



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 11 2025
04:02 PM

Name of Professional Campaign Fundraiser

Robyn Gedrich

☐ Check If NO Activity This Quarter

Registration#
6000786715

Business Address

2 Broad St

Filing Year
2025

City

Bloomfield

Report Quarter

☒ Quarter 1

☐ Quarter 2

☐ Quarter 3

☐ Quarter 4

Zip Code

07003

State

NJ

Day Telephone (with Area Code)*

7329487427

Evening Telephone (with Area Code)*

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.

Robyn Gedrich

Full Name of Professional Campaign Fundraiser

Registration Number *****

PIN

Verify Registration
Number & PIN

ROBYN GEDRICH

Signature

April 11, 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 Mikie Sherrill for Governor			
Amount(s) Raised This Period (Gross) \$1,677,000.00	Amount(s) Raised This Period (Net) \$1,640,000.00	Compensation Received By Fundraiser For This Period \$25,250.00	
Specific Services Provided: In-house Fundraising			
Itemized Expenditures			
PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
_____	N/A		\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
"Total" reflects all expenditures made on behalf of the candidate or committee named above.			TOTAL \$ _____