



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

Jul 19 2021
04:01 PM

Name of Professional Campaign Fundraiser

STEPHANIE WOHLRAB

Check If NO Activity This Quarter

Registration#
FR16-1

Business Address

PO BOX 1964

Filing Year
2021

City

BRICK

Report Quarter

- Quarter 1
Quarter 2
Quarter 3
Quarter 4

Zip Code

08723

State

NJ

Day Telephone (with Area Code)\*

7326744199

Evening Telephone (with Area Code)\*

Check if Amendment

Amendment

Specify Reason: SIGNATURE WOULD NOT TAKE

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 WOHLRAB

Full Name of Professional Campaign Fundraiser

Registration Number \*\*\*\*\*

PIN \*\*\*\*\*

STEPHANIE WOHLRAB

Signature

7/15/2021

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

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 \$ \_\_\_\_\_