

## Professional Campaign Fundraiser QUARTERLY REPORT

## ELEC Received

**FORM FRQ** 

Oct 15 2021 11:17 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 Camp    | ☐ Check If NO Activity This Quarter |        |   |                           |
|---------------------------------------|--------------|-------------------------------------|--------|---|---------------------------|
| Sarah Sellman                         | 1            | Registration#<br>51-1               |        |   |                           |
| Business Address<br>One Riverfront Pl |              | Filing Year<br>2021                 |        |   |                           |
| City<br>Newark                        |              | Report Quarter                      |        |   |                           |
| Zip Code<br>07102                     | State D      | Day Telephone (with Area Co         | de)*   | Evening Telephone (with Area Code)*                                       | ○ Quarter 2               |
| <br>Check if Amendm                   | nent         | ○ Quarter 4                         |        |   |                           |
| Amendment                             | t Specify I  |                                     |        |   |                           |
|                                       |              |                                     | e true | npaign Fundraiser's Certification e and correct. I am aware that if any o | of the statements on this |
| Sarah Se                              | ellman       |                                     |        |   |                           |
| Full Name                             | e of Profess | sional Campaign Fundraiser          |        |   |                           |
| Registratio                           | n Number     | ******                              | PIN    | ******  |                           |
| SARAH SELLMAN                         |              |                                     |        | October 15, 2021  |                           |
| Signature                             |              |                                     |        | Date  |                           |
| * Your nam                            | ne must ap   | pear 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.

| Recipient of Professional Campaign Fundraiser's Services<br>Please add a page for each candidate or committee |                  |  |            |  |                     |  |  |  |  |
|---|------------------|--|------------|--|---------------------|--|--|--|--|
| Name of Recipient Cand<br>Murphy for Governor 20  |                  | ttee   |            |  |                     |  |  |  |  |
| Amount(s) Raised This F   | Period (Gross)   | Amount(s) Raised This Period (Net) Com   |            | ompensation Received By Fundraiser For This Period |                     |  |  |  |  |
| \$3,657,077.58  |                  | \$3,564,277.58   |            |  |                     |  |  |  |  |
| Specific Services Provid  | ed:              |  |            |  |                     |  |  |  |  |
|   |                  | nance 2021, provide general fundraisir<br>3.85, covering work for all clients. |            | to clients. Third quarter co                       | mpensation received |  |  |  |  |
| Itemized Expenditures   |                  |  |            |  |                     |  |  |  |  |
| PAYMENT DATE  | P                | AYEE NAME AND ADDRESS  |            | PURPOSE OF EXPENDITURE AMOUNT                      |                     |  |  |  |  |
| _   | N/A              |  |            |  | \$                  |  |  |  |  |
|   |                  |  |            |  | \$                  |  |  |  |  |
|   |                  |  |            |  | \$                  |  |  |  |  |
|   |                  |  |            |  | \$                  |  |  |  |  |
|   |                  |  |            |  | \$                  |  |  |  |  |
|   |                  |  |            |  | \$                  |  |  |  |  |
|   |                  |  |            |  | \$                  |  |  |  |  |
|   |                  |  |            |  | \$                  |  |  |  |  |
|   |                  |  |            |  | \$                  |  |  |  |  |
| "Total" reflects all expe   | nditures made or | behalf of the candidate or committee na  | amed above | e. TOTAL\$   |                     |  |  |  |  |
|   |                  |  |            |  |                     |  |  |  |  |

| Recipient of Professional Campaign Fundraiser's Services<br>Please add a page for each candidate or committee |                  |   |  |  |        |  |  |  |
|---|------------------|---|--|--|--------|--|--|--|
| Name of Recipient Cand<br>Forward 2021/NJ Demo  |                  |   |  |  |        |  |  |  |
| Amount(s) Raised This F<br>\$3,007,036.55   | Period (Gross)   | Amount(s) Raised This Period (Net) \$3,007,036.55 |  | nsation Received By Fundraiser For This Period |        |  |  |  |
| Specific Services Provid  | ed:              |   |  |  |        |  |  |  |
| general fundraising serv  | vices - see nage | 2 description                                     |  |  |        |  |  |  |
| general fundraising services - see page 2 description  Itemized Expenditures                                  |                  |   |  |  |        |  |  |  |
| PAYMENT DATE  | F                | PAYEE NAME AND ADDRESS                            |  | PURPOSE OF EXPENDITURE                         | AMOUNT |  |  |  |
|   | N/A              |   |  |  | \$     |  |  |  |
|   |                  |   |  |  | \$     |  |  |  |
|   |                  |   |  |  | \$     |  |  |  |
|   |                  |   |  |  | \$     |  |  |  |
|   |                  |   |  |  | \$     |  |  |  |
|   |                  |   |  |  | \$     |  |  |  |
|   |                  |   |  |  | \$     |  |  |  |
|   |                  |   |  |  | \$     |  |  |  |
|   |                  |   |  |  | \$     |  |  |  |
| "Total" reflects all expenditures made on behalf of the candidate or committee named above.  TOTAL \$         |                  |   |  |  |        |  |  |  |
|   |                  |   |  |  |        |  |  |  |