



Professional Campaign Fundraiser
QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185
Phone: (609) 292-8700
Website: www.elec.nj.gov

FORM FRQ

ELEC Received

Oct 30 2023
03:51 PM

Name of Professional Campaign Fundraiser

Megan Moench

Check If NO Activity This Quarter

Registration#
5915594134

Business Address

1351 Roger Avenue

Filing Year
2023

City

Bridgewater

Report Quarter

- Quarter 1
Quarter 2
Quarter 3
Quarter 4

Zip Code

08807

State

NJ

Day Telephone (with Area Code)\*

(908) 566-7515

Evening Telephone (with Area Code)\*

(908) 566-7515

Check if Amendment

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.

Megan Moench

Full Name of Professional Campaign Fundraiser

Registration Number \*\*\*\*\*

PIN \*\*\*\*\*

Verify Registration
Number & PIN

MEGAN MOENCH

Signature

October 30, 2023

Date

\* Your name must appear 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**

*Please add a page for each candidate or committee*

Name of Recipient Candidate or Committee

Somerset County Republican Organization

Amount(s) Raised This Period (Gross)

\$26,000.00

Amount(s) Raised This Period (Net)

Compensation Received By Fundraiser For This Period

\$2,600.00

Specific Services Provided:

Planned, Organized, and over saw day of event to solicit campaign contributions.

**Itemized Expenditures**

PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$

"Total" reflects all expenditures made on behalf of the candidate or committee named above.

TOTAL \$ \_\_\_\_\_

**Recipient of Professional Campaign Fundraiser's Services***Please add a page for each candidate or committee*

Name of Recipient Candidate or Committee

Durr4Senate

Amount(s) Raised This Period (Gross)

\$38,300.00

Amount(s) Raised This Period (Net)

Compensation Received By Fundraiser For This Period

\$3,830.00

Specific Services Provided:

Planned, Organized, and over saw day of event to solicit campaign contributions.

**Itemized Expenditures**

<b>PAYMENT DATE</b>	<b>PAYEE NAME AND ADDRESS</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>AMOUNT</b>
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$

"Total" reflects all expenditures made on behalf of the candidate or committee named above.

TOTAL \$ \_\_\_\_\_

**Recipient of Professional Campaign Fundraiser's Services**

*Please add a page for each candidate or committee*

Name of Recipient Candidate or Committee

Camden County GOP

Amount(s) Raised This Period (Gross)

\$11,800.00

Amount(s) Raised This Period (Net)

Compensation Received By Fundraiser For This Period

\$1,188.00

Specific Services Provided:

Planned, Organized, and over saw day of event to solicit campaign contributions.

**Itemized Expenditures**

PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$

"Total" reflects all expenditures made on behalf of the candidate or committee named above.

TOTAL \$ \_\_\_\_\_

**Recipient of Professional Campaign Fundraiser's Services**

*Please add a page for each candidate or committee*

Name of Recipient Candidate or Committee

Mike Pappas for State Senate

Amount(s) Raised This Period (Gross)

\$47,300.00

Amount(s) Raised This Period (Net)

Compensation Received By Fundraiser For This Period

\$4,730.00

Specific Services Provided:

Planned, Organized, and over saw day of event to solicit campaign contributions.

**Itemized Expenditures**

PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$

"Total" reflects all expenditures made on behalf of the candidate or committee named above.

TOTAL \$ \_\_\_\_\_

**Recipient of Professional Campaign Fundraiser's Services***Please add a page for each candidate or committee*

Name of Recipient Candidate or Committee

Traphagen for Assembly

Amount(s) Raised This Period (Gross)

\$16,850.00

Amount(s) Raised This Period (Net)

Compensation Received By Fundraiser For This Period

\$1,685.00

Specific Services Provided:

Planned, Organized, and over saw day of event to solicit campaign contributions.

**Itemized Expenditures**

PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$

"Total" reflects all expenditures made on behalf of the candidate or committee named above.

TOTAL \$ \_\_\_\_\_