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**	1973 *

## **Professional Campaign Fundraiser QUARTERLY REPORT**

## **NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION**

P.O. Box 185, Trenton, NJ 08625-0185

Registration #	
Report Odarter	
Apr. 15,	
Jul. 15,	
Oct. 15,	
☐ Jan. 15,	

**FORM FRQ** 

(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Website: http://www.elec.state.nj.us/	U Jul. 15,
PLEASE PRINT OR TYPE	Jan. 15,
Name of Professional Campaign Fundraiser  Mi Chele Albano	Check If No Activity This Quarter
Business Name NIA	FOR STATE USE ONLY
Business Address (Number & Street) (check if different than previously reported)	ELEC RECEIVED
Business Address (City, State & Zip Code)  WeStand WT 07090	APR 1 8 2016
Day Telephone (with Area Code)*  Post 454 - O 694	
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.

Signature of Professional Campaign Fundraiser

4-14-14

Date

Recipient of Professional Campaign Fundraiser's Services  Please use a separate page for each candidate or committee						
Name of Recipient Candidate or Committee PUNUS SPULL FOR ASSCRIBBY						
Amount(s) Raise	mount(s) Raised This Period (Gross) Amount(s) Raised This Period (Net)		Compensation Received By Fundraiser For This Period \$ 500			
Specific Services	Provided					
Plan	e altered eved					
enal	ls .					
<u>calls</u>	(45, 11, 10		· · · · · · · · · · · · · · · · · · ·			
Mail	ing het					
	Itemized Expen	ditures				
PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT			
1/24/14	Staplus - envolupes	enulopes	\$56.49			
1/31/14	Staphs - envlopes Staphs Staphs	enulopes Stamps printry	245.00			
1/31/14	Stapus	burtant	56.18			
	Coturna		?			
	0000					
"Total" reflects all expenditures made on behalf of the candidate or committee named above.  Total \$ 357.87						

Recipient of Professional Campaign Fundraiser's Services Please use a separate page for each candidate or committee						
Name of Recipient Candidate or Committee. ASSEMBLE RUBBLEW WORK						
Amount(s) Rais	Amount(s) Raised This Period (Gross) Amount(s) Raised This Period (Net) Compensation Received By Fundraiser For This Period					
Specific Service	s Provided					
<u> Phan</u>	tation					
Tu	-drawing Call					
_ May	uz hot					
			_			
	Itemized Expen	ditures				
PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT			
			\$			
	WA					
	1 ' 1 '					
"Total" reflects all expenditures made on behalf of the candidate or committee named above.  Total ** **Total***						