

Professional Campaign Fundraiser QUARTERLY REPORT

ELEC Received

FORM FRQ

Apr 16 2025 02:27 PM

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

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

Name of Professional Campaign Fundraiser Check if NO Activity This Quarter Registration# Registration# Registration# Registration# Registration# Registration# Piling Year 2025 City MONTCLAIR City MONTCLAIR City MONTCLAIR City Code											
Business Address PO BOX 43032 City MONTCLAIR Zip Code State Day Telephone (with Area Code)* Evening Telephone (with Area Code)* Quarter 1 Quarter 2 Quarter 3 Check if 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. Sydney diewald Full Name of Professional Campaign Fundraiser Registration Number PIN April 15, 2025 Signature April 15, 2025 Date	lame of Professi	ional Car	☐ Check If NO Activity This Quarter								
City MONTCLAIR Cip Code State Day Telephone (with Area Code)* Evening Telephone (with Area Code)* Quarter 1 Quarter 2 Quarter 3 Quarter 4 Quarter 4 Quarter 4 Quarter 4 Quarter 5 Quarter 6 Quarter 7 Quarter 8 Quarter 9 Quarter	Sydney Diewa	ıld	Registration#								
MONTCLAIR Zip Code State Day Telephone (with Area Code)* Evening Telephone (with Area Code)* Quarter 1 Quarter 2 Quarter 3 Quarter 3 Quarter 4 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. Sydney diewald Full Name of Professional Campaign Fundraiser Registration Number PIN ***********************************		S	Filing Year 2025								
Comparison Com											
Sydney diewald Full Name of Professional Campaign Fundraiser	MONTCLAIR	1	1								
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. Sydney diewald Full Name of Professional Campaign Fundraiser Registration Number ************************************	-			Evening Telephone (with Area Code)*							
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. Sydney diewald Full Name of Professional Campaign Fundraiser Registration Number ***********************************											
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. Sydney diewald	Amendment	t Specif									
Sydney diewald Full Name of Professional Campaign Fundraiser Registration Number ************************************											
Full Name of Professional Campaign Fundraiser Registration Number ******************************** PIN ********** April 15, 2025 Signature Date	I certify that the statements on this document are true and correct. I am aware that if any of the statements on this										
Full Name of Professional Campaign Fundraiser Registration Number ********************************* PIN ********** April 15, 2025 Signature Date	Sydnay	diousl	٩								
Registration Number ******** PIN ******** April 15, 2025 Signature Date											
Number & PIN April 15, 2025 Signature Date	Full Name	e of Profe	essional Campaign Fundraiser								
Signature Date	Registratio	n Numbe	er <u>*******</u> PIN	******							
Signature Date				April 15, 2025							
* Your name must appear on the signature line *			Signature	<u> </u>							
	* Your nam	ne must a	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.	*I eave this field	blank if your	telephone number is unlisted. Pursuant to N.1.S.4	A 47·1A-11, an unlisted telephone number is not a publi	c record and must not be provided on this form						

Please add a page for each Name of Recipient Candidate							
Mikie Sherrill for Governor		1					
Amount(s) Raised This Period (Gross)				ensation Received By Fundraiser For This Period			
\$1,677,000.00		\$1,640,000.00 \$32,000.00		.00			
Specific Services Provided:							
		Itemized Expenditure	es				
PAYMENT DATE	ı	PAYEE NAME AND ADDRESS		PURPOSE OF EXPENDITURE	AMOUNT		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
"Total" reflects all expenditures made on behalf of the candidate or committee named above. TOTAL \$							