

CAMPAIGN CONTRIBUTOR INFORMATION FORM

To comply with New Jersey law, we must use our best efforts to obtain, maintain, and submit the name, mailing address, occupation and name of employer of individuals who contribute. Please fill out this form completely and return along with your contribution. Thank you for your support.



First Name of Contributor: _____

Last Name of Contributor: _____

Contribution Amount: _____

Full Home Address: _____

Occupation: _____

Name of Employer: _____

Full Address of Employer: _____

Contribution Limits

\$2,600 Per Individual Per Election

\$2,600 Per Union Or Corporation

\$8,200 For A Continuing Political Committee Or Political Committee

Please send this form along with your check made out to: Campaign Fund of Sean M. Spiller

P.O. Box 1290, Montclair, NJ 07042

Paid For By The Election Fund of Sean M. Spiller

P.O. Box 1290, Montclair, NJ 07042