

SUPPLEMENTAL CONTRIBUTOR INFORMATION

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
P.O. BOX 185
TRENTON, NJ 08625-0185

CONTRIBUTIONS REPORT TYPE ("X" ONE)

- Committee filing either the Form A-1, A-2 or A-4 and receiving a contribution in excess of \$400 in the aggregate from one source in an election.
- Committee receiving a contribution in excess of \$800 in the aggregate from one source starting with the 13th day prior to an election up to, and including the day of the election (48-hour notice).

FORM C-1

FOR STATE USE ONLY

OCT 26 2004

ELEC RECEIVED

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

CANDIDATE OR COMMITTEE NAME <i>Interna Team 2004</i>		ELECTION DATE <i>11/2/04</i>	
CANDIDATE OR COMMITTEE ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE) <i>440 68th st, W.M.I, NJ 07023</i>			
OFFICE SOUGHT <i>Councilman</i>	COUNTY <i>Bergen</i>	ELECTION DISTRICT/MUNICIPALITY <i>Harsbrouck Heights</i>	
COMMITTEE TREASURER NAME <i>Wilfredo Ortiz</i>	PARTY <i>Dem</i>	*(ARBA) DAY TELEPHONE <i>201-861-6164</i>	*(ARBA) EVENING TELEPHONE <i>201-861-3080</i>

SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Cash or Check; B = In-Kind; C = Loan)

DATE RECEIVED <i>10/20/04</i>	CONTRIBUTOR NAME <i>Tom Padilla for Eschenfelder</i>		
ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE) <i>26 Ruth Place, Park Ridge, NJ</i>		AGGREGATE AMOUNT <i>500</i>	AMOUNT <i>500</i>
OCCUPATION (IF INDIVIDUAL)	RECEIPT TYPE	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	DESCRIPTION, IF IN-KIND CONTRIBUTION	
EMPLOYER NAME (IF INDIVIDUAL)	EMPLOYER MAILING ADDRESS (IF INDIVIDUAL)		
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ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE)		AGGREGATE AMOUNT	AMOUNT
OCCUPATION (IF INDIVIDUAL)	RECEIPT TYPE	DESCRIPTION, IF IN-KIND CONTRIBUTION	
EMPLOYER NAME (IF INDIVIDUAL)	EMPLOYER MAILING ADDRESS (IF INDIVIDUAL)		

(COMPLETE THIS FOR EVERY PAGE USED) TOTAL, THIS PAGE \$ 500
 (COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$ 500

CANDIDATE OR TREASURER SIGNATURE

RECEIVED VIA FAX

DATE

10/20/04

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 43:14-1.1, an unlisted telephone number is not a public record and must not be provided on this form.