

Professional Campaign Fundraiser QUARTERLY REPORT

FORM FRQ

ELEC Received

Jan 08 2022 04:53 PM

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

| Name of Profess | ional Car | Check If NO Activity This Quarter | | | |
|--------------------------------------|------------|--|-----------------------------|---|---------------------------|
| Bryn D'Andrea | a | Registration# 44-3 | | | |
| Business Address One Riverfront P | | Filing Year 2021 | | | |
| City Newark | | | | Report Quarter Quarter 1 | |
| Zip Code | State | Day Telephone (with Area Co | de)* | Evening Telephone (with Area Code)* | Quarter 2 |
| 07103 | NJ | | | | Quarter 3 |
| Check if Amendn | nent | | Quarter 4 | | |
| Amendmen | t Specif | y Reason: | | | |
| | | | | | |
| | | | e true | npaign Fundraiser's Certification e and correct. I am aware that if any shment. | of the statements on this |
| Bryn D'/ | Andrea | | | | |
| Full Name | e of Profe | essional Campaign Fundraiser | | | |
| Registratio | n Numb | er <u>******</u> | PIN | ***** | |
| | BRY | N D'ANDREEA | | January 8, 2022 | |
| * Your nam | | Signature appear on the signature line * | | Date | |
| | | | | | |

*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 Murphy for Governor 20 | | ittee | | | | | | |
| Amount(s) Raised This F \$1,365,584.66 | Period (Gross) | Amount(s) Raised This Period (Net) Compe | | pensation Received By Fundraiser For This Period | | | | |
| Specific Services Provid | ed: | | | | | | | |
| As a salaried employee received from Democra | | inance 2021, provide general fundraisir = \$20,038.46 | ng services | to clients. Fourth quarter co | ompensation | | | |
| | | Itemized Expenditure | es | | | | | |
| PAYMENT DATE | P | PAYEE NAME AND ADDRESS | | PURPOSE OF EXPENDITURE | AMOUNT | | | |
| _ | N/A | | | | \$ | | | |
| _ | | | | | \$ | | | |
| _ | | | | | \$ | | | |
| _ | | | | | \$ | | | |
| _ | | | | | \$ | | | |
| _ | | | | | \$ | | | |
| | | | | | \$ | | | |
| _ | | | | | \$ | | | |
| | | | | | \$ | | | |
| "Total" reflects all expenditures made on behalf of the candidate or committee named above. TOTAL\$ | | | | | | | | |
| | | | | | | | | |

| Recipient of Professional Campaign Fundraiser's Services Please add a page for each candidate or committee | | | | | | | | |
|---|------------------|--|--|------------------------------|--|--|--|--|
| Name of Recipient Cand Forward 2021/NJ Demo | | | | | | | | |
| Amount(s) Raised This F \$3,728,849.67 | Period (Gross) | Amount(s) Raised This Period (Net) Compensation \$3,728,849.67 | | nsation Received By Fundrais | ition Received By Fundraiser For This Period | | | |
| Specific Services Provid | ed: | | | | | | | |
| general fundraising serv | vices - see nage | 2 description | | | | | | |
| general fundraising services - see page 2 description Itemized Expenditures | | | | | | | | |
| PAYMENT DATE | F | PAYEE NAME AND ADDRESS | | PURPOSE OF EXPENDITURE | AMOUNT | | | |
| | N/A | | | | \$ | | | |
| | | | | | \$ | | | |
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| | | | | | \$ | | | |
| | | | | | \$ | | | |
| | | | | | \$ | | | |
| "Total" reflects all expenditures made on behalf of the candidate or committee named above. TOTAL \$ | | | | | | | | |
| | | | | | | | | |