N JERS				FORM FRQ					
Election		Professional Ca							
Enforcement	≩)	QUARTER	ΚĽΥ	REPORT	ELEC Received				
* <u>E[E</u> C *	/	NEW JERSEY ELECTION LAV P.O. Box 185, Tro Phone: (6 Website: w	Nov 27 2023 10:37 AM						
Name of Professi	ional Car	npaign Fundraiser		Check If NO Activity This Quarter					
Nicholas H. Fix	xmer		Registration# 31-1						
Business Address 4 Hearthstone La			Filing Year 2023						
City					Report Quarter				
Green Brook			O Quarter 1						
Zip Code	State	Day Telephone (with Area Coc 908-347-5969		Evening Telephone (with Area Code)* 908-347-5969	Quarter 2				
08812 Check if Amendn	NJ	908-347-3909		900-347-3909	 Quarter 3 Quarter 4 				
Amendmen					() Quarter 4				
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.									
Nichola									
Full Name	e of Profe	essional Campaign Fundraiser							
Registratio	n Numbe	er	PIN	******	Verify Registration Number & PIN				
	NICH	OLAS H FIXMER		November 27, 2023					
* Your nam	ne must a	Signature appear on the signature line *		Date					
*Leave this field blank if your telephone number is unlisted. Pursuant to NJ.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.									

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Recipient of Professional Campaign Fundraiser's Services Please add a page for each candidate or committee										
Name of Recipient Candidate or Committee Union County Democratic Committee										
Amount(s) Raised This Period (Gross) \$195,500.00		Amount(s) Raised This Period (Net) \$179,250.00		Compensation Received By Fundraiser For This Period \$16,250.00						
Specific Services Provided: Helped solicit contributions over phone and email. Coordinated call time and fundraising activities for Chairman Maintained database and kept client updated on ongoing fundraising efforts Developed and pursued leads on potential donors										
Itemized Expenditures										
PAYMENT DATE	F	PAYEE NAME AND ADDRESS		PURPOSE OF EXPENDITURE	AMOUNT					
					\$					
					\$					
					\$					
					\$					
					\$					
					\$					
					\$					
					\$					
					\$					
"Total" reflects all expenditures made on behalf of the candidate or committee named above. TOTAL \$										