Loai	n)	
02/26/2022	MAUREEN CLARK								
Address (Number and Str	eet, City, State, Zip Code)	)				Aggregate Amount		Amount	
3624 BELEGRADE ST								\$500.00	
Occupation (If Individual)		Receip	t A		Check If	Description, if In-Ki	nd Co	ontribution	
RETIRED		Туре	· <u>A</u>		Currency				
Employer Name and Maili	ng Address (If Individual)								
RETIRED									
Date Received	Contributor Name								
01/20/2022	BARBARA STEFANO	)							
Address (Number and Str	eet, City, State, Zip Code)	)				Aggregate Amount		Amount	
325A ASBURY AVE								\$500.00	
Occupation (If Individual)						Description, if In-Ki	nd Co	ontribution	
RETIRED		Receip	t <u>A</u>		Check If Currency				
Employer Name and Maili	ng Address (If Individual)	Туре			Currency				
RETIRED									
Date Received	Contributor Name								
								•	
Address (Number and Str	eet, City, State, Zip Code					Aggregate Amount		Amount	
Occupation (If Individual)		Receip	nt .	П	Check If	Description, if In-Ki	nd Co	ontribution	
		Туре			Currency				
Employer Name and Maili	ng Address (If Individual)								
						Grand T	otal:	\$1,000.00	
Registration N	lumber *******			PIN	*****				
				D-4-					
Candidate or Tre	easurer KAREN BERG	GMAN		Date	04/22/2022				