| 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 |  | FORM FRQ  Registration # FR 42-1  Report Quarter  Apr. 15,  Jul. 15,  Oct. 15, 2019 |  |
|---|--|---|--|
| PLEASE PRINT OR TYPE  Name of Professional Campaign Fundraiser  Kyle Gardner  | ☐ Jan. 15, Check If No Activity Thi Quarter      |   |  |
| Business Name  Kyk Gwdw  Business Address (Number & Street) (check if d) (104 Salen Ct.   | lifferent than previously reported)              | FOR STATE USE ONLY  ELEC RECEIVED   |  |
| Business Address (City, State & Zip Code)   | OCT 1 7 2019                                     |   |  |
| Day Telephone (with Area Code)* 785-760-1926  Check if Amendment  Amendment (please specify   | Evening Telephone (with Area Code)* 785-760-1926 |   |  |
| Professiona   | al Campaign Fundraiser's Certification           |   |  |
| I certify that the statements on this document a document are willfully false, I may be subject to  | •  | he statements on this   |  |

10-12-19

Date

| Recipient of Professional Campaign Fundraiser's Services  Please use a separate page for each candidate or committee |   |  |  |   |           |  |  |  |
|--|---|--|--|---|-----------|--|--|--|
| Name of Recipie  | nt Candidate or Commit                                    |  | ************************************** |   |           |  |  |  |
| Zwicker for Assembly  Amount(s) Raised This Period (Gross)  \$ 25,988.19  Amount(s) Ra  \$20,988.2                   |   | Amount(s) Raised This Period \$20,988.21 | (Net)                                  | Compensation Received By Fundraiser For This Period \$ 4,999.98 |           |  |  |  |
| Specific Services  Call fin  |   | its, thank your                          |  |   |           |  |  |  |
|  |   |  |  |   |           |  |  |  |
|  |   | Itemized Exper                           | nditures                               | •   |           |  |  |  |
| PAYMENT<br>DATE  | PAYEE NA  | ME AND ADDRESS                           |  | PURPOSE OF<br>EXPENDITURE                                       | AMOUNT    |  |  |  |
|  |   |  |  |   | \$        |  |  |  |
| 7-26-19  | Stapes - Flemns<br>17 Reville Avenue<br>Flemnson, N3 0000 | ten<br>.e.                               | OC                                     | ta Syphes   | \$ 141.86 |  |  |  |
| 7-3119   | Office Depot<br>1095 US Himmy<br>Edian, NJ 0883           | l<br>7                                   | 54                                     | arps  | #360.00   |  |  |  |
| 9-17-19  | Office Depot 1095 US (Highway) Edison, NJ 088             | ا برد<br>۱۳۶۶                            | Sta                                    | <b>ተ</b> ኝ  | \$120.00  |  |  |  |
| "Total" reflects all expenditures made on behalf of the candidate or committee named above. Total \$ 621.86          |   |  |  |   |           |  |  |  |

| Recipient of Professional Campaign Fundraiser's Services  Please use a separate page for each candidate or committee |                       |                                   |          |                              |                         |  |  |  |
|--|-----------------------|-----------------------------------|----------|------------------------------|-------------------------|--|--|--|
| Name of Recipient  | Candidate or Committ  |                                   |          |                              |                         |  |  |  |
|  | This Period (Gross)   | Amount(s) Raised This Period (    | Net)     | Compensation Received By Fun | draiser For This Period |  |  |  |
| Specific Services P  |                       |                                   |          |                              |                         |  |  |  |
| Call time  | , emails, event       | <u>S</u>                          | ····     |                              |                         |  |  |  |
|  |                       |                                   |          |                              |                         |  |  |  |
|  |                       |                                   |          |                              |                         |  |  |  |
|  |                       |                                   |          |                              |                         |  |  |  |
|  |                       |                                   |          |                              |                         |  |  |  |
|  |                       | Itemized Expen                    | diture   | s .                          |                         |  |  |  |
| PAYMENT<br>DATE  | PAYEE NA              | ME AND ADDRESS                    |          | PURPOSE OF<br>EXPENDITURE    | AMOUNT                  |  |  |  |
|  |                       |                                   |          |                              | \$                      |  |  |  |
|  |                       |                                   |          |                              |                         |  |  |  |
|  |                       |                                   |          |                              |                         |  |  |  |
|  |                       |                                   |          |                              |                         |  |  |  |
|  |                       |                                   |          |                              |                         |  |  |  |
|  |                       |                                   |          |                              |                         |  |  |  |
|  |                       |                                   |          |                              |                         |  |  |  |
|  |                       |                                   |          |                              |                         |  |  |  |
|  |                       |                                   |          |                              |                         |  |  |  |
|  |                       |                                   | -        |                              |                         |  |  |  |
|  |                       |                                   |          |                              |                         |  |  |  |
|  |                       |                                   |          |                              |                         |  |  |  |
|  |                       |                                   |          |                              |                         |  |  |  |
|  |                       |                                   |          |                              |                         |  |  |  |
|  |                       |                                   |          |                              |                         |  |  |  |
|  |                       |                                   |          |                              |                         |  |  |  |
|  |                       |                                   |          |                              | <u> </u>                |  |  |  |
| "Total" reflects al  | l expenditures made o | n behalf of the candidate or comr | nittee r | named above. Total \$        | <del>()</del>           |  |  |  |