

PLEASE PRINT OR TYPE

Name of Professional Campaign Fundraiser

Professional Campaign Fundraiser QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

FORM FRQ
Registration # 7 - 1
Report Quarter
Apr. 15,
Jul. 15, 204
Oct. 15,
Jan. 15,
 Check If No Activity This Quarter
FOR STATE USE ONLY

Dannelle Lein	Quarter
Business Name	FOR STATE USE ONLY
Business Address (Number & Street) (Check if different than previously reported) HON HON HON HON HON THE Business Address (City, State & Zip Gode) Day Telephone (with Area Code)* Evening Telephone (with Area Code)*	ELEC RECEIVED JUL 1 7 2019
Check if Amendment	

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

Amendment (please specify)

 $\frac{7-12-19}{\text{Date}}$

Print Full Name of Professional Campaign Fundraiser