	FORM FRQ
Professional Campaign Fundraiser	Registration #
# Land * QUARTERLY REPORT	Report Quarter

P.O. Box 185, Trenton, NJ 08625-0185	Apr. 15,
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)	Jul. 15,
Website: http://www.elec.state.nj.us/	Oct. 15,
PLEASE PRINT OR TYPE	Jan. 15,
Name of Professional Campaign Fundraiser MICHEL AIDAND	Check If No Activity This Quarter
Business Name	FOR STATE USE ONLY
Business Address (Number & Street) (check if different than previously reported)	ELEC RECEIVED
Business Address (City, State & Zip Code) WWSTER OF THE CODE OF T	AUG 0 4 2016
Day Telephone (with Area Code)* 98 - 4 50 - 00 94 Evening Telephone (with Area Code)* \$4 mu	
Check if Amendment Amendment (please specify)	_
Professional Campaign Fundraiser's Certification	
I certify that the statements on this document are true and correct. I am aware that if any of the	e statements on this
document are willfully false. I may be subject to punishment	

Print Full Name of Professional Campaign Fundraiser

Recipient of Professional Campaign Fundraiser's Services Please use a separate page for each candidate or committee								
	t Candidate or Committee							
Amount(s) Raised	Raised This Period (Gross) Amount(s) Raised This Period (Net) \$		Compensation Received By Fundraiser For This Period \$					
Specific Services	Δ		·					
- 11 1	invitations Calls							
nass enail								
MOLK	- und letters	· ·						
<u> Inach</u>	you lettace							
	Itemized Expend	ditures	·					
PAYMENT DATE	PAYEE NAME AND ADDRESS		PURPOSE OF EXPENDITURE	AMOUNT				
				\$				
	·							
			•					
	•							
	·							
			•					
"Total" rafta sta	all expanditures made as babalf of the sandidate as same	mittee =	named above. Total \$	φ				
i otal reflects	all expenditures made on behalf of the candidate or com-	muee n	lameu above. Total					

Recipient of Professional Campaign Fundraiser's Services Please use a separate page for each candidate or committee								
Name of Recipient	t Candidate or Committ	Sembly						
Amount(s) Raised This Period (Gross) Amount(s) Raised This Period (Net			Period (Net)	Compensation Received By Fundraiser For This Period \$ \(\begin{align*} \\ \begin{align*} \(\begin{align*} \\ al				
	ons call							
		Itemized	d Expenditures	3				
PAYMENT DATE	PAYEE NA	ME AND ADDRESS		PURPOSE OF EXPENDITURE	AMOUNT			
					\$			
	N	lA						
"Total" reflects a	all expenditures made o	on behalf of the candidate	or committee i	named above. Total	\$			