

Professional Campaign Fundraiser QUARTERLY REPORT

FORM FRQ

ELEC Received

Nov 12 2024 10:54 PM

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

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

lame of Professional Campaign Fundraiser					Check If NO Activity This Quarter			
Megan Moend	ch	Registration#						
Business Address 1351 Roger Aver		Filing Year 2024						
City					Report Quarter			
Bridgewater					Quarter 1			
Zip Code 08807	State NJ	Day Telephone (with Area Co 908-566-7515	de)*	Evening Telephone (with Area Code)*	Quarter 2 Quarter 3			
Theck if Amendn	nent				Quarter 4			
Amendment	Specif	y Reason:						
		Professional	Cam	nnaign Fundraisor's Cortification				
Professional Campaign Fundraiser's Certification 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.								
Megan I Full Name Registratio	e of Profe	essional Campaign Fundraiser	PIN	****	Verify Registration Number & PIN			
	ME	CANIMOFNICII		11/12/2024	Trumber at m			
		GAN MOENCH Signature		11/12/2024 Date				
* Your nam		appear on the signature line *		Dute				

*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 Candida Team Mary Jo	te or Comm	nittee			
Amount(s) Raised This Period (Gross) \$.00		Amount(s) Raised This Period (Net) \$.00	Compensation Received By Fundraiser For This Perio		
Specific Services Provided:					
Fundraising strategy					
,		Itemized Expenditur	es		
PAYMENT DATE	I	PAYEE NAME AND ADDRESS		PURPOSE OF EXPENDITURE	AMOUNT
					\$
_					\$
_					\$
					\$
					\$
					\$
_					\$
					\$
					\$
"Total" reflects all expenditu	ures made o	n behalf of the candidate or committee na	amed above	e. TOTAL\$	

Name of Recipient Candidate NJ Works PAC	or Comm	nittee				
Amount(s) Raised This Period	l (Gross)	Amount(s) Raised This Period (Net)	Comper	Compensation Received By Fundraiser For This Period		
\$.00		\$.00 \$1,500.00				
Specific Services Provided:						
Fundraising strategy						
		Itemized Expenditur	es			
PAYMENT DATE		PAYEE NAME AND ADDRESS		PURPOSE OF EXPENDITURE	AMOUNT	
					\$	
					\$	
_					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
"Total" reflects all expenditure	es 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 Candida Darius Mayfield for America		nittee			
Amount(s) Raised This Period (Gross) \$.00		Amount(s) Raised This Period (Net) \$.00	Compensation Received By Fundraiser For This Period \$2,000.00		
Specific Services Provided:		1,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Fundraising strategy					
		Itemized Expenditur	es		1
PAYMENT DATE	1	PAYEE NAME AND ADDRESS		PURPOSE OF EXPENDITURE	AMOUNT
_					\$
_					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
"Total" reflects all expendit	ures made o	n behalf of the candidate or committee na	amed above	e. TOTAL\$	

Name of Recipient Candidate of Sammons for Sheriff	or Comm	ittee				
Amount(s) Raised This Period ((Gross)	Amount(s) Raised This Period (Net)	Comper	Compensation Received By Fundraiser For This Period		
\$.00		\$.00				
Specific Services Provided:						
Fundraising Strategy						
		Itemized Expenditur	es			
PAYMENT DATE	ı	PAYEE NAME AND ADDRESS		PURPOSE OF EXPENDITURE	AMOUNT	
					\$	
					\$	
_					\$	
_					\$	
_					\$	
					\$	
					\$	
					\$	
					\$	
"Total" reflects all expenditures	s made o	n behalf of the candidate or committee na	amed above	e. TOTAL\$		