* Farerment	**
* 111.0 * 1975 *	*/

Business Name

PLEASE PRINT OR TYPE

Name of Professional Campaign Fundraiser -

Business Address (Number & Street)

Day Telephone (with Area Code)*

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) www.elec.nj.gov

(check if different than previously reported)

	Registration #
	Report Quarter
I	Apr. 15,
	Wul. 15,
	Oct. 15,
	Jan. 15,
	Check If No Activity This Quarter
	FOR STATE USE ONLY
	16-1
	ELEC RECEIVED
	յսլ 2 1 2020
	JUL 4: 2020

FORM FRQ

Professional Campaign Fundralser's Certification

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

Print Full Name of Professional Campaign Fundraiser

Please use a sep	arate page for each c Candidate or Committ	undraiser's Services andidate or committee tee			
Amount(s) Raised	This Period (Gross)	Amount(s) Raised This Perio	od (Net)	Compensation Received By	Fundraiser For This Period
\$ Specific Services Pr	rovided	\$		\$	
				······································	
			·		
		Itemized Exp	penditures	•	
PAYMENT DATE	PAYEE NA	ME AND ADDRESS		PURPOSE OF EXPENDITURE	AMOUNT
					\$
:					
			:		
		,			
	,				
"Total" reflects all e	expenditures made on	behalf of the candidate or co	mmittee na	amed above. Total _	\$