Election #	Pro
* FIEC *	NEW JERSEY
	(609) 292-8
PLEASE PRINT OR	TYPE
Name of Professional Kyle Ford ner	Campaign Fundraiser

Business Name

Business Address (Number & Street)

Day Telephone (with Area Code)*

785-760-1926

Check if Amendment

Business Address (City, State & Zip Code)

Professional Campaign Fundraiser QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

(check if different than previously reported)

Apr. 15,
☑ Jan. 15, <u>2020</u>
Check If No Activity This Quarter
FOR STATE USE ONLY
ELEC RECEIVED JAN 15 2020

FORM FRQ

Registration #

Report Quarter

Professional Campaign Fundraiser's Certification

785-760-1926

Evening Telephone (with Area Code)*

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

Amendment (please specify)

1-11-20 Date

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 Co	andidate or Committee					
Zwicker for A	ssembly			W. A. Charles and the Control of the		
Amount(s) Raised Th		eriod (Net)	Compensation Received By Fundraiser For This Period			
\$ 21,520.29		****	\$4,999.98			
Specific Services Pro						
Call time, e	mails, events, thank yous.					
	Itemized E	Expenditures				
PAYMENT			PURPOSE OF			
DATE	PAYEE NAME AND ADDRESS		EXPENDITURE	AMOUNT		
				\$		
		j				
	The second secon					
"Total" reflects all e	xpenditures made on behalf of the candidate or	committee no	amed above Total	\$		

Recipient of Professional Campaign Fundraiser's Services Please use a separate page for each candidate or committee						
Name of Recipient Candidate or Co	mmittee					
Amount(s) Raised This Period (Gro \$ 6,343.50		(Net) Compensation Received By	Compensation Received By Fundraiser For This Period			
Specific Services Provided Call fine, emails, eve	A3.					
Itemized Expenditures						
PAYMENT PAYE	EE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT			
			\$			