

## Professional Campaign Fundraiser QUARTERLY REPORT

**FORM FRQ** 

**ELEC** Received

Jan 13 2025 12:09 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 Profession              | onal Can | npaign Fundraiser             |                                                                                         | Check If NO Activity This Quarter   |
|---------------------------------|----------|-------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------|
| Donna Robins                    | on Tayl  | Registration#<br>FR 13-2      |                                                                                         |                                     |
| Business Address<br>PO Box 3540 |          |                               |                                                                                         | Filing Year<br>2024                 |
| City                            |          |                               |                                                                                         | Report Quarter                      |
| Cherry Hill                     |          |                               |                                                                                         | ○ Quarter 1                         |
| Zip Code                        | State    |                               | Evening Telephone (with Area Code)*                                                     | ○ Quarter 2                         |
| 08034                           | NJ       | (856) 382-1341                | (856) 382-1341                                                                          | ○ Quarter 3                         |
| Check if Amendm                 | ent      |                               |                                                                                         | <ul><li>Quarter 4</li></ul>         |
| ☐ Amendment                     | Specify  | / Reason:                     |                                                                                         |                                     |
|                                 |          |                               |                                                                                         |                                     |
|                                 |          |                               | npaign Fundraiser's Certification<br>e and correct. I am aware that if any o<br>shment. | of the statements on this           |
| Donna R                         | obinso   | on Taylor                     |                                                                                         |                                     |
| Full Name                       | of Profe | essional Campaign Fundraiser  |                                                                                         |                                     |
| Registration                    | n Numbe  | er <u>********</u> PIN        | ******                                                                                  | Verify Registration<br>Number & PIN |
|                                 | DONNA    | MARIE ROBINSON                | January 13, 2025                                                                        |                                     |
|                                 |          | Signature                     | Date                                                                                    | <del></del>                         |
| * Your nam                      | e must a | ppear 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 Professio<br>Please add a page fo |                     |                                                            |                    |                           |            |            |
|------------------------------------------------|---------------------|------------------------------------------------------------|--------------------|---------------------------|------------|------------|
| Name of Recipient Can<br>Camden County Demo    |                     |                                                            |                    |                           |            |            |
| Amount(s) Raised This<br>\$98,800.00           | Period (Gross)      | Amount(s) Raised This Period (Net)<br>\$94,800.00          | Compen: \$4,000.00 | sation Received By Fundra | iser For T | his Period |
| Specific Services Provic                       | led:                |                                                            |                    |                           |            |            |
| Event Planning, Contrik                        | oution Solicitation | on, Data Management, Compliance Rev<br>Itemized Expenditur |                    | eeping Assistance.        |            |            |
| PAYMENT DATE                                   |                     | PAYEE NAME AND ADDRESS                                     | 65                 | PURPOSE OF EXPENDITURE    | AI         | MOUNT      |
|                                                | None                |                                                            |                    |                           | \$         | 0.00       |
|                                                |                     |                                                            |                    |                           | \$         |            |
|                                                |                     |                                                            |                    |                           | \$         |            |
|                                                |                     |                                                            |                    |                           | \$         |            |
|                                                |                     |                                                            |                    |                           | \$         |            |
|                                                |                     |                                                            |                    |                           | \$         |            |
|                                                |                     |                                                            |                    |                           | \$         |            |
|                                                |                     |                                                            |                    |                           | \$         |            |
|                                                |                     |                                                            |                    |                           | \$         |            |
| "Total" reflects all expe                      | enditures made o    | n behalf of the candidate or committee na                  | amed above.        | TOTAL\$                   |            | 0.00       |
|                                                |                     |                                                            |                    |                           |            |            |

| Recipient of Profession<br>Please add a page for  |                    |                                                         |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |             |
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| Name of Recipient Cano<br>EFO Nash for Commission |                    | ittee                                                   |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |             |
| Amount(s) Raised This F<br>\$13,150.00            | Period (Gross)     | Amount(s) Raised This Period (Net)<br>\$5,950.00        | Comper<br>\$7,200.0 | nsation Received By Fund                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | raiser For | This Period |
| Specific Services Provid                          | ed:                |                                                         |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |             |
| Frank Dlauria a Cantrib                           | Caliniani          | n Data Managana Canadian as Davi                        | : 0 Dl-             | la contra a Australia de Contra de C |            |             |
| Event Planning, Contrib                           | oution Solicitatio | n, Data Management, Compliance Rev  Itemized Expenditur |                     | keeping Assistance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |             |
| PAYMENT DATE                                      | F                  | PAYEE NAME AND ADDRESS                                  |                     | PURPOSE OF EXPENDITURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | A          | MOUNT       |
|                                                   | None               |                                                         |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$         | 0.00        |
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| "Total" reflects all expe                         | nditures made or   | n behalf of the candidate or committee na               | amed above          | . TOTAL\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | 0.00        |
| rotal rollode all oxpol                           | Talkaroo mado or   | r boriair or the carraidate or committee he             | arriod above        | . 101/124                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |             |

| te or committee                                 |                                                                                  |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                      |
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| mittee                                          |                                                                                  |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                      |
| Amount(s) Raised This Period (Net)<br>\$-800.00 |                                                                                  |                                                                                                                                            | draiser For T                                                                                                                                                                                                                                                                                                                    | his Period                                                                                                                                                                                                                                                                           |
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| ion, Data Management, Compliance Rev            | view & Bookl                                                                     | keeping Assistance.                                                                                                                        |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                      |
| Itemized Expenditur                             | res                                                                              |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                      |
| PAYEE NAME AND ADDRESS                          |                                                                                  | PURPOSE OF EXPENDITURE                                                                                                                     | AN                                                                                                                                                                                                                                                                                                                               | OUNT                                                                                                                                                                                                                                                                                 |
|                                                 |                                                                                  |                                                                                                                                            | \$                                                                                                                                                                                                                                                                                                                               | 0.00                                                                                                                                                                                                                                                                                 |
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| on behalf of the candidate or committee na      | amed above                                                                       | TOTAL \$                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                  | 0.00                                                                                                                                                                                                                                                                                 |
|                                                 | ion, Data Management, Compliance Rev Itemized Expenditur  PAYEE NAME AND ADDRESS | Amount(s) Raised This Period (Net) \$-800.00  ion, Data Management, Compliance Review & Book Itemized Expenditures  PAYEE NAME AND ADDRESS | Inititee  Amount(s) Raised This Period (Net) \$-800.00  Amount(s) Raised This Period (Net) \$-800.00  Amount(s) Raised This Period (Net) \$-800.00  Compensation Received By Fund \$57,200.00  Figure 1  Purpose of Expenditures  Purpose of Expenditure  PAYEE NAME AND ADDRESS  Amount(s) Raised This Period (Net) \$57,200.00 | mittee  Amount(s) Raised This Period (Net) \$-800.00  Compensation Received By Fundraiser For TI \$7,200.00  ion, Data Management, Compliance Review & Bookkeeping Assistance.  Itemized Expenditures  PURPOSE OF EXPENDITURE  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |

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| Recipient of Profession<br>Please add a page for  |                   |                                                   |                     |                           |                         |             |
| Name of Recipient Cano<br>EFO Billingham for Sher |                   | ittee                                             |                     |                           |                         |             |
| Amount(s) Raised This F<br>\$4,950.00             | Period (Gross)    | Amount(s) Raised This Period (Net)<br>\$-2,250.00 | Comper<br>\$7,200.0 | nsation Received By Fundi | raiser For <sup>-</sup> | Γhis Period |
| Specific Services Provid                          | ed:               |                                                   |                     |                           |                         |             |
|                                                   |                   |                                                   |                     |                           |                         |             |
| Event Planning, Contrib                           | ution Solicitatio | n, Data Management, Compliance Rev                | iew & Book          | keeping Assistance.       |                         |             |
|                                                   | T                 | Itemized Expenditur                               | es                  |                           |                         |             |
| PAYMENT DATE                                      | F                 | PAYEE NAME AND ADDRESS                            |                     | PURPOSE OF EXPENDITURE    | A                       | MOUNT       |
|                                                   | None              |                                                   |                     |                           | \$                      | 0.00        |
|                                                   |                   |                                                   |                     |                           | \$                      |             |
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|                                                   |                   |                                                   |                     |                           | \$                      |             |
| "Total" reflects all expe                         | nditures made or  | n behalf of the candidate or committee na         | amed above          | . TOTAL\$                 |                         | 0.00        |
|                                                   |                   |                                                   |                     |                           |                         |             |

| Recipient of Profession<br>Please add a page for |                    |                                                  |                     |                           |             |            |
|--------------------------------------------------|--------------------|--------------------------------------------------|---------------------|---------------------------|-------------|------------|
| Name of Recipient Cand<br>EFO Lampitt for Clerk  | didate or Comm     | ittee                                            |                     |                           |             |            |
| Amount(s) Raised This F<br>\$10,200.00           | Period (Gross)     | Amount(s) Raised This Period (Net)<br>\$3,000.00 | Comper<br>\$7,200.0 | nsation Received By Fundi | aiser For T | his Period |
| Specific Services Provid                         | ed:                |                                                  |                     |                           |             |            |
| Event Planning Contrib                           | nution Solicitatio | n, Data Management, Compliance Rev               | iow & Rook          | kaaning Assistansa        |             |            |
| Lvent Flammig, Contin                            | Julion Solicitatio | Itemized Expenditur                              |                     | keeping Assistance.       |             |            |
| PAYMENT DATE                                     | F                  | PAYEE NAME AND ADDRESS                           |                     | PURPOSE OF EXPENDITURE    | AI          | MOUNT      |
|                                                  | None               |                                                  |                     |                           | \$          | 0.00       |
| _                                                |                    |                                                  |                     |                           | \$          |            |
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|                                                  |                    |                                                  |                     |                           | \$          |            |
| "Total" reflects all expe                        | nditures made or   | n behalf of the candidate or committee na        | amed above          | t. TOTAL\$                |             | 0.00       |
|                                                  |                    |                                                  |                     |                           |             |            |

| didate or Comm     | ittee                                                         |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Period (Gross)     | Amount(s) Raised This Period (Net)<br>\$34,350.00             | Compen \$750.00                                                                                    | sation Received By Fund                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | raiser For Th                                                                                                                                                                                                                                                                       | nis Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| oution Solicitatio | n Data Management Compliance Rev                              | iew & Rookl                                                                                        | veening Assistance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Julion Solicitatio |                                                               |                                                                                                    | Reeping Assistance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| F                  | PAYEE NAME AND ADDRESS                                        |                                                                                                    | PURPOSE OF EXPENDITURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AN                                                                                                                                                                                                                                                                                  | IOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| nditures made or   | n behalf of the candidate or committee na                     | amed above                                                                                         | . TOTAL\$_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                     | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                    | reach candidate didate or Committee Period (Gross) led:  None | Period (Gross)  Amount(s) Raised This Period (Net) \$34,350.00  led:  Payer Name and Address  None | didate or Committee didate | reach candidate or committee didate or Committee Period (Gross) Amount(s) Raised This Period (Net) S34,350.00 Red:  Puttion Solicitation, Data Management, Compliance Review & Bookkeeping Assistance.  Itemized Expenditures  PAYEE NAME AND ADDRESS  None  PURPOSE OF EXPENDITURE | reach condidate or committee its Committee i |

|                    | ittee                                                        |                                                                                 |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Period (Gross)     | Amount(s) Raised This Period (Net)<br>\$3,250.00             | Compen<br>\$750.00                                                              | nsation Received By Fund                                                                                                                                                                                   | raiser For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | This Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| uution Solicitatio | n Data Management Compliance Rev                             | iew & Rook                                                                      | keening Assistance                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| - Jonettatio       |                                                              |                                                                                 | Recepting Assistance.                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| F                  | AYEE NAME AND ADDRESS                                        |                                                                                 | PURPOSE OF EXPENDITURE                                                                                                                                                                                     | А                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| nditures made or   | n behalf of the candidate or committee na                    | amed above                                                                      | TOTAL\$                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                    | reach candidate didate or Commit or Period (Gross) ed:  None | Amount(s) Raised This Period (Net) \$3,250.00 ed:  PAYEE NAME AND ADDRESS  None | didate or Committee for Period (Gross) Amount(s) Raised This Period (Net) S750.00 ed:  Puttion Solicitation, Data Management, Compliance Review & Book Itemized Expenditures  PAYEE NAME AND ADDRESS  None | didate or Committee For Period (Gross) Amount(s) Raised This Period (Net) S3,250.00  ed:  State of Compensation Received By Fund S750.00  Ed:  State of Compensation Received By Fund S750.00 | reach candidate or committee didate or Committee for Period (Gross)  Amount(s) Raised This Period (Net) \$3,250.00  ed:  Received By Fundraiser For \$750.00  ed: |

| Recipient of Profession<br>Please add a page for |                     |                                                   |                     |                                 |            |            |
|--------------------------------------------------|---------------------|---------------------------------------------------|---------------------|---------------------------------|------------|------------|
| Name of Recipient Cand<br>Burzichelli for Senate | didate or Comm      | nittee                                            |                     |                                 |            |            |
| Amount(s) Raised This I<br>\$84,850.00           | Period (Gross)      | Amount(s) Raised This Period (Net)<br>\$80,850.00 | Compen<br>\$4,000.0 | sation Received By Fundrai<br>0 | ser For Th | nis Period |
| Specific Services Provid                         | ed:                 |                                                   |                     |                                 |            |            |
| Event Planning, Contrib                          | oution Solicitation | on, Data Management & Compliance As               | sistance.           |                                 |            |            |
|                                                  |                     | Itemized Expenditure                              | es                  |                                 | 1          |            |
| PAYMENT DATE                                     |                     | PAYEE NAME AND ADDRESS                            |                     | PURPOSE OF EXPENDITURE          | AN         | OUNT       |
|                                                  | None                |                                                   |                     |                                 | \$         | 0.00       |
|                                                  |                     |                                                   |                     |                                 | \$         |            |
|                                                  |                     |                                                   |                     |                                 | \$         |            |
|                                                  |                     |                                                   |                     |                                 | \$         |            |
|                                                  |                     |                                                   |                     |                                 | \$         |            |
| _                                                |                     |                                                   |                     |                                 | \$         |            |
| _                                                |                     |                                                   |                     |                                 | \$         |            |
| _                                                |                     |                                                   |                     |                                 | \$         |            |
|                                                  |                     |                                                   |                     |                                 | \$         |            |
| "Total" reflects all expe                        | nditures made o     | n behalf of the candidate or committee na         | amed above          | . TOTAL\$                       |            | 0.00       |

| Recipient of Professio<br>Please add a page fo |                    |                                                   |                   |                                  |            |           |
|------------------------------------------------|--------------------|---------------------------------------------------|-------------------|----------------------------------|------------|-----------|
| Name of Recipient Can<br>Simmons for Assembly  |                    | nittee                                            |                   |                                  |            |           |
| Amount(s) Raised This                          | Period (Gross)     | Amount(s) Raised This Period (Net)<br>\$18,600.00 | Compen \$4,000.00 | sation Received By Fundrai:<br>0 | ser For Th | is Period |
| Specific Services Provic                       | led:               |                                                   |                   |                                  |            |           |
| Event Planning, Contrik                        | oution Solicitatio | on, Data Management & Compliance Ass              | sistance.         |                                  |            |           |
|                                                | _                  | Itemized Expenditure                              | es                |                                  |            |           |
| PAYMENT DATE                                   |                    | PAYEE NAME AND ADDRESS                            |                   | PURPOSE OF EXPENDITURE           | АМ         | OUNT      |
|                                                | None               |                                                   |                   |                                  | \$         | 0.00      |
|                                                |                    |                                                   |                   |                                  | \$         |           |
|                                                |                    |                                                   |                   |                                  | \$         |           |
| <u> </u>                                       |                    |                                                   |                   |                                  | \$         |           |
|                                                |                    |                                                   |                   |                                  | \$         |           |
|                                                |                    |                                                   |                   |                                  | \$         |           |
|                                                |                    |                                                   |                   |                                  | \$         |           |
|                                                |                    |                                                   |                   |                                  | \$         |           |
|                                                |                    |                                                   |                   |                                  | \$         |           |
| "Total" reflects all expe                      | nditures made o    | n behalf of the candidate or committee na         | med above.        | TOTAL\$                          |            | 0.00      |
|                                                |                    |                                                   |                   |                                  |            |           |

| Recipient of Profession<br>Please add a page for |                   |                                     |                       |                          |              |          |
|--------------------------------------------------|-------------------|-------------------------------------|-----------------------|--------------------------|--------------|----------|
| Name of Recipient Cano<br>Bailey for Assembly    | lidate or Comm    | ittee                               |                       |                          |              |          |
|                                                  |                   |                                     | Compens<br>\$4,000.00 | ation Received By Fundra | iser For Thi | s Period |
| Specific Services Provide                        | ed:               | ,                                   | 1                     |                          |              |          |
|                                                  |                   |                                     |                       |                          |              |          |
| Event Planning, Contrib                          | ution Solicitatio | n, Data Management & Compliance Ass |                       |                          |              |          |
| PAYMENT DATE                                     | F                 | PAYEE NAME AND ADDRESS              |                       | PURPOSE OF EXPENDITURE   | AM           | OUNT     |
|                                                  | None              |                                     |                       |                          | \$           | 0.00     |
| _                                                |                   |                                     |                       |                          | \$           |          |
|                                                  |                   |                                     |                       |                          | \$           |          |
|                                                  |                   |                                     |                       |                          | \$           |          |
| _                                                |                   |                                     |                       |                          | \$           |          |
| _                                                |                   |                                     |                       |                          | \$           |          |
| _                                                |                   |                                     |                       |                          | \$           |          |
| _                                                |                   |                                     |                       |                          | \$           |          |
| _                                                |                   |                                     |                       |                          | \$           |          |
|                                                  | ı                 |                                     | amed above.           |                          |              | 0.00     |

| Recipient of Profession<br>Please add a page for                                                                                |                   |                                           |             |                        |            |       |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------|-------------|------------------------|------------|-------|
| Name of Recipient Cand<br>Moriarty for Senate                                                                                   | didate or Comm    | ittee                                     |             |                        |            |       |
| Amount(s) Raised This Period (Gross)  Amount(s) Raised This Period (Net)  \$68,800.00  Compensation Received By Fund \$6,000.00 |                   |                                           | ·           | ser For Th             | nis Period |       |
| Specific Services Provid                                                                                                        | ed:               |                                           |             |                        |            |       |
| Event Planning, Contrib                                                                                                         | ution Solicitatio | on, Data Management, Compliance Revi      | ew & Bookk  | seeping Assistance.    |            |       |
|                                                                                                                                 |                   | Itemized Expenditure                      | es          |                        | <u> </u>   |       |
| PAYMENT DATE                                                                                                                    | ı                 | PAYEE NAME AND ADDRESS                    |             | PURPOSE OF EXPENDITURE | AN         | IOUNT |
| _                                                                                                                               | None              |                                           |             |                        | \$         | 0.00  |
|                                                                                                                                 |                   |                                           |             |                        | \$         |       |
|                                                                                                                                 |                   |                                           |             |                        | \$         |       |
| _                                                                                                                               |                   |                                           |             |                        | \$         |       |
|                                                                                                                                 |                   |                                           |             |                        | \$         |       |
|                                                                                                                                 |                   |                                           |             |                        | \$         |       |
|                                                                                                                                 |                   |                                           |             |                        | \$         |       |
|                                                                                                                                 |                   |                                           |             |                        | \$         |       |
|                                                                                                                                 |                   |                                           |             |                        | \$         |       |
| "Total" reflects all expe                                                                                                       | nditures made o   | n behalf of the candidate or committee na | ımed above. | TOTAL\$                |            | 0.00  |

| Recipient of Professior<br>Please add a page for  |                   |                                                   |                     |                          |              |             |
|---------------------------------------------------|-------------------|---------------------------------------------------|---------------------|--------------------------|--------------|-------------|
| Name of Recipient Cand<br>Cody Miller for Assembl | lidate or Commi   |                                                   |                     |                          |              |             |
| Amount(s) Raised This P<br>\$31,054.12            | Period (Gross)    | Amount(s) Raised This Period (Net)<br>\$26,554.12 | Comper<br>\$4,500.0 | nsation Received By Fund | raiser For T | Γhis Period |
| Specific Services Provide                         | ed:               |                                                   |                     |                          |              |             |
| Event Planning, Contrib                           | ution Solicitatio | n, Data Management, Compliance Rev                | iew & Book          | keeping Assistance.      |              |             |
|                                                   |                   | Itemized Expenditur                               | es                  |                          |              |             |
| PAYMENT DATE                                      | P                 | PAYEE NAME AND ADDRESS                            |                     | PURPOSE OF EXPENDITURE   | A            | MOUNT       |
|                                                   | None              |                                                   |                     |                          | \$           | 0.00        |
|                                                   |                   |                                                   |                     |                          | \$           |             |
|                                                   |                   |                                                   |                     |                          | \$           |             |
| _                                                 |                   |                                                   |                     |                          | \$           |             |
|                                                   |                   |                                                   |                     |                          | \$           |             |
|                                                   |                   |                                                   |                     |                          | \$           |             |
|                                                   |                   |                                                   |                     |                          | \$           |             |
|                                                   |                   |                                                   |                     |                          | \$           |             |
|                                                   |                   |                                                   |                     |                          | \$           |             |
| "Total" reflects all exper                        | nditures made or  | n behalf of the candidate or committee na         | amed above          | . TOTAL\$_               |              | 0.00        |

| Recipient of Profession<br>Please add a page for |                   |                                                   |                  |                               |            |             |
|--------------------------------------------------|-------------------|---------------------------------------------------|------------------|-------------------------------|------------|-------------|
| Name of Recipient Canc<br>Hutchison for Assembly |                   | ittee                                             |                  |                               |            |             |
| Amount(s) Raised This F<br>\$66,819.12           | Period (Gross)    | Amount(s) Raised This Period (Net)<br>\$62,319.12 | Comper \$4,500.0 | nsation Received By Fund<br>0 | raiser For | This Period |
| Specific Services Provide                        | ed:               |                                                   |                  |                               |            |             |
| Event Planning, Contrib                          | ution Solicitatio | n, Data Management, Compliance Rev                | iew & Book       | keeping Assistance.           |            |             |
|                                                  |                   | Itemized Expenditur                               | es               |                               |            |             |
| PAYMENT DATE                                     | F                 | PAYEE NAME AND ADDRESS                            |                  | PURPOSE OF EXPENDITURE        | А          | MOUNT       |
|                                                  | None              |                                                   |                  |                               | \$         | 0.00        |
|                                                  |                   |                                                   |                  |                               | \$         |             |
|                                                  |                   |                                                   |                  |                               | \$         |             |
|                                                  |                   |                                                   |                  |                               | \$         |             |
|                                                  |                   |                                                   |                  |                               | \$         |             |
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|                                                  |                   |                                                   |                  |                               | \$         |             |
|                                                  |                   |                                                   |                  |                               | \$         |             |
| "Total" reflects all exper                       | nditures made or  | n behalf of the candidate or committee na         | amed above       | . TOTAL\$                     |            | 0.00        |

| lidate or Comm    | ttee                                                           |                                                                                                                                                            |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                           |
|-------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| eriod (Gross)     | Amount(s) Raised This Period (Net)<br>\$51,870.00              |                                                                                                                                                            | ·                                                                                                                                                                                                             | raiser For                                                                                                                                                                                                                                                          | This Period                                                                                                                                                                                                                                                                                               |
| ed:               |                                                                |                                                                                                                                                            |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                           |
| ution Colicitatio | n Data Management Compliance Pou                               | iou & Pook                                                                                                                                                 | kooning Assistance                                                                                                                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                           |
| ution solicitatio |                                                                |                                                                                                                                                            | keeping Assistance.                                                                                                                                                                                           |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                           |
| F                 | AYEE NAME AND ADDRESS                                          |                                                                                                                                                            | PURPOSE OF EXPENDITURE                                                                                                                                                                                        | A                                                                                                                                                                                                                                                                   | MOUNT                                                                                                                                                                                                                                                                                                     |
| None              |                                                                |                                                                                                                                                            |                                                                                                                                                                                                               | \$                                                                                                                                                                                                                                                                  | 0.00                                                                                                                                                                                                                                                                                                      |
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|                   |                                                                |                                                                                                                                                            |                                                                                                                                                                                                               | \$                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                           |
| nditures made or  | behalf of the candidate or committee na                        | amed above                                                                                                                                                 | . TOTAL\$                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                     | 0.00                                                                                                                                                                                                                                                                                                      |
|                   | each candidate lidate or Commi Perez eriod (Gross) ed:  P None | Amount(s) Raised This Period (Net) \$51,870.00  ed:  ution Solicitation, Data Management, Compliance Rev Itemized Expenditur  PAYEE NAME AND ADDRESS  None | idate or Committee Perez  eriod (Gross) Amount(s) Raised This Period (Net) S51,870.00  ed:  ution Solicitation, Data Management, Compliance Review & Book Itemized Expenditures  PAYEE NAME AND ADDRESS  None | each candidate or Committee Perez  eriod (Gross) Amount(s) Raised This Period (Net) \$51,870.00  ed:  ution Solicitation, Data Management, Compliance Review & Bookkeeping Assistance.  Itemized Expenditures  PAYEE NAME AND ADDRESS  PURPOSE OF EXPENDITURE  None | each candidate or committee Perez  eriod (Gross) Amount(s) Raised This Period (Net) S51,870.00  ed:  Ution Solicitation, Data Management, Compliance Review & Bookkeeping Assistance.  Itemized Expenditures  PAYEE NAME AND ADDRESS PURPOSE OF EXPENDITURE A  None S  S  S  S  S  S  S  S  S  S  S  S  S |

| Recipient of Profession<br>Please add a page for |                   |                                                  |                  |                           |              |             |
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| Name of Recipient Cand<br>EFO Spearman for Asse  |                   | ittee                                            |                  |                           |              |             |
| Amount(s) Raised This F<br>\$8,350.00            | Period (Gross)    | Amount(s) Raised This Period (Net)<br>\$3,850.00 | Comper \$4,500.0 | nsation Received By Fundi | raiser For T | This Period |
| Specific Services Provid                         | ed:               |                                                  |                  |                           |              |             |
|                                                  |                   |                                                  |                  |                           |              |             |
| Event Planning, Contrib                          | ution Solicitatio | n, Data Management, Compliance Rev               |                  | keeping Assistance.       |              |             |
|                                                  |                   | Itemized Expenditur                              | es               |                           |              |             |
| PAYMENT DATE                                     | F                 | PAYEE NAME AND ADDRESS                           |                  | PURPOSE OF EXPENDITURE    | A            | MOUNT       |
| _                                                | None              |                                                  |                  |                           | \$           | 0.00        |
|                                                  |                   |                                                  |                  |                           | \$           |             |
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|                                                  |                   |                                                  |                  |                           | \$           |             |
| "Total" reflects all expe                        | nditures made or  | n behalf of the candidate or committee na        | amed above       | . TOTAL\$                 |              | 0.00        |
| "Total" reflects all expe                        | nditures made or  | n behalf of the candidate or committee na        | amed above       | TOTAL\$                   |              | 0.          |

| Recipient of Profession<br>Please add a page for |                   |                                                   |                     |                           |             |            |
|--------------------------------------------------|-------------------|---------------------------------------------------|---------------------|---------------------------|-------------|------------|
| Name of Recipient Cano<br>Bill Moen for Assembly | didate or Comm    | ttee                                              |                     |                           |             |            |
| Amount(s) Raised This F<br>\$27,200.00           | Period (Gross)    | Amount(s) Raised This Period (Net)<br>\$22,700.00 | Comper<br>\$4,500.0 | nsation Received By Fundi | aiser For T | his Period |
| Specific Services Provid                         | ed:               |                                                   |                     |                           |             |            |
| Event Planning, Contrib                          | ution Solicitatio | n, Data Management, Compliance Rev                | iew & Book          | keeping Assistance.       |             |            |
|                                                  |                   | Itemized Expenditur                               | es                  |                           |             |            |
| PAYMENT DATE                                     | F                 | AYEE NAME AND ADDRESS                             |                     | PURPOSE OF EXPENDITURE    | A           | MOUNT      |
|                                                  | None              |                                                   |                     |                           | \$          | 0.00       |
| _                                                |                   |                                                   |                     |                           | \$          |            |
| _                                                |                   |                                                   |                     |                           | \$          |            |
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| "Total" reflects all exper                       | nditures made or  | behalf of the candidate or committee na           | amed above          | e. TOTAL\$                |             | 0.00       |

| ate or Commi    | ttee                                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| iod (Gross)     | Amount(s) Raised This Period (Net)<br>\$-750.00 |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Р               | AYEE NAME AND ADDRESS                           |                                                                                                    | PURPOSE OF EXPENDITURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| tures made on   | behalf of the candidate or committee na         | amed above                                                                                         | TOTAL\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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|                 | on Solicitation  P  one                         | on Solicitation, Data Management, Compliance Rev  Itemized Expenditur  PAYEE NAME AND ADDRESS  one | ate or Committee  ate or Comper \$6,000.0  ate or Comper \$6,000.0  ate or Comper \$6,000.0  ate or Committee  ate or Commi | acte or Committee  ate or Committee  Compensation Received By Fundry \$6,000.00  ate of the property of t | actor Committee  ate or Committee  Compensation Received By Fundraiser For \$6,000.00  ate of \$6,000.00 |

| didate or Commi<br>Senate | ittee                                             |                                                                                                                                               |                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                     |
|---------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Period (Gross)            | Amount(s) Raised This Period (Net)<br>\$49,925.00 |                                                                                                                                               |                                                                                                                                                                                                                         | lraiser For ∃                                                                                                                                                                                                   | This Period                                                                                                                                                                                                                                                         |
| ed:                       |                                                   |                                                                                                                                               |                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                     |
| oution Solicitatio        | n & Data Mangement.                               |                                                                                                                                               |                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                     |
|                           |                                                   | es                                                                                                                                            |                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                     |
| F                         | PAYEE NAME AND ADDRESS                            |                                                                                                                                               | PURPOSE OF EXPENDITURE                                                                                                                                                                                                  | A                                                                                                                                                                                                               | MOUNT                                                                                                                                                                                                                                                               |
| None                      |                                                   |                                                                                                                                               |                                                                                                                                                                                                                         | \$                                                                                                                                                                                                              | 0.00                                                                                                                                                                                                                                                                |
|                           |                                                   |                                                                                                                                               |                                                                                                                                                                                                                         | \$                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                     |
|                           |                                                   |                                                                                                                                               |                                                                                                                                                                                                                         | \$                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                     |
|                           |                                                   |                                                                                                                                               |                                                                                                                                                                                                                         | \$                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                     |
|                           |                                                   |                                                                                                                                               |                                                                                                                                                                                                                         | \$                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                     |
|                           |                                                   |                                                                                                                                               |                                                                                                                                                                                                                         | \$                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                     |
|                           |                                                   |                                                                                                                                               |                                                                                                                                                                                                                         | \$                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                     |
|                           |                                                   |                                                                                                                                               |                                                                                                                                                                                                                         | \$                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                     |
|                           |                                                   |                                                                                                                                               |                                                                                                                                                                                                                         | \$                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                     |
| nditures made or          | n behalf of the candidate or committee na         | amed above                                                                                                                                    | . TOTAL\$_                                                                                                                                                                                                              |                                                                                                                                                                                                                 | 0.00                                                                                                                                                                                                                                                                |
|                           | didate or Commissenate Period (Gross)  ed:  None  | Amount(s) Raised This Period (Net) \$49,925.00  ed:  ution Solicitation & Data Mangement.  Itemized Expenditure  PAYEE NAME AND ADDRESS  None | didate or Committee Senate  Period (Gross) Amount(s) Raised This Period (Net) Compensation Senate  Period (Gross) Amount(s) Raised This Period (Net) Sa,750.0  ed:  Itemized Expenditures  PAYEE NAME AND ADDRESS  None | didate or Committee Senate  Period (Gross) Amount(s) Raised This Period (Net) S49,925.00  ed:  Ution Solicitation & Data Mangement.  Itemized Expenditures  PAYEE NAME AND ADDRESS PURPOSE OF EXPENDITURE  None | idate or Committee senate  Period (Gross) Amount(s) Raised This Period (Net) Say,750.00  ed:  Ution Solicitation & Data Mangement.  Itemized Expenditures  PAYEE NAME AND ADDRESS PURPOSE OF EXPENDITURE A  None \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$ |

| Recipient of Profession<br>Please add a page for |                   |                                                   |                  |                          |            |             |
|--------------------------------------------------|-------------------|---------------------------------------------------|------------------|--------------------------|------------|-------------|
| Name of Recipient Canc<br>Andrea Katz for Assemb |                   | ittee                                             |                  |                          |            |             |
| Amount(s) Raised This F<br>\$41,429.12           | Period (Gross)    | Amount(s) Raised This Period (Net)<br>\$36,929.12 | Comper \$4,500.0 | nsation Received By Fund | raiser For | This Period |
| Specific Services Provide                        | ed:               |                                                   |                  |                          |            |             |
| Event Planning, Contrib                          | ution Solicitatio | n, Data Management, Compliance Rev                | iew & Book       | keeping Assistance.      |            |             |
|                                                  |                   | Itemized Expenditur                               | es               |                          |            |             |
| PAYMENT DATE                                     | F                 | PAYEE NAME AND ADDRESS                            |                  | PURPOSE OF EXPENDITURE   | A          | MOUNT       |
|                                                  | None              |                                                   |                  |                          | \$         | 0.00        |
| _                                                |                   |                                                   |                  |                          | \$         |             |
|                                                  |                   |                                                   |                  |                          | \$         |             |
|                                                  |                   |                                                   |                  |                          | \$         |             |
|                                                  |                   |                                                   |                  |                          | \$         |             |
|                                                  |                   |                                                   |                  |                          | \$         |             |
|                                                  |                   |                                                   |                  |                          | \$         |             |
|                                                  |                   |                                                   |                  |                          | \$         |             |
|                                                  |                   |                                                   |                  |                          | \$         |             |
| "Total" reflects all exper                       | nditures made or  | n behalf of the candidate or committee na         | amed above       | . TOTAL\$_               |            | 0.00        |

| Recipient of Profession Please add a page for                                                                                                     |                             |                                           |            |                             |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------|------------|-----------------------------|---------------------|
| Name of Recipient Canc<br>American Representativ                                                                                                  |                             | ittee                                     |            |                             |                     |
| Amount(s) Raised This Period (Gross)  Amount(s) Raised This Period (Net)  Compensation Received By Fundraiser For This F  \$7,500.00  \$21,000.00 |                             |                                           |            |                             | ser For This Period |
| Specific Services Provid                                                                                                                          | ed:                         |                                           |            |                             |                     |
| Event Planning, Contrib                                                                                                                           | oution Solicitatic          | on, Data Management, Compliance Revi      |            | keeping Assistance.         |                     |
|                                                                                                                                                   |                             | itemizea Expenditure                      | ; <b>5</b> | PURPOSE OF                  |                     |
| PAYMENT DATE                                                                                                                                      | F                           | PAYEE NAME AND ADDRESS                    |            | EXPENDITURE                 | AMOUNT              |
| 12/20/2024                                                                                                                                        | RP Consultir<br>PO Box 3540 | ng LLC<br>), Cherry Hill NJ 08034         |            | Reimbursed Email<br>Expense | \$ 156.00           |
|                                                                                                                                                   |                             |                                           |            |                             | \$                  |
|                                                                                                                                                   |                             |                                           |            |                             | \$                  |
|                                                                                                                                                   |                             |                                           |            |                             | \$                  |
|                                                                                                                                                   |                             |                                           |            |                             | \$                  |
|                                                                                                                                                   |                             |                                           |            |                             | \$                  |
| "Total" reflects all exper                                                                                                                        | nditures made or            | n behalf of the candidate or committee na | med above  | e. TOTAL\$                  | 156.00              |
|                                                                                                                                                   |                             |                                           |            |                             |                     |
|                                                                                                                                                   |                             |                                           |            |                             |                     |
|                                                                                                                                                   |                             |                                           |            |                             |                     |
|                                                                                                                                                   |                             |                                           |            |                             |                     |
|                                                                                                                                                   |                             |                                           |            |                             |                     |
|                                                                                                                                                   |                             |                                           |            |                             |                     |

| rvices                   |                                                              |                                                                                                          |                                                                                                                                                          |
|--------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          |                                                              |                                                                                                          |                                                                                                                                                          |
|                          |                                                              |                                                                                                          |                                                                                                                                                          |
| sed This Period (Net)    | Compensation Received By \$10,500.00                         | / Fundraiser For                                                                                         | This Period                                                                                                                                              |
|                          |                                                              |                                                                                                          |                                                                                                                                                          |
|                          |                                                              |                                                                                                          |                                                                                                                                                          |
|                          |                                                              | <b>.</b>                                                                                                 |                                                                                                                                                          |
|                          | PURPOSE                                                      |                                                                                                          | MOUNT                                                                                                                                                    |
|                          |                                                              | \$                                                                                                       | 0.00                                                                                                                                                     |
|                          |                                                              | \$                                                                                                       |                                                                                                                                                          |
|                          |                                                              | \$                                                                                                       |                                                                                                                                                          |
|                          |                                                              | \$                                                                                                       |                                                                                                                                                          |
|                          |                                                              | \$                                                                                                       |                                                                                                                                                          |
|                          |                                                              | \$                                                                                                       |                                                                                                                                                          |
|                          |                                                              | \$                                                                                                       |                                                                                                                                                          |
|                          |                                                              | \$                                                                                                       |                                                                                                                                                          |
|                          |                                                              | \$                                                                                                       |                                                                                                                                                          |
| andidate or committee na | med above. TOTA                                              | AL\$                                                                                                     | 0.00                                                                                                                                                     |
|                          | ement, Compliance Revious Itemized Expenditure E AND ADDRESS | ement, Compliance Review & Bookkeeping Assistance Itemized Expenditures  E AND ADDRESS  PURPOSE EXPENDIT | ement, Compliance Review & Bookkeeping Assistance.  Itemized Expenditures  PURPOSE OF EXPENDITURE  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |