Effection Law  Engreement Commission  FIFC  1973
1973

**PLEASE PRINT OR TYPE** 

Business Name

Name of Professional Campaign Fundraiser STEPHANIE A. WOHLRAB

Business Address (Number & Street)
PO BOX 1964

732-674-4199

Check if Amendment

Business Address (City, State & Zip Code)
BRICK, NJ 08723

Day Telephone (with Area Code)\*

## 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/

(check if different than previously reported)

	FORM FRQ						
	Registration # FR 16-1						
	Report Quarter						
	Apr. 15, 2017						
	Jul. 15,						
	Oct. 15,						
	Jan. 15,						
	Check If No Activity This Quarter						
_	FOR STATE USE ONLY						
	ELEC RECEIVED	)					
	APR 2 0 2017 /						

## **Professional Campaign Fundraiser's Certification**

732-674-4199

Evening Telephone (with Area Code)\*

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.

ature of Professional Campaign Fundraiser

A/17/2017

Date

STEPHANIE A. WOHLRAB

Print Full Name of Professional Campaign Fundraiser

Amendment (please specify)

Recipient of Prof	fessional Campaign Fu eparate page for each ca	indraiser's Services andidate or committee		
Name of Recipier	nt Candidate or Committe	e CONAWAY FOR ASS	SEMBLY	
Amount(s) Raised This Period (Gross)		Net) Compensation Received By Fundraiser For This Period \$ 2,000.00		
•		I - ORGANIZED, SOL	CITATION & MANAGE	MENT
		Itemized Expen	ditures	
PAYMENT PAYEE NAME AND ADDRESS DATE		PURPOSE OF EXPENDITURE	AMOUNT	
3/30/2017	S.WOHLRAB PO BOX 1964 BRICK, NJ 08723		POSTAGE REIMBURSEMEN FOOD/BEVERAG	0,
"Total" reflects a	all expenditures made o	n behalf of the candidate or com	mittee named above. To	tal \$ 3,181.95

me of Recipient Ca	noidale di Comilii	ELECTION FUND OF I	ORET	TA WEINBERG	
Amount(s) Raised This Period (Gross) 25,000.00  Amount(s) Raised This Period (Net) \$ pecific Services Provided		(Net)	Compensation Received By Fundraiser For This Perio \$ 3,640		
		EAKFAST - ORGANIZE	D, SOI	LICITED, MANAGED	
<u> </u>	-				
<u> </u>		Itemized Expe	nditures	3	
PAYMENT DATE	PAYEE NA	AME AND ADDRESS		PURPOSE OF EXPENDITURE	AMOUNT
					\$

	fessional Campaign Fu				
Name of Recipier	nt Candidate or Committ	BOB GORD	ON F	OR SENATE	
Amount(s) Raised This Period (Gross) \$ 60,000.00		Amount(s) Raised This Period (Net) \$		Compensation Received By Fundraiser For This Period \$	
Specific Services Provided					
FEBRU	JARY 21, 2017 - F	RECEPTION - ORGANIZ	ED, S	SOLICITED, MANAGED	
APRIL	. 10, 2017 - BREA	KFAST - ORGANIZED,	SOLI	CITED MANAGED	
					_
, <u> </u>	_	itemized Expen	ditures		
PAYMENT	PAVEE NA	ME AND ADDRESS		PURPOSE OF	AMOUNT
DATE		WE AND ADDITED		EXPENDITURE	7.1110-0111
2/26/17	STEPHANIE A. PO BOX 1964	WOHLRAB		REIMBURSEMENT BAR TAB	<sup>\$</sup> 633.45
	BRICK, NJ 087				
					·
"Total" reflects	all expenditures made o	n behalf of the candidate or comr	nittee n	amed above. Total \$	633.45

Recipient of Professional Campaign Fundralser's Services Please use a separate page for each candidate or committee						
Name of Recipier	nt Candidate or Committ	LESNIAK FOR GO	VERNO	DR		
Amount(s) Raised This Period (Gross)  \$ Amount(s) Raised This Period (N \$			od (Net)	Compensation Received By Fundraiser For This Period \$ 6,000.00		
Specific Services COM		RAISING SERVICES				
		Itemized Ex	penditures			
PAYMENT DATE	PAYEE NA	ME AND ADDRESS		PURPOSE OF EXPENDITURE	AMOUNT	
3/3/17	STEPHANIE A. PO BOX 1964 BRICK, NJ 087		COM	MBURSEMENT FOR MPUTER/SCANNER R OFFICE	\$ 1,821.00	
"Total" reflects	all expenditures made o	n behalf of the candidate or c	ommittee n	amed above. Total _\$	1,821.00	

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 RAYMOND J. LESNIAK					
Amount(s) Raised This Period (Gross)  \$ 0		(Net)	Compensation Received By Fundraiser For This Periods 0		
Specific Services	Provided				
	·	Itemized Exper	ıditures	3	
PAYMENT DATE	PAYEE NA	ME AND ADDRESS		PURPOSE OF EXPENDITURE	AMOUNT
					<b>\$</b>
"Total" reflects	all expenditures made o	n behalf of the candidate or com	ımittee r	named above. Total _	