

Professional Campaign Fundraiser QUARTERLY REPORT

FORM FRQ

ELEC Received

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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: www.elec.nj.gov

nal Cam arkins	paign Fundraiser			✓ Check If NO Activity This Quarter			
arkins		Name of Professional Campaign Fundraiser					
	Registration# 45-1						
9	Filing Year 2021						
Specify ne state willfull	Professional ements on this document are y false, I may be subject to	paign Fundraiser's Certification and correct. I am aware that if any	○ Quarter 3 ② Quarter 4				
of Profe	ssional Campaign Fundraiser						
Numbe	r <u>******</u>	PIN	******				
	NDI HARKINS		1/12/22 Date				
	arks Harbof Profes	Professional ne statements on this document are willfully false, I may be subject to arks Harkins of Professional Campaign Fundraiser Number ************************************	Professional Came willfully false, I may be subject to punish arks Harkins of Professional Campaign Fundraiser Number ************************************	Day Telephone (with Area Code)* 9739191304 Professional Campaign Fundraiser's Certification ne statements on this document are true and correct. I am aware that if any e willfully false, I may be subject to punishment. Professional Campaign Fundraiser's Certification ne statements on this document are true and correct. I am aware that if any e willfully false, I may be subject to punishment. PIN ************************************			

*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 Cand	idate or Comm	ittee						
Amount(s) Raised This Period (Gross)		Amount(s) Raised This Period (Net)	Compensation Received By Fundraiser For This Period					
Specific Services Provide	ed:							
Itemized Expenditures								
PAYMENT DATE	ı	PAYEE NAME AND ADDRESS		PURPOSE OF EXPENDITURE	AMOUNT			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
"Total" reflects all expen	ditures made o	n behalf of the candidate or committee na	amed above	e. TOTAL\$				