PLEASE PRINT OR TYPE

Elizabeth Gilbert

Business Name NA

Name of Professional Campaign Fundraiser

Business Address (Number & Street)
One Gateway Center

Newark, NJ 07102

Day Telephone (with Area Code)*

973-825-2017

Check if Amendment

Business Address (City, State & Zip Code)

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: http://www.elec.state.nj.us/

(check if different than previously reported)

FORM FRQ				
Registration #				
Report Quarter				
Apr. 15,				
X kJul. 15, <u>2017</u>				
Oct. 15,				
☐ Jan. 15,				
Check If No Activity This Quarter				
FOR STATE USE ONLY				
36-2				
ELEC RECEIVED				
** ** ** **				
JUL 1 7 2017				

Professional Campaign Fundraiser's Certification

973-825-2017

Evening Telephone (with Area Code)*

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.

Signature of Professional Campaign Fundraiser

Amendment (please specify)

Date

Elizabeth Gilbert

Print Full Name of Professional Campaign Fundraiser

ame of Recipie	nt Candidate or Commit	tee		<u>'</u>
Murphy for (
	ed This Period (Gross)	Amount(s) Raised This Period (Ne	t) Compensation Received By	Fundraiser For This Perio
\$3,268,661.		Amount(s) Raised This Period (Ne \$ \$3,192,056.70	\$ \$27,000.00	Turidial Correction
pecific Services			, , , , , , , , , , , , , , , , , , ,	
	ried Staff		·	
Salai	led Stall			
		Itaminad Eurandia		
		Itemized Expendit	ures 	
PAYMENT			PURPOSE OF	
DATE	PAYEE NA	ME AND ADDRESS	EXPENDITURE	AMOUNT
				\$
	NA - all expense	es incurred by Campaign		
				1