



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)
www.elec.nj.gov

FORM FRQ

Registration #

Report Quarter

- Apr. 15, 2018
Jul. 15,
Oct. 15,
Jan. 15,

Check If No Activity This Quarter

FOR STATE USE ONLY

29-1

ELEC RECEIVED

APR 11 2018

PLEASE PRINT OR TYPE

Name of Professional Campaign Fundraiser

Michela Albano

Business Name

Business Address (Number & Street) (check if different than previously reported)

745 Fairacres Ave

Business Address (City, State & Zip Code)

Westfield NJ 07090

Day Telephone (with Area Code)*

908-456-0696

Evening Telephone (with Area Code)*

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.

Michela Albano

Signature of Professional Campaign Fundraiser

4/9/18

Date

Michela F Albano

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

Bramnica for Assembly

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 \$ _____

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

Name of Recipient Candidate or Committee ASSEMBLY Republican Victory

Amount(s) Raised This Period (Gross) \$ _____ Amount(s) Raised This Period (Net) \$ 0 Compensation Received by Fundraiser For This Period \$ 0

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 \$ _____