

Professional Campaign Fundraiser QUARTERLY REPORT

-

FORM FRQ

ELEC Received

Jan 14 2024 06:28 PM

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185 Phone: (609) 292-8700 Website: www.elec.nj.gov

| Name of Professional Campaign Fundraiser | | | | | Check If NO Activity This Quarter | | |
|---|-----------|-----------------------------------|-----|--|-----------------------------------|-------------------------------------|--|
| Megan Moench | | | | | | Registration# 5915594134 | |
| Business Address 1351 Roger Avenue | | | | | | Filing Year 2023 | |
| City Bridgewater | | | | | | Quarter Quarter 1 | |
| Zip Code 08807 State Day Telephone (with Area Code)* Evening Telephone (with Area Code)* 9085667515 | | | | C | Quarter 2 Quarter 3 | | |
| Check if Amendn | nent | | | | • | Quarter 4 | |
| ☐ Amendment | Specif | y Reason: | | | | | |
| | | | rue | paign Fundraiser's Certification and correct. I am aware that if any ment. | of the s | statements on this | |
| Megan I Full Name | | ា essional Campaign Fundraiser | _ | | | | |
| Registratio | n Numb | er <u>******</u> PIN | N | ****** | | Verify Registration Number & PIN | |
| | ME | GAN MOENCH | | January 14, 2024 | | | |
| | | Signature | | Date | | | |
| * Your nam | ne must a | appear on the signature line * | | | | | |

*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 Durr4Senate | idate or Comm | ittee | | | | |
| Amount(s) Raised This Period (Gross) \$81,330.00 | | Amount(s) Raised This Period (Net) | | Compensation Received By Fundraiser For This Period \$8,133.00 | | |
| Specific Services Provide | ed: | | | | | |
| Planned, Organized, and | l over saw day (| of event to solicit campaign contributio | ons. | | | |
| | | Itemized Expenditur | es | | | |
| PAYMENT DATE | ı | PAYEE NAME AND ADDRESS | | PURPOSE OF EXPENDITURE | AMOUNT | |
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| "Total" reflects all expen | ditures made o | n behalf of the candidate or committee na | amed above | e. TOTAL\$ | | |
| | | | | | | |

| Recipient of Professional Campaign Fundraiser's Services Please add a page for each candidate or committee | | | | | | |
|--|----------------|---|------------|---|--------|--|
| Name of Recipient Candi Mike Pappas for State Se | | ittee | | | | |
| Amount(s) Raised This Period (Gross) \$36,500.00 | | Amount(s) Raised This Period (Net) | | Compensation Received By Fundraiser For This Period \$3,650.00 | | |
| Specific Services Provide | d: | | | | | |
| Planned, Organized, and | over saw day | of event to solicit campaign contributio | ons. | | | |
| | | Itemized Expenditur | es | | | |
| PAYMENT DATE | ı | PAYEE NAME AND ADDRESS | | PURPOSE OF EXPENDITURE | AMOUNT | |
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| "Total" reflects all expend | ditures made o | n behalf of the candidate or committee na | amed above | e. TOTAL\$ | | |
| | | | | | | |

| Recipient of Professional Campaign Fundraiser's Services Please add a page for each candidate or committee | | | | | | |
|--|----------------|---|------------|--|--------|--|
| Name of Recipient Candi Traphagen for Assembly | | ittee | | | | |
| Amount(s) Raised This Period (Gross) \$16,600.00 | | Amount(s) Raised This Period (Net) | | Compensation Received By Fundraiser For This Period \$1,660.00 | | |
| Specific Services Provide | d: | | | | | |
| Planned, Organized, and | over saw day | of event to solicit campaign contributio | ons. | | | |
| | | Itemized Expenditur | es | | | |
| PAYMENT DATE | | PAYEE NAME AND ADDRESS | | PURPOSE OF EXPENDITURE | AMOUNT | |
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| "Total" reflects all expend | ditures made o | n behalf of the candidate or committee na | amed above | e. TOTAL\$ | | |
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| Recipient of Professional Campaign Fundraiser's Services Please add a page for each candidate or committee | | | | | | |
|--|-----------------|---|------------|--|--------|--|
| Name of Recipient Cand Grace Zhang for Assemb | | ittee | | | | |
| Amount(s) Raised This Period (Gross) Am | | Amount(s) Raised This Period (Net) | | Compensation Received By Fundraiser For This Period \$900.00 | | |
| Specific Services Provide | ed: | | | | | |
| Planned, Organized, and | d over saw day | of event to solicit campaign contributio | ons. | | | |
| | | Itemized Expenditur | es | | | |
| PAYMENT DATE | ı | PAYEE NAME AND ADDRESS | | PURPOSE OF EXPENDITURE | AMOUNT | |
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| "Total" reflects all expen | nditures made o | n behalf of the candidate or committee na | amed above | e. TOTAL\$ | | |
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| ecipient of Professional Campaign Fundraiser's Services Please add a page for each candidate or committee | | | | | | |
|--|-----------------|--|------------|--|--------|--|
| Name of Recipient Canc Pappas Traphagen Zhar | | ittee | | | | |
| Amount(s) Raised This Period (Gross) | | Amount(s) Raised This Period (Net) Comper \$500.00 | | nsation Received By Fundraiser For This Period | | |
| specific Services Provide | ed: | | | | | |
| Planned, Organized, and | d over saw day | of event to solicit campaign contributio | ons. | | | |
| | | Itemized Expenditur | es | | | |
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| "Total" reflects all exper | nditures made o | n behalf of the candidate or committee na | amed above | e. TOTAL\$ | | |
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