



Professional Campaign Fundraiser
QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185
Phone: (609) 292-8700
Website: www.elec.nj.gov

FORM FRQ

ELEC Received

Apr 15 2024
02:23 PM

Name of Professional Campaign Fundraiser

RNM CONSULTING LLC.

Check If NO Activity This Quarter

Registration#
8290458952

Business Address

6 Schuyler Place

Filing Year
2024

City

Bayonne

Report Quarter

- Quarter 1
Quarter 2
Quarter 3
Quarter 4

Zip Code

07002

State

NJ

Day Telephone (with Area Code)*

551-358-3493

Evening Telephone (with Area Code)*

551-358-3493

Check if Amendment

Amendment

Specify Reason:

Professional Campaign Fundraiser's Certification

I certify that the statements on this document are true and correct. I am aware that if any of the statements on this document are willfully false, I may be subject to punishment.

ROSEMARIE MARTINEZ

Full Name of Professional Campaign Fundraiser

Registration Number *****

PIN *****

Verify Registration
Number & PIN

April 15, 2024

Signature

Date

* Your name must appear on the signature line *

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

Recipient of Professional Campaign Fundraiser's Services*Please add a page for each candidate or committee*

Name of Recipient Candidate or Committee

SAMPSON FOR ASSEMBLY

Amount(s) Raised This Period (Gross)

\$0.00

Amount(s) Raised This Period (Net)

\$0.00

Compensation Received By Fundraiser For This Period

\$0.00

Specific Services Provided:

EVENT PLANNING, CONTRIBUTION SOLICITATION, DATA MANAGEMENT

Itemized Expenditures

PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
_____			\$ 0.00
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$

"Total" reflects all expenditures made on behalf of the candidate or committee named above.

TOTAL \$ 0.00