*			
thetion the	Profes	FORM FRQ Registration #	
PLEASE PRINT OR TO	NEW JERSEY ELE P.O. (609) 292-8700 We	Report Quarter Apr. 15, Jul. 15, Oct. 15,2016 Jan. 15,	
Name of Professional Conseph Kelley	Check If No Activity This Quarter		
Business Name Joseph Kelley	and Associates		FOR STATE USE ONLY
Business Address (Num 928 Broadway		ck if different than previously reported)	
Business Address (City, New York, NY	ELEC RECEIVER		
Day Telephone (with Are 973-879-1663	a Code)*	Evening Telephone (with Area Code)* 973-879-1663	NOV 1 0 2016
Check if Amendment	Amendment (please s	ppecify)	
	Profess	sional 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.

10/31/6 Signature of Professional Campaign Fundraiser Date

Joseph Kelley

Print Full Name of Professional Campaign Fundraiser

	Candidate or Commit	andidate or committeetee			
Murphy for Go		ice			
		Amount(s) Raised This Period (Net)		Fundraiser For This Pe	
394,136.44 \$ 373		\$ 373,171.44	\$ 36,000.00	\$ 36,000.00	
cific Services P	rovided				
		Itemized Expenditu	res		
PAYMENT	PAYEE NA	AME AND ADDRESS	PURPOSE OF	AMOUNT	
DATE	TATEL NAME AND ADDITES	WE AND ADDRESS	EXPENDITURE	7	
				\$	
	NA - all expe	nses incurred by Campaign		3	
	•				