Business Name

PLEASE PRINT OR TYPE

Name of Professional Campaign Fundrajser

Business Address (Number & Street),

Professional Campaign Fundraiser QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

| FURIN FRQ | | | |
|-----------------------------------|--|--|--|
| Registration # ドル・2フ・し | | | |
| Report Quarter | | | |
| Apr. 15, | | | |
| U Jul. 15, | | | |
| Oct. 15, | | | |
| ▼ Jan. 15, <u>2018</u> | | | |
| Check If No Activity This Quarter | | | |
| FOR STATE USE ONLY | | | |
| | | | |
| ELEC RECEIVED | | | |
| JAN 1 0 2019 | | | |

(1) n = 07073

(check if different than previously reported)

913-865-2

Check if Amendment

Amendment (please specify)_

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.

Signature of Professional Campaign Fundraiser

/- (-1**9**

Print Full Name of Professional Campaign Fundraiser

| Recipient of Professional Campaign Fundraiser's Services Please use a separate page for each candidate or committee | | | | |
|---|------------------------|---------------------------|--------|--|
| Name of Recipient Candidate or Committee | | | | |
| Mat | . (01/1 | | | |
| Amount(s) Raised This Period (Gross) Amount(s) Raised This Period (Net) Compensation Received By Fundraiser For This Period \$ 6,500.00 | | | | |
| Specific Services Provided | | | | |
| Planning & execution of eyent. Event fullow-up, calls | | | | |
| Planning & execution of eyent. Event fullow-up, calls emails. List t dutabase management. | | | | |
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| | | | | |
| | | | | |
| | | | | |
| Itemized Expenditures | | | | |
| PAYMENT DATE | PAYEE NAME AND ADDRESS | PURPOSE OF EXPENDITURE | AMOUNT | |
| | | | | |
| | | | \$ | |
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| "Total" reflects all expenditures made on behalf of the candidate or committee named above. Total | | | | |