



Professional Campaign Fundraiser QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185
Phone: (609) 292-8700
Website: www.elec.nj.gov

FORM FRQ

ELEC Received

Apr 22 2024
07:40 AM

Name of Professional Campaign Fundraiser

MICHELE ALBANO (MFA SOLUTIONS LLC)

Check If NO Activity This Quarter

Registration#
29-1

Business Address

14 12TH AVE

Filing Year
2024

City

SEASIDE PARK

Report Quarter

Quarter 1

Quarter 2

Quarter 3

Quarter 4

Zip Code

08752

State

NJ

Day Telephone (with Area Code)*

908-456-0696

Evening Telephone (with Area Code)*

Check if Amendment

Amendment

Specify Reason:

Professional Campaign Fundraiser's Certification

I certify that the statements on this document are true and correct. I am aware that if any of the statements on this document are willfully false, I may be subject to punishment.

MICHELE ALBANO

Full Name of Professional Campaign Fundraiser

Registration Number *****

PIN *****

Verify Registration
Number & PIN

MICHELE ALBANO

Signature

April 22, 2024

Date

* Your name must appear on the signature line *

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

Recipient of Professional Campaign Fundraiser's Services*Please add a page for each candidate or committee*

Name of Recipient Candidate or Committee

ASSEMBLY REPUBLICAN VICTORY

Amount(s) Raised This Period (Gross)

\$60,831.00

Amount(s) Raised This Period (Net)

\$60,831.00

Compensation Received By Fundraiser For This Period

\$4,165.00

Specific Services Provided:

FUNDRAISING, PREPARE AND MAIL INVITATIONS, PREPARE AND SEND EMAILS, MAKE PHONE CALLS, EVENT MANAGEMENT, LIST MAINTENANCE

Itemized Expenditures

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

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

TOTAL \$ _____

Recipient of Professional Campaign Fundraiser's Services*Please add a page for each candidate or committee*

Name of Recipient Candidate or Committee

NANCY MUNOZ FOR ASSEMBLY

Amount(s) Raised This Period (Gross)

\$7,454.48

Amount(s) Raised This Period (Net)

\$7,454.48

Compensation Received By Fundraiser For This Period

\$88.00

Specific Services Provided:

FUNDRAISING, PREPARE AND MAIL INVITATIONS, PREPARE AND SEND EMAILS, MAKE PHONE CALLS, EVENT MANAGEMENT, LIST MAINTENANCE

Itemized Expenditures

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

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

TOTAL \$ _____

Recipient of Professional Campaign Fundraiser's Services*Please add a page for each candidate or committee*

Name of Recipient Candidate or Committee

CHRISTIAN BARRANCO FOR ASSEMBLY

Amount(s) Raised This Period (Gross)

\$4,862.00

Amount(s) Raised This Period (Net)

\$4,862.00

Compensation Received By Fundraiser For This Period

\$270.00

Specific Services Provided:

FUNDRAISING, PREPARE AND MAIL INVITATIONS, PREPARE AND SEND EMAILS, MAKE PHONE CALLS, EVENT MANAGEMENT, LIST MAINTENANCE

Itemized Expenditures

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

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

TOTAL \$ _____

Recipient of Professional Campaign Fundraiser's Services*Please add a page for each candidate or committee*

Name of Recipient Candidate or Committee

JOHN DIMAIO FOR ASSEMBLY

Amount(s) Raised This Period (Gross)

\$45,921.00

Amount(s) Raised This Period (Net)

\$45,921.00

Compensation Received By Fundraiser For This Period

\$3,122.00

Specific Services Provided:

FUNDRAISING, PREPARE AND MAIL INVITATIONS, PREPARE AND SEND EMAILS, MAKE PHONE CALLS, EVENT MANAGEMENT, LIST MAINTENANCE

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 \$ _____