

Professional Campaign Fundraiser QUARTERLY REPORT

ELEC Received

FORM FRQ

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Oct 09 2023 01:20 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

ame of Professional Campaign Fundraiser					☐ Check If NO Activity This Quart	
MY SWAN		Registration# FR331				
isiness Address 8 WOODLAND	TERRACE	Filing Year 2023				
ty AKLYN		Report Quarter Quarter 1				
Code State Day Telephone (with Area Code NJ 609-605-2640				Evening Telephone (with Area Code) 609-605-2640	Quarter 2 Quarter 3	
eck if Amendme	ent		O Quarter 4			
Amendment	Specify	Reason:				
		ements on this document are	true	paign Fundraiser's Certification and correct. I am aware that if any	of the statements on this	
			true	e and correct. I am aware that if any	of the statements on this	
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AMY SW	AN of Profe	ements on this document are y false, I may be subject to p ssional Campaign Fundraiser	true	e and correct. I am aware that if any	Verify Registration Number & PIN	
AMY SWA	AN of Profe	ements on this document are y false, I may be subject to p ssional Campaign Fundraiser	true true	e and correct. I am aware that if any	Verify Registration	

*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 Can PAMELA R LAMPITT FO		nittee							
Amount(s) Raised This Period (Gross) \$23,700.00				Compensation Received By Fundraiser For This Period \$2,750.00					
Specific Services Provid	led:								
		Itemized Expenditur	es						
PAYMENT DATE		PAYEE NAME AND ADDRESS		PURPOSE OF EXPENDITURE	AMOUNT				
	NONE DIREC	CTLY FROM AMY SWAN			\$				
					\$				
					\$				
					\$				
					\$				
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					\$				
"Total" reflects all expe	nditures made o	n behalf of the candidate or committee na	amed above	e. TOTAL\$					