

PLEASE PRINT OR TYPE

## **Professional Campaign Fundraiser QUARTERLY REPORT**

## 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: http://www.elec.state.nj.us/

101/11/1/4
Registration #
FR-19-1
Report Quarter
Apr. 15,
U Jul. 15,
Oct. 15,
🕅 Jan. 15, <u>2013</u>
Check If No Activity This
Quarter
FOR STATE USE ONLY
ELEC RECEIVED

EODM EDO

Name of Professional Campaign Fundraiser

ent than previously reported)

Evening Telephone (with Area Code)\*

JAN 1 5 2013

Check if Amendment

Day Telephone (with Area Code)\*

Amendment (please specify)

## Professional Campaign Fundralser'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.

Signature of Professional Campaign Fundralser

January 10, 2013

Print Full Name of Professional Campaign Fundraiser

MELVERNE E. COOKE

Recipient of Professional Campaign Fundraiser's Services Please use a separate page for each candidate or committee							
	Candidate or Committ				···········		
1 - 1	Jan Fun		y ( c	12 De Caros			
	This Period (Gross)	Amount(s) Raised This Peri	iod (Net)	Compensation Received By Fu	Indraiser For This Period		
\$ 7.32	5,00	\$ 4,068.		\$ 3248	$\langle O \rangle$		
Specific Services P	rovided						
		7, , ,	4	1 0-			
		indivising	* E	ent Manage	ment		
		<u> </u>					
		Itemized Ex	penditures	s 			
PAYMENT DATE	PAYEE NA	ME AND ADDRESS		PURPOSE OF	AMOUNT		
DATE				EXPENDITURE			
12/12/12	USPS		O	netro o	\$ 9.00		
10/17/10	$\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$		V	ostage			
1							
ì							
			İ				
ì							
			1				
1							
					,		
		•					
				• •	1		
				:			

Recipient of Professional Campaign Fundraiser's Services  Please use a separate page for each candidate or committee							
	Candidate or Committee						
Sent	tesuas aronget	ion Assemblu					
	This Period (Gross) Amount(s) Raised This Period		Fundraiser For This Period				
	25.00 \$ 24,152 23		78				
Specific Services P		3 7 0 1	/				
opcomo con vicco i	Totala						
\\	indicaising ! Event	- Managemer	\ <del>\</del>				
	itemized Exper	nditures					
	<u> </u>	<del></del>	<del></del>				
PAYMENT	DAVEE NAME AND ADDRESS	PURPOSE OF	AMOUNT				
DATE	PAYEE NAME AND ADDRESS	EXPENDITURE	AMOUNT				
			\$				
	,						
	/ ,,	}					
	\ \ //\						
		}					
	( ) / / ,						
	1						
[:		j					
			Ì				
		1					
			1				
		1					
		l					
			• ~/				
"Total" reflects all	expenditures made on behalf of the candidate or com-	mittee named above. Total _	2				