



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 23 2024
09:35 PM

Name of Professional Campaign Fundraiser

Megan Moench

Check If NO Activity This Quarter

Registration#
5915594134

Business Address

1351 Roger Avenue

Filing Year
2024

City

Bridgewater

Report Quarter

- Quarter 1
Quarter 2
Quarter 3
Quarter 4

Zip Code

08807

State

NJ

Day Telephone (with Area Code)*

9085667515

Evening Telephone (with Area Code)*

9085667515

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.

Megan Moench

Full Name of Professional Campaign Fundraiser

Registration Number *****

PIN *****

Verify Registration
Number & PIN

MEGAN MOENCH

Signature

July 23, 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

Durr4Senate

Amount(s) Raised This Period (Gross)

\$.00

Amount(s) Raised This Period (Net)

\$.00

Compensation Received By Fundraiser For This Period

\$1,250.00

Specific Services Provided:

Itemized Expenditures

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 \$ _____

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

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 \$ _____

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

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 \$ _____

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

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 \$ _____