

Professional Campaign Fundraiser QUARTERLY REPORT

ELEC Received

FORM FRQ

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Apr 10 2023 04:08 PM

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

| Name of Professional Campaign Fundraiser | | | | | Check If NO Activity This Quarter | | | |
|--|-----------|--------------------------------|-----|--|-----------------------------------|-------------------------------------|--|--|
| Michele Kidd | | Registration# 53-1 | | | | | | |
| Business Address 602 Boozer Ln | S | Filing Year 2023 | | | | | | |
| City Hillsborough | | | | | Report | | | |
| Hilisborough | | | _ | | | Quarter 1 | | |
| Zip Code State Day Telephone (with Area Code)* Evening Telephone (with Area 08844 NJ 9086259577 9086259577 | | | | Evening Telephone (with Area Code)* 9086259577 | | Quarter 2 Quarter 3 | | |
| Check if Amendn | | | | | Quarter 4 | | | |
| Amendmen | t Specif | y Reason: | | | | | | |
| | | Professional C | amı | paign Fundraiser's Certification | | | | |
| | | | rue | and correct. I am aware that if any | of the st | atements on this | | |
| Michele Full Name | | essional Campaign Fundraiser | | | | | | |
| | | | | | | | | |
| Registratio | n Numb | er <u>******</u> PI | N | ******* | | Verify Registration Number & PIN | | |
| | М | ICHELE KIDD | | April 7, 2023 | | | | |
| | | Signature | | Date | | | | |
| * 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.

| Recipient of Profession Please add a page for | | | | | | |
|--|---|--|---|----------------------------|----|-------|
| Name of Recipient Cand SOMERSET COUNTY DE | | | | | | |
| Amount(s) Raised This F 52,000.00 | Period (Gross) | Amount(s) Raised This Period (Net) \$1,919.75 | sation Received By Fundraiser For This Period | | | |
| Specific Services Provid | ed: | | | | | |
| mage creation, fundrai | sing calls, banne | er, centerpieces, fliers, staffed event | | | | |
| | I | Itemized Expenditur | es | | | |
| PAYMENT DATE | ı | PAYEE NAME AND ADDRESS | | PURPOSE OF EXPENDITURE AMO | | MOUNT |
| 03-11-2023 | Mailbox Business Center, 601 US HWY 206, Hillsborough Township, NJ 08844 | | | Banner | \$ | 80.25 |
| _ | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |
| "Total" reflects all expe | nditures made or | n behalf of the candidate or committee na | amed above. | TOTAL\$ | | 80.25 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

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New Jersey Election Law Enforcement Commission

Form FRQ Revised Apr. 2022

| Recipient of Profession Please add a page for a | | | | | | |
|--|----------------|---|------------|--|--------|--|
| Name of Recipient Candi Committee to Elect Doug | | iittee | | | | |
| Amount(s) Raised This Period (Gross) \$3,250.00 | | Amount(s) Raised This Period (Net) Comper \$3,250.00 \$.00 | | nsation Received By Fundraiser For This Period | | |
| Specific Services Provide | d: | | | | | |
| Fundraising calls | | | | | | |
| | | Itemized Expenditur | es | | | |
| PAYMENT DATE | | PAYEE NAME AND ADDRESS | | PURPOSE OF EXPENDITURE | AMOUNT | |
| | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |
| _ | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |
| _ | | | | | \$ | |
| "Total" reflects all expend | ditures made o | n behalf of the candidate or committee na | amed above | e. TOTAL\$ | | |
| | | | | | | |

| Recipient of Professional Campaign Fundraiser's Services Please add a page for each candidate or committee | | | | | | |
|--|-------------------|---|------------|--|--------|--|
| Name of Recipient Candida Committee to Elect Paul Dr | te or Comm ake | ittee | | | | |
| Amount(s) Raised This Period (Gross) \$3,250.00 | | Amount(s) Raised This Period (Net) Comper \$3,250.00 \$.00 | | nsation Received By Fundraiser For This Period | | |
| Specific Services Provided: | | | | | | |
| Fundraising calls | | | | | | |
| | | Itemized Expenditur | es | | | |
| PAYMENT DATE | 1 | PAYEE NAME AND ADDRESS | | PURPOSE OF EXPENDITURE | AMOUNT | |
| | | | | | \$ | |
| | | | | | \$ | |
| _ | | | | | \$ | |
| _ | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |
| "Total" reflects all expenditu | ures made o | n behalf of the candidate or committee กล | amed above | e. TOTAL\$ | | |
| | | | | | | |

| Recipient of Professional (Please add a page for ead | | | | | | | |
|--|-------------|--|------------|---|--------|--|--|
| Name of Recipient Candida PEG PAC | te or Comm | nittee | | | | | |
| Amount(s) Raised This Period (Gross) \$1,000.00 | | Amount(s) Raised This Period (Net) Compe \$1,000.00 | | ensation Received By Fundraiser For This Period | | | |
| Specific Services Provided: | | | , | | | | |
| Fundraising calls | | | | | | | |
| | | Itemized Expenditur | es | | | | |
| PAYMENT DATE | ا | PAYEE NAME AND ADDRESS | | PURPOSE OF EXPENDITURE | AMOUNT | | |
| | | | | | \$ | | |
| _ | | | | | \$ | | |
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| | | | | | \$ | | |
| | | | | | \$ | | |
| "Total" reflects all expenditu | ıres made o | n behalf of the candidate or committee na | amed above | e. TOTAL\$ | | | |
| | | | | | | | |