



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

Jul 09 2024
08:26 PM

Name of Professional Campaign Fundraiser

Brendan W. Gill

Check If NO Activity This Quarter

Registration#
48-1

Business Address

35 Park Street

Filing Year
2024

City

Montclair

Report Quarter

- Quarter 1
Quarter 2
Quarter 3
Quarter 4

Zip Code

07042

State

NJ

Day Telephone (with Area Code)\*

973-783-0400

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.

Brendan W. Gill

Full Name of Professional Campaign Fundraiser

Registration Number

\*\*\*\*\*

PIN

\*\*\*\*\*

Verify Registration
Number & PIN

BRENDAN W GILL

Signature

July 9, 2024

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

Amount(s) Raised This Period (Gross)

Amount(s) Raised This Period (Net)

Compensation Received By Fundraiser For This Period

Specific Services Provided:

**Itemized Expenditures**

<b>PAYMENT DATE</b>	<b>PAYEE NAME AND ADDRESS</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>AMOUNT</b>
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$

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

TOTAL \$ \_\_\_\_\_