



**SUPPLEMENTAL CONTRIBUTOR INFORMATION**

**FORM C-1**

**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)  
Web site <http://www.elec.state.nj.us/>

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MAR - 3 2008

**CONTRIBUTIONS REPORT TYPE (CHECK ONE)**

- Committee filing either the Form A-1, A-2 or A-4 and receiving a contribution in excess of \$300 in the aggregate from one source in the election, or any currency (cash) contributions
- Committee receiving a contribution in excess of \$1,000 in the aggregate from one source starting with the 13<sup>TH</sup> day before the election up to, and including the day of the election (48-Hour Notice)

Amendment? *Forgot to send*  
 Yes  No

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

Candidate or Committee Name *Board of Education*  
*Jan Rubino and Marty Ruprecht for election* Election Date *4/15/08*

Candidate or Committee Address (Number and Street, City, State, Zip Code)  
*824 Arbordale Dr Cliffwood Beach NJ 07735*

\*(Area) Day Telephone *732-566-9008* \*(Area) Evening Telephone *same*

Office Sought *Board Member* County *Monmouth* Election District/Municipality *Aberdeen*

Committee Treasurer Name *Jan Rubino* Political Party *-*

**SECTION II CONTRIBUTION INFORMATION (Receipt Types A = Currency or Check, B = In-Kind, C = Loan)**

Date Received *2/20/08* Contributor Name *Jan Rubino*

Address (Number and Street, City, State, Zip Code) *824 Arbordale Dr Cliffwood Beach NJ 07735* Aggregate Amount \$ *25.00* Amount \$ *25.00*

Occupation (If Individual) *Preschool Teacher* Receipt Type  Check if Currency  Description, if In-Kind Contribution

Employer Name (If Individual) *St Johns Nursery School* Employer Mailing Address (If Individual) *2000 Florence Ave, Hazlet NJ*

Date Received *2/20/08* Contributor Name *Martin Ruprecht*

Address (Number and Street, City, State, Zip Code) *8 Ambler Ct Aberdeen, NJ 07747* Aggregate Amount \$ *25.00* Amount \$ *25.00*

Occupation (If Individual) *Field Service Engineer* Receipt Type  Check if Currency  Description, if In-Kind Contribution

Employer Name (If Individual) *Applied Biosystems* Employer Mailing Address (If Individual) *850 Linea Ctr Dr, Foster City CA 94409*

Date Received Contributor Name

Address (Number and Street, City, State, Zip Code) Aggregate Amount \$ Amount \$

Occupation (If Individual) Receipt Type Check if Currency  Description, if In-Kind Contribution

Employer Name (If Individual) Employer Mailing Address (If Individual)

Date Received Contributor Name

Address (Number and Street, City, State, Zip Code) Aggregate Amount \$ Amount \$

Occupation (If Individual) Receipt Type Check if Currency  Description, if In-Kind Contribution

Employer Name (If Individual) Employer Mailing Address (If Individual)

(COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$ 50.00

(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$ 50.00

Candidate or Treasurer Signature *Jan Rubino* Date *3/29/08*