

Professional Campaign Fundraiser QUARTERLY REPORT

ELEC Received

FORM FRQ

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NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

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

Business Address 25 Snyder Road City Englewood Cliffs Zip Code 07632 Day Telephone (with Area Code)* Evening Telephone (with Area Code)* Evening Telephone (with Area Code)* Quarter 3	Registration# 20-2 Business Address							
Business Address 25 Snyder Road 2023 City Englewood Cliffs Quarter 1 Quarter 1 Quarter 2 Quarter 3 Check if 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. Registration Number PIN Registration Number PIN RAFI JAFRI JUly 15, 2023 July 15, 2023 July 15, 2023 Filing Year 2023 Report Quarter 4 Quarter 2 Quarter 3 Quarter 4 Porfessional 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.	Business Address 20-2 Business Address 2023 City Report Quarter City Quarter 1 Quarter 1 Quarter 2 Quarter 3 Check if 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. Registration Number PIN PIN RAFI JAFRI July 15, 2023 Signature Date	Name of Professi	onal Car	mpaign Fundraiser			☐ Check If I	NO Activity This Quarter
2023 Report Quarter	City Englewood Cliffs City Englewood Cliffs City City Englewood Cliffs City City City City City City City Cit	Rafi Jafri						
Englewood Cliffs Zip Code State Day Telephone (with Area Code)* Evening Telephone (with Area Code)* Quarter 2 Quarter 3 Check if 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 Jafri Full Name of Professional Campaign Fundraiser Registration Number ************************************	Englewood Cliffs Zip Code State Day Telephone (with Area Code)* Evening Telephone (with Area Code)* Quarter 2 Quarter 3		5					
Check if Amendment Code Co	Check if Amendment Code Country Country		iffs				_	
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 Jafri Full Name of Professional Campaign Fundraiser Registration Number ************************************	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 Jafri Full Name of Professional Campaign Fundraiser Registration Number ************************************	-		Day Telephone (with Area Co	ode)*	Evening Telephone (with Area Code)"		
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 Jafri Full Name of Professional Campaign Fundraiser Registration Number PIN *********************************	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 Jafri Full Name of Professional Campaign Fundraiser Registration Number ************************************	 Check if Amendm	nent				Quarte	er 4
Rafi Jafri Full Name of Professional Campaign Fundraiser Registration Number ************************************	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 Jafri	Amendment	t Specif	y Reason:				
Full Name of Professional Campaign Fundraiser Registration Number ********************************* RAFI JAFRI Signature July 15, 2023 Date	Full Name of Professional Campaign Fundraiser Registration Number ********************************* RAFI JAFRI Signature July 15, 2023 Date			ements on this document ar	e true	e and correct. I am aware that if any	of the stateme	ents on this
Registration Number ******** PIN ********* RAFI JAFRI Signature Date	Registration Number ******** PIN ********* RAFI JAFRI Signature Date							
RAFI JAFRI July 15, 2023 Signature Date	RAFI JAFRI July 15, 2023 Signature Date	Full Name	e of Profe	essional Campaign Fundraiser				
Signature Date	Signature Date	Registratio	n Numb	er *******	PIN	******		
					-	July 15, 2023		
* Your name must appear on the signature line *	* Your name must appear on the signature line *					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.

Recipient of Profession Please add a page fo						
Name of Recipient Can LD16	didate or Comm	ittee				
Amount(s) Raised This I \$386,258.00	Period (Gross)	Amount(s) Raised This Period (Net) \$340,758.00	sation Received By Fundraiser For This Period 00			
Specific Services Provid	ed:		1			
Fundraising consulting	planning fund	draising events and solicitation of campa	aign contrik	outions for committee.		
		Itemized Expenditure	es .			
PAYMENT DATE		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 expe	nditures made o	n behalf of the candidate or committee na	med above.	TOTAL\$	•	0.00