

**SUPPLEMENTAL CONTRIBUTOR INFORMATION****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/>

FORM C-3**FOR STATE USE ONLY**

ELEC RECEIVED
MAY 27 2008

CONTRIBUTIONS REPORT TYPE (CHECK ONE)

- ☐ Committee filing "Sworn Statement," Form A-3, and receiving a contribution in excess of \$300 in the aggregate from one source, or currency (cash) contributions in any amount
☒ Committee receiving a contribution in excess of \$1,000 in the aggregate from one source between the closing date of the last quarterly report through the date of an election in which the committee is contributing or otherwise participating (48-Hour Notice)

Amendment?

☐ Yes ☒ No**REPORT QUARTER**☐ **APRIL 15** ☐ **JULY 15** ☐ **OCTOBER 15** ☐ **JANUARY 15****ELEC Identification Number**

J 0260 0001 11 Q2008

SECTION I PLEASE TYPE OR PRINT☐ "X" If address is different from address previously reported

Full Committee Name, Address (Number and Street, City, State, Zip Code)

REAL TEANECK DEMOCRATS
POB 3178
Teaneck, NJ 07666

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

Full Name, Address (Number and Street, City, State, Zip Code)

BIRDSALL SERVICES GROUP, INC.
2100 Old Mill Plaza
Sea Girt, NJ 08750

Date(s) Received

5/19/08

Amount(s) Received
This Period

\$ 7800.

Receipt Type

A

Description, if In-Kind Contribution

Aggregate Year to Date

\$ 7800.

Occupation (If Individual)

Employer Name, Address (If Individual)

Full Name, Address (Number and Street, City, State, Zip Code)

Date(s) Received

Amount(s) Received
This Period

Receipt Type

Description, if In-Kind Contribution

Aggregate Year to Date

Occupation (If Individual)

Employer Name, Address (If Individual)

Full Name, Address (Number and Street, City, State, Zip Code)

Date(s) Received

Amount(s) Received
This Period

Receipt Type

Description, if In-Kind Contribution

Aggregate Year to Date

Occupation (If Individual)

Employer Name, Address (If Individual)

(COMPLETE THIS LINE FOR EVERY PAGE USED)

TOTAL, THIS PAGE

\$ 7800.

(COMPLETE THIS LINE FOR LAST PAGE USED)

GRAND TOTAL

\$ 7800.

Treasurer Signature

Date

5/20/08