

Professional Campaign Fundraiser QUARTERLY REPORT

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) www.elec.nj.gov

20-2
Report Quarter
Apr. 15,
Jul. 15,
Oct. 15
Jan. 15, 202/

FORM FRQ

Registration #

PLEA	SE P	RINT	OR	TYPE

Name of Professional Campaign Fundraiser

Rusiness Name

(1) (2)

Business Address (Number & Street) (check if different than previously reported)

25 Snyder

Business Address (City, State & Zip Code)

Day Telephone (with Area Code)*

rea Code)*

Check if Amendment

Amendment (please specify)_

Quarter
FOR STATE USE ONLY

Check If No Activity This

ELEC RECEIVED

FEB 0 3 2021

Professional Campaign Fundraiser's Certification

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

Date

Print Full Name of Professional Campaign Fundraiser

	fessional Campaign Fi eparate page for each c					
Name of Recipier	nt Candidate or Committ	ee Friends of	Smal			
\$ 745 Specific Services	ethert to	Amount(s) Raised This Peris \$ 2015 Donson Honst This Peris Person Honst This Peris	tled fundraising	ed By Fundraiser For This Period		
		Itemized Ex	penditures			
PAYMENT DATE	PAYEE NA	ME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT		
"Total" reflects a	May and an			* * * * * * * * * * * * * * * * * * *		
"Total" reflects all expenditures made on behalf of the candidate or committee named above. Total **Versey Flection Law Enforcement Commission**						

Recipient of Pro	ofessional Campaign Fundraiser's Services Deparate page for each candidate or committee						
Name of Recipient Candidate or Committee							
Amount(s) Raised This Period (Gross) Amount(s) Raised This Period (Net) Specific Services Provided Amount(s) Raised This Period (Net) Specific Services Provided Compensation Received By Fundraiser For This Period Specific Services Provided Amount(s) Raised This Period (Net) Amount(s) Raised This Period (Net) Specific Services Provided Amount(s) Raised This Period (Net) Amount(s) Raised This Period (Net) Specific Services Provided Amount(s) Raised This Period (Net) Amount(s) Raised This Period (Net) Specific Services Provided Amount(s) Raised This Period (Net) Amount(s) Raised This Period (Net) Specific Services Provided Amount(s) Raised This Period (Net) Amount(s) Raised This Period (Net) Specific Services Provided Amount(s) Raised This Period (Net) Amount(s) Raised This Period (Net)							
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	Itemized Expe	enditures					
PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT				
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"Total" reflects al	If expenditures made on behalf of the candidate or com		FRO Revisert 02 28 2018 - Page 2 of 2				