



Professional Campaign Fundraiser
QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
P.O. Box 185, Trenton, NJ 08625-0185
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
Website: http://www.elec.state.nj.us/

FORM FRQ

Registration #
FR-19-1

Report Quarter
[ ] Apr. 15, \_\_\_\_\_
[ ] Jul. 15, \_\_\_\_\_
[ ] Oct. 15, \_\_\_\_\_
[X] Jan. 15, 2015

[ ] Check If No Activity This Quarter

FOR STATE USE ONLY

ELEC RECEIVED

JAN 26 2015

PLEASE PRINT OR TYPE

Name of Professional Campaign Fundraiser
Melverne E. Cooke

Business Name
Koster Reed LLC

Business Address (Number & Street) [ ] (check if different than previously reported)
PO Box 115

Business Address (City, State & Zip Code)
Cedar Knolls NJ 07927

Day Telephone (with Area Code)\*
973-525-3144

Evening Telephone (with Area Code)\*
973-525-3144

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 statements on this document are willfully false, I may be subject to punishment.

Melverne E. Cooke (handwritten signature)

Signature of Professional Campaign Fundraiser

1/15/15 (handwritten date)
Date

MELVERNE E. COOKE (printed name)

Print Full Name of Professional Campaign Fundraiser

**Recipient of Professional Campaign Fundraiser's Services**

Please use a separate page for each candidate or committee

Name of Recipient Candidate or Committee

Election Fund of Betty Lou DeCroce

Amount(s) Raised This Period (Gross) \$ 0	Amount(s) Raised This Period (Net) \$ 0	Compensation Received By Fundraiser For This Period \$ 0
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Specific Services Provided

fundraising + Event Management

**Itemized Expenditures**

PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
	N/A		\$

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

Total \$ 0

**Recipient of Professional Campaign Fundraiser's Services**

*Please use a separate page for each candidate or committee*

Name of Recipient Candidate or Committee

*Scott Rumana Organization Assembly*

Amount(s) Raised This Period (Gross)

\$ *0*

Amount(s) Raised This Period (Net)

\$ *0*

Compensation Received By Fundraiser For This Period

\$ *0*

Specific Services Provided

*Fundraising + Event Management*

**Itemized Expenditures**

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

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

Total \$ *0*