IN JERO			FORM FRQ				
Election Law Enforcement Commission		Professional Can QUARTERI	ELEC Received				
** <u>FLEC</u>	•/	NEW JERSEY ELECTION LAW P.O. Box 185, Tren (609) 292-8700 or Toll Free Wi Website: ww	Jan 17 2023 01:02 PM				
Name of Professional Campaign Fundraiser						Check If NO Activity This Quarter	
Nicholas H Fix	mer			Registra 31-1	tion#		
Business Addres			Filing Year				
4 Hearthstone La	ane				2022		
City Green Brook				Report Q			
Green brook	1					Quarter 1 Quarter 2	
Zip Code 08812	State NJ	Day Telephone (with Area Code 9083475969		Evening Telephone (with Area Code)* 9083475969		Quarter 3	
Check if Amendr		9003473909		JU05475909		Quarter 4	
Amendmen		_					
		ements on this document are t lly false, I may be subject to pu		and correct. I am aware that if any one of the second second second second second second second second second s	of the sta	atements on this	
Nichola	s H Fixr	ner					
Full Name	e of Profe	essional Campaign Fundraiser					
Registratio	on Numbo	er <u>*******</u> PI	N	******		Verify Registration Number & PIN	
	NICH	OLAS H FIXMER		January 10, 2023			
		Signature	Date				
* Your nam	ne must a	appear on the signature line *					
*Leave this field	blank if you	telephone number is unlisted. Pursuant to <u>NJ</u>	<u>.S.A.</u> 4	17:1A-1.1, an unlisted telephone number is not a publi	c 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 Candidate or Committee Union County Democratic Committee											
Amount(s) Raised This F	Period (Gross)	Amount(s) Raised This Period (Net)		pensation Received By Fundraiser For This Period							
\$162,200.00		\$145,950.00	\$16,250	0.00							
Specific Services Provided:											
Helped solicit contributions over phone and email Coordinated call time and fundraising activities for Chairman Maintained database and kept client updated on ongoing fundraising efforts Developed and pursued leads on potential donors											
Itemized Expenditures											
PAYMENT DATE	F	AYEE NAME AND ADDRESS		PURPOSE OF EXPENDITURE	AMOUNT						
					\$						
					\$						
					\$						
					\$						
					\$						
					\$						
					\$						
					\$						
					\$						
"Total" reflects all expenditures made on behalf of the candidate or committee named above. TOTAL \$											