

Professional Campaign Fundraiser QUARTERLY REPORT

FORM FRQ

ELEC Received

Oct 17 2022 02:21 PM

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 Professional Campaign Fundraiser | | | | | | ✓ Check If NO Activity This Quarter | |
|--|-------------|--|------------------------|--|----------------|-------------------------------------|--|
| Brandi Marks Harkins | | | | | | Registration# 45-1 | |
| Business Address PO Box 409 | | | | | Filing 2022 | | |
| City Oldwick | | | | | | t Quarter) Quarter 1 | |
| | State NJ | Day Telephone (with Area Cod 9089753357 | le)* | Evening Telephone (with Area Code)* | | Quarter 2 Quarter 3 | |
| Check if Amendment | | | | | | Quarter 4 | |
| Amendment | Specif | y Reason: | | | - | | |
| | | | true | paign Fundraiser's Certification e and correct. I am aware that if any shment. | of the | statements on this | |
| Brandi M | | larkins essional Campaign Fundraiser | | | | | |
| Registration | | | PIN | ***** | | Verify Registration | |
| J | | | | 0.1.1.47.2222 | | Number & PIN | |
| | RKAI | NDI M HARKINS Signature | October 17, 2022 Date | | | | |
| * Your nam | e must a | appear on the signature line * | | Date | | | |

*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 Please add a page for each candidate or committee | | | | | | | |
|---|---|---|-----|--|--|--|--|
| Name of Recipient Candidate or Comm | ittee | | | | | | |
| Amount(s) Raised This Period (Gross) | Amount(s) Raised This Period (Net) | Compensation Received By Fundraiser For This Period | | | | | |
| Specific Services Provided: | | | | | | | |
| | | | | | | | |
| | Itemized Expenditure | es | | | | | |
| PAYMENT DATE F | PAYEE NAME AND ADDRESS | PURPOSE C EXPENDITU | | | | | |
| | | | \$ | | | | |
| _ | | | \$ | | | | |
| _ | | | \$ | | | | |
| _ | | | \$ | | | | |
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| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| "Total" reflects all expenditures made or | n behalf of the candidate or committee na | amed above. TOTAL | .\$ | | | | |