

SUPPLEMENTAL CONTRIBUTOR INFORMATION		CONTRIBUTIONS REPORT TYPE ("X" ONE)		FORM C-1	
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P.O. BOX 185 TRENTON, NJ 08625-0185		<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.		FOR STATE USE ONLY	
		<input checked="" 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).			
SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION					
CANDIDATE OR COMMITTEE NAME <i>Richards &amp; Hanney for Voorhees</i>				ELECTION DATE <i>11-5-02</i>	
CANDIDATE OR COMMITTEE ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE) <i>51 William Feather Drive</i>					
OFFICE SOUGHT <i>Township Committee</i>		COUNTY <i>CAMDEN</i>		ELECTION DISTRICT/MUNICIPALITY <i>Voorhees</i>	
COMMITTEE TREASURER NAME <i>Patricia E. Merkh</i>		PARTY <i>REP.</i>		* (AREA) DAY TELEPHONE <i>(856) 753-5456</i> * (AREA) EVENING TELEPHONE <i>(856) 753-5456</i>	
SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Cash or Check; B = In-Kind; C = Loan)					
DATE RECEIVED <i>11/5/02</i>		CONTRIBUTOR NAME <i>ADAMS REHMANN &amp; HEGGAN</i>			
ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE) <i>850 S. White Horse Pike Hammonton</i>		AGGREGATE AMOUNT <i>3,000.00</i>		AMOUNT <i>3,000.00</i>	
OCCUPATION (IF INDIVIDUAL) <i>ENGINEERING FIRM</i>		RECEIPT TYPE <i>CHECK</i>		DESCRIPTION, IF IN-KIND CONTRIBUTION <i>N/A</i>	
EMPLOYER NAME (IF INDIVIDUAL) <i>N/A</i>		EMPLOYER MAILING ADDRESS (IF INDIVIDUAL) <i>N/A</i>			
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)			
DATE RECEIVED		CONTRIBUTOR NAME			
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EMPLOYER NAME (IF INDIVIDUAL)		EMPLOYER MAILING ADDRESS (IF INDIVIDUAL)			
(COMPLETE THIS FOR EVERY PAGE USED)		TOTAL, THIS PAGE \$		<i>3,000.00</i>	
(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL		\$		<i>3,000.00</i>	
CANDIDATE/TREASURER SIGNATURE <i>Patricia E. Merkh</i>				DATE <i>11-6-02</i>	

\* Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 17:27A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

FORM C-1  
2002