

## Professional Campaign Fundraiser QUARTERLY REPORT

ELEC Received

**FORM FRQ** 

Aug 09 2023 02:56 PM

## **NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION**

P.O. Box 185, Trenton, NJ 08625-0185 Phone: (609) 292-8700 Website: www.elec.nj.gov

| Name of Profess   | ional Can  | Check If NO Activity This Quarter |           |                                     |           |                                     |  |  |  |  |  |  |
|---|------------|-----------------------------------|-----------|-------------------------------------|-----------|-------------------------------------|--|--|--|--|--|--|
| Rafi Jafri  |            | Registration#<br>20-2             |           |                                     |           |                                     |  |  |  |  |  |  |
| Business Addres   | S          | Filing Year                       |           |                                     |           |                                     |  |  |  |  |  |  |
| 25 Snyder Road  |            | 2023                              |           |                                     |           |                                     |  |  |  |  |  |  |
| City  |            | Report Quarter                    |           |                                     |           |                                     |  |  |  |  |  |  |
| Englewood C   | liffs      |                                   | Quarter 1 |                                     |           |                                     |  |  |  |  |  |  |
| Zip Code  | State      | Day Telephone (with Area Co       | de)*      | Evening Telephone (with Area Code)* |           |                                     |  |  |  |  |  |  |
| 07632   | NJ         |                                   |           |                                     | Quarter 3 |                                     |  |  |  |  |  |  |
| Check if Amendr   | nent       | Quarter 4                         |           |                                     |           |                                     |  |  |  |  |  |  |
| 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. |            |                                   |           |                                     |           |                                     |  |  |  |  |  |  |
|   |            |                                   |           |                                     |           |                                     |  |  |  |  |  |  |
|   |            |                                   |           |                                     |           |                                     |  |  |  |  |  |  |
|   |            |                                   |           |                                     |           |                                     |  |  |  |  |  |  |
|   |            |                                   |           |                                     |           |                                     |  |  |  |  |  |  |
|   |            |                                   |           |                                     |           |                                     |  |  |  |  |  |  |
| Rafi Jafr   | i          |                                   |           |                                     |           |                                     |  |  |  |  |  |  |
| Full Name   | e of Profe | essional Campaign Fundraiser      |           |                                     |           |                                     |  |  |  |  |  |  |
|   |            |                                   |           |                                     |           |                                     |  |  |  |  |  |  |
| Registratio   | n Numbe    | 5L ********                       | PIN       | ******                              |           | Verify Registration<br>Number & PIN |  |  |  |  |  |  |
|   |            |                                   |           |                                     |           |                                     |  |  |  |  |  |  |
|   |            | RAFI JAFRI                        |           | July 15, 2023                       |           |                                     |  |  |  |  |  |  |
| Signature   |            |                                   |           | Date                                |           |                                     |  |  |  |  |  |  |
| * Your nan  | ne must a  | ppear on the signature line *     |           |                                     |           |                                     |  |  |  |  |  |  |
| İ   |            |                                   |           |                                     |           |                                     |  |  |  |  |  |  |
|   |            |                                   |           |                                     |           |                                     |  |  |  |  |  |  |

\*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<br>Please add a page for each candidate or committee |                  |   |               |   |    |        |  |  |  |  |  |
|---|------------------|---|---------------|---|----|--------|--|--|--|--|--|
| Name of Recipient Cano<br>Election Fund of Joseph   |                  | ittee   |               |   |    |        |  |  |  |  |  |
| Amount(s) Raised This Period (Gross)  |                  | Amount(s) Raised This Period (Net) Compens<br>\$117,550.00 \$20,000.0 |               | sation Received By Fundraiser For This Period<br>00 |    |        |  |  |  |  |  |
| Specific Services Provid  | ed:              |   |               |   |    |        |  |  |  |  |  |
| Fundraising consulting  | planning fund    | draising events and solicitation of camp                              | oaign contril | butions for committee.                              |    |        |  |  |  |  |  |
|   |                  | Itemized Expenditur   | es            |   |    |        |  |  |  |  |  |
| PAYMENT DATE  | F                | PAYEE NAME AND ADDRESS  |               | PURPOSE OF EXPENDITURE                              |    | AMOUNT |  |  |  |  |  |
|   |                  |   |               |   | \$ | 0.00   |  |  |  |  |  |
|   |                  |   |               |   | \$ | 0.00   |  |  |  |  |  |
|   |                  |   |               |   | \$ | 0.00   |  |  |  |  |  |
|   |                  |   |               |   | \$ | 0.00   |  |  |  |  |  |
|   |                  |   |               |   | \$ | 0.00   |  |  |  |  |  |
|   |                  |   |               |   | \$ | 0.00   |  |  |  |  |  |
|   |                  |   |               |   | \$ | 0.00   |  |  |  |  |  |
|   |                  |   |               |   | \$ | 0.00   |  |  |  |  |  |
|   |                  |   |               |   | \$ | 0.00   |  |  |  |  |  |
| "Total" reflects all exper  | nditures made or | n behalf of the candidate or committee na                             | amed above    | . TOTAL\$   |    | 0.00   |  |  |  |  |  |