



Professional Campaign Fundraiser QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
Website: www.elec.nj.gov

FORM FRQ

ELEC Received

Feb 09 2025
01:18 AM

Name of Professional Campaign Fundraiser

Michele L Kidd

☐ Check If NO Activity This Quarter

Registration#
53-1

Business Address

602 Boozer Ln

Filing Year
2024

City

Hillsborough

Report Quarter

- ☐ Quarter 1
☐ Quarter 2
☐ Quarter 3
☒ Quarter 4

Zip Code

08844

State

NJ

Day Telephone (with Area Code)*

9086259577

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.

Michele L Kidd

Full Name of Professional Campaign Fundraiser

Registration Number *****

PIN *****

Verify Registration
Number & PIN

MICHELE KIDD

Signature

February 9, 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 Somerset County Democratic Committee			
Amount(s) Raised This Period (Gross) \$200,844.25	Amount(s) Raised This Period (Net) \$200,844.25	Compensation Received By Fundraiser For This Period \$29,900.30	
Specific Services Provided: Event planning, call time.			
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 <i>Please add a page for each candidate or committee</i>			
Name of Recipient Candidate or Committee Hunterdon County Democratic Committee			
Amount(s) Raised This Period (Gross) \$24,235.00	Amount(s) Raised This Period (Net) \$24,235.00	Compensation Received By Fundraiser For This Period \$2,423.50	
Specific Services Provided: Event planning, call time.			
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 \$ _____