

SUPPLEMENTAL CONTRIBUTOR INFORMATION NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P.O. BOX 185 TRENTON, NJ 08625-0185	CONTRIBUTIONS REPORT TYPE ("X" ONE) <input type="checkbox"/> 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. <input type="checkbox"/> 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
SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION		
CANDIDATE OR COMMITTEE NAME ELECTION FUND OF ADAM SCHNEIDER		ELECTION DATE MAY 14, 2002
CANDIDATE OR COMMITTEE ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE) 403 WILLOW AVENUE LONG BRANCH, N. J. 07740		
OFFICE SOUGHT MAYOR	COUNTY MONMOUTH	ELECTION DISTRICT/MUNICIPALITY LONG BRANCH
COMMITTEE TREASURER NAME DIANE HARRIGAN	PARTY NON	(AREA) DAY TELEPHONE 732-870-6889
(AREA) EVENING TELEPHONE		
SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Cash or Check; B = In-Kind; C = Loan)		
DATE RECEIVED May 5, 2002	CONTRIBUTOR NAME THOMPSON DESIGN GROUP INC.	
ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE) 368 CONGRESS STREET BOSTON, MA		AGGREGATE AMOUNT 1500.00
OCCUPATION (IF INDIVIDUAL)		AMOUNT 1000.00
RECEIPT TYPE check		DESCRIPTION, IF IN-KIND CONTRIBUTION
EMPLOYER NAME (IF INDIVIDUAL)		EMPLOYER MAILING ADDRESS (IF INDIVIDUAL)
DATE RECEIVED MAY 5, 2002	CONTRIBUTOR NAME MASER CONSULTING P.A.	
ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE) 30 FRENEAU AVENUE, MATAWAN, N. J.		AGGREGATE AMOUNT 2000.00
OCCUPATION (IF INDIVIDUAL)		AMOUNT 1000.00
RECEIPT TYPE check		DESCRIPTION, IF IN-KIND CONTRIBUTION
EMPLOYER NAME (IF INDIVIDUAL)		EMPLOYER MAILING ADDRESS (IF INDIVIDUAL)
DATE RECEIVED MAY 5, 2002	CONTRIBUTOR NAME NEW DIRECTIONS THROUGH RESPONSIBLE LEADERSHIP	
ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE) ONE EXECUTIVE DRIVE, SUITE 10, RED BANK NJ		AGGREGATE AMOUNT 1500.00
OCCUPATION (IF INDIVIDUAL)		AMOUNT 1500.00
RECEIPT TYPE check		DESCRIPTION, IF IN-KIND CONTRIBUTION
EMPLOYER NAME (IF INDIVIDUAL)		EMPLOYER MAILING ADDRESS (IF INDIVIDUAL)
DATE RECEIVED MAY 5, 2002	CONTRIBUTOR NAME JOHN E WESTLAKE	
ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE) MAIN STREET, RED BANK NJ 07701		AGGREGATE AMOUNT 1800.00
OCCUPATION (IF INDIVIDUAL)		AMOUNT 1000.00
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 \$ 4,500.00
(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL		\$
CANDIDATE or TREASURER SIGNATURE		DATE