

## Professional Campaign Fundraiser QUARTERLY REPORT

ELEC Received

**FORM FRQ** 

Jul 11 2022 11:31 PM

## **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

Name of Profess	ional Car	Check If NO Activity This Quarter						
Rafi Jafri		Registration# 20-2						
Business Addres	S	Filing Year 2022						
City					Report (	Quarter Quarter 1		
Zip Code	State	Day Telephone (with Area Code)	)* E	Evening Telephone (with Area Code)*		Quarter 2 Quarter 3		
Check if Amendment						Quarter 4		
Amendmen	t Specif	y Reason:						
			rue	paign Fundraiser's Certification and correct. I am aware that if any nment.	of the st	atements on this		
Rafi Jafr								
Full Name	e of Profe	essional Campaign Fundraiser						
Registratio	n Numb	er <u>*******</u> PIN	N	*******		Verify Registration Number & PIN		
				4-15-22				
		Signature		Date				
* Your nam	ne must a	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.

\$624,032.93 \$16,000.00  Specific Services Provided:  Fundraising consultant that led fundraising effort to raise campaign fund contributions for committee through events and solicitation campaign contributions.  Itemized Expenditures  PURPOSE OF											
Amount(s) Raised This Period (Gross) Soo8,032,93  Amount(s) Raised This Period (Net) Soo8,032,93  Soo8,032,93											
Security		lidate or Comm	ittee								
Fundraising consultant that led fundraising effort to raise campaign fund contributions for committee through events and solicitation campaign contributions.    Itemized Expenditures		Period (Gross)			Compensation Received By Fundraiser For This Period \$16,000.00						
Itemized Expenditures  PAYMENT DATE PAYEE NAME AND ADDRESS PURPOSE OF EXPENDITURE AMOUNT  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$		ed:									
PAYMENT DATE PAYEE NAME AND ADDRESS  S  S  S  S  S  S  S  S  S  S  S  S			sing effort to raise campaign fund cont	ributions fo	or committee through even	ts and solicitation of					
PAYMENT DATE PAYEE NAME AND ADDRESS EXPENDITURE AMOUNT  \$			Itemized Expenditur	es							
\$\$\$	PAYMENT DATE	F	PAYEE NAME AND ADDRESS			AMOUNT					
\$						\$					
\$\$  \$\$  \$\$  \$						\$					
\$ \$ \$ \$ \$ \$ \$ \$						\$					
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\$ \$	_					\$					
<u> </u>						\$					
						\$					
\$						\$					
						\$					
"Total" reflects all expenditures made on behalf of the candidate or committee named above.  TOTAL \$	"Total" reflects all exper	nditures made or	n behalf of the candidate or committee na	amed above	e. TOTAL\$						