



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: www.elec.nj.gov

FORM FRQ

ELEC Received

Apr 18 2023
03:04 AM

Name of Professional Campaign Fundraiser

STEPHANIE A WOHLRAB

Check If NO Activity This Quarter

Registration#
F-16

Business Address

PO BOX 1964

Filing Year
2023

City

BRICK

Report Quarter

Quarter 1

Quarter 2

Quarter 3

Quarter 4

Zip Code

08723

State

NJ

Day Telephone (with Area Code)*

732-674-4199

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.

STEPHANIE A WOHLRAB

Full Name of Professional Campaign Fundraiser

Registration Number *****

PIN *****

Verify Registration
Number & PIN

STEPHANIE A WOHLRAB

Signature

4/18/2023

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

ELECTION FUND OF SENATOR CODEY

Amount(s) Raised This Period (Gross)

\$55,000.00

Amount(s) Raised This Period (Net)

Compensation Received By Fundraiser For This Period

\$.00

Specific Services Provided:

EVENT PLANNING, INVITE DESIGN, FUNDRAISING, SOLICITATION - EVENT POSTPONED - NEW DATE TBD

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 \$ _____