



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

Feb 25 2025
09:55 AM

Name of Professional Campaign Fundraiser

SM Strategies

☒ Check If NO Activity This Quarter

Registration#
6547848511

Business Address

60 Bluefield Road

Filing Year
2024

City

Lincroft

Report Quarter

☒ Quarter 1

☐ Quarter 2

☐ Quarter 3

☐ Quarter 4

Zip Code

07738

State

NJ

Day Telephone (with Area Code)*

908-461-2578

Evening Telephone (with Area Code)*

908-461-2578

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.

Stephanie McAlary

Full Name of Professional Campaign Fundraiser

Registration Number *****

PIN *****

Verify Registration
Number & PIN

STEPHANIE C MCALARY

Signature

2/25/2025

Date

* Your name must appear on the signature line *

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

Recipient of Professional Campaign Fundraiser's Services <i>Please add a page for each candidate or committee</i>			
Name of Recipient Candidate or Committee			
Amount(s) Raised This Period (Gross)	Amount(s) Raised This Period (Net)	Compensation Received By Fundraiser For This Period	
Specific Services Provided:			
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 \$ _____