



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 2025
02:31 PM

Name of Professional Campaign Fundraiser

Hudson Organizing Project

☐ Check If NO Activity This Quarter

Registration#
8294613476

Business Address

PO Box 8042

Filing Year
2025

City

Jersey City

Report Quarter

☒ Quarter 1

☐ Quarter 2

☐ Quarter 3

☐ Quarter 4

Zip Code

07308

State

NJ

Day Telephone (with Area Code)*

(732) 595-8018

Evening Telephone (with Area Code)*

(732) 595-8018

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.

Jennifer Toth

Full Name of Professional Campaign Fundraiser

Registration Number *****

PIN

Verify Registration
Number & PIN

JENNIFER D TOTH

Signature

January 15, 2025

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 <i>Please add a page for each candidate or committee</i>			
Name of Recipient Candidate or Committee			
Amount(s) Raised This Period (Gross) \$ <u>00</u>	Amount(s) Raised This Period (Net) \$ <u>00</u>	Compensation Received By Fundraiser For This Period \$ <u>00</u>	
Specific Services Provided:			
Itemized Expenditures			
PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
<u> </u>			\$
<u> </u>			\$
<u> </u>			\$
<u> </u>			\$
<u> </u>			\$
<u> </u>			\$
<u> </u>			\$
<u> </u>			\$
<u> </u>			\$
"Total" reflects all expenditures made on behalf of the candidate or committee named above.			TOTAL \$ <u> </u>

Please add a page for each candidate or committee

Amount(s) Raised This Period (Gross)

Amount(s) Raised This Period (Net)

Compensation Received By Fundraiser For This Period

\$.00

Specific Services Provided:

PAYMENT DATE

PAYEE NAME AND ADDRESS

PURPOSE OF EXPENDITURE

AMOUNT

\$

\$

\$

\$

\$

\$

\$

\$

\$

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

TOTAL \$