



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

Jan 08 2025
03:00 PM

Name of Professional Campaign Fundraiser

Brandi M Harkins

Check If NO Activity This Quarter

Registration#
45-2

Business Address

PO Box 409

Filing Year
2024

City

Oldwick

Report Quarter

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

Zip Code

08858

State

NJ

Day Telephone (with Area Code)*

973-919-1304

Evening Telephone (with Area Code)*

same

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.

Brandi Marks Harkins

Full Name of Professional Campaign Fundraiser

Registration Number ***** _____

PIN ***** _____

Verify Registration
Number & PIN

BRANDI M HARKINS

Signature

January 8, 2025

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

Kitchen Table Conservatives, Inc.

Amount(s) Raised This Period (Gross)

\$310,499.05

Amount(s) Raised This Period (Net)

\$310,499.05

Compensation Received By Fundraiser For This Period

\$29,811.00

Specific Services Provided:

Finance Consulting

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 \$ _____