



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)
Website: www.elec.nj.gov

FORM FRQ

ELEC Received

Oct 16 2024
04:56 AM

Name of Professional Campaign Fundraiser

Michele L Kidd

Check If NO Activity This Quarter

Registration#
53-1

Business Address

602 Boozer Ln

Filing Year
2024

City

Hillsborough

Report Quarter

- Quarter 1
- Quarter 2
- Quarter 3
- Quarter 4

Zip Code
08844

State
NJ

Day Telephone (with Area Code)*
9086259577

Evening Telephone (with Area Code)*
9086259577

Check if Amendment

Amendment Specify Reason:

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.

Michele L Kidd

Full Name of Professional Campaign Fundraiser

Registration Number *****

PIN *****

Verify Registration
Number & PIN

MICHELE KIDD

Signature

October 16, 2024

Date

* Your name must 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 Candidate or Committee

Somerset County Democratic Committee

Amount(s) Raised This Period (Gross)

\$101,876.32

Amount(s) Raised This Period (Net)

\$101,876.32

Compensation Received By Fundraiser For This Period

\$.00

Specific Services Provided:

Event planning, call time.

Itemized Expenditures

PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$

"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 Candidate or Committee
Committee to Elect Sara Sooy

Amount(s) Raised This Period (Gross)

\$21,260.01

Amount(s) Raised This Period (Net)

\$21,260.01

Compensation Received By Fundraiser For This Period

\$.00

Specific Services Provided:

Fundraising Calls

Itemized Expenditures

PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$

"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 Candidate or Committee

Committee to Elect Shanel Robinson

Amount(s) Raised This Period (Gross)

\$2,350.00

Amount(s) Raised This Period (Net)

\$2,350.00

Compensation Received By Fundraiser For This Period

\$.00

Specific Services Provided:

Fundraising Calls

Itemized Expenditures

PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$

"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 Candidate or Committee

P.E.G. PAC

Amount(s) Raised This Period (Gross)

\$3,500.00

Amount(s) Raised This Period (Net)

\$3,500.00

Compensation Received By Fundraiser For This Period

\$.00

Specific Services Provided:

Event Planning, call time.

Itemized Expenditures

PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$

"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 Candidate or Committee

Amount(s) Raised This Period (Gross)

Amount(s) Raised This Period (Net)

Compensation Received By Fundraiser For This Period

\$.00

Specific Services Provided:

Itemized Expenditures

PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$
_____			\$

"Total" reflects all expenditures made on behalf of the candidate or committee named above.

TOTAL \$ _____