

Professional Campaign Fundraiser QUARTERLY REPORT

FORM FRQ

ELEC Received

Oct 13 2021 11:10 AM

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 Professi | onal Can | npaign Fundraiser | | Check If NO Activity This Quarter | | | | | | | |
|---|------------|-------------------------------|-----------|-------------------------------------|-----------------------------|--|--|--|--|--|--|
| Brandi Marks I | Harkins | Registration# 45-1 | | | | | | | | | |
| Business Address PO Box 409 | 5 | Filing Year 2021 | | | | | | | | | |
| City | | | | Report Quarter | | | | | | | |
| Oldwick | | | | | Quarter 1 | | | | | | |
| Zip Code | State | Day Telephone (with Area Co | de)* | Evening Telephone (with Area Code)* | O Quarter 2 | | | | | | |
| 08858 | NJ | 973-919-1304 | | | Quarter 3 | | | | | | |
| Check if Amendn | nent | | Quarter 4 | | | | | | | | |
| Amendment Specify Reason: | | | | | | | | | | | |
| | | | | | | | | | | | |
| Professional 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. | | | | | | | | | | | |
| Brandi N | Лarks H | arkins | | | | | | | | | |
| Full Name | e of Profe | essional Campaign Fundraiser | | | | | | | | | |
| Registratio | n Numbe | er <u>*******</u> | PIN | ******* | | | | | | | |
| BRANDI HARKINS | | | | October 13, 2021 | | | | | | | |
| Signature | | | | Date | | | | | | | |
| * Your nam | ie must a | ppear 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.

| Name of Recipient Canc Fix NJ Now, Inc. | lidate or Comm | iittee | | | | | |
|--|-----------------|---|------------|---|----|-----------|--|
| Amount(s) Raised This Period (Gross) \$110,000.00 | | | | Compensation Received By Fundraiser For This Period 41,121.00 | | | |
| Specific Services Provido | ed: | | | | | | |
| Finance Consulting | | | | | | | |
| | | Itemized Expenditur | es | | | | |
| PAYMENT DATE | I | PAYEE NAME AND ADDRESS | | PURPOSE OF EXPENDITURE | | AMOUNT | |
| July 27, 2021 | Turnkey Pro | ductions | | Finance Consulting | \$ | 19,310.50 | |
| | | | | | \$ | | |
| | | | | | \$ | | |
| | | | | | \$ | | |
| | | | | | \$ | | |
| | | | | | \$ | | |
| | | | | | \$ | | |
| | | | | | \$ | | |
| | | | | | \$ | | |
| "Total" reflects all exper | nditures made o | n behalf of the candidate or committee na | amed above | . TOTAL\$ | | 19,310.50 | |