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* 1973 *

PLEASE PRINT OR TYPE

Business Name

Professional Campaign Fundraiser QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

(check if different than previously reported)

P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Website: http://www.elec.state.nj.us/

FORM FRQ	
Registration #	
Report Quarter	
Apr. 15,	
Jul. 15,	
Oct. 15, 2014	
Jan. 15,	
Check If No Activity This Quarter	
FOR STATE USE ONLY	
ELEC RECEN	ÆD
OCT 1 6 2014	
, 0 2011	

Business Address (City, State & Zip Code)

Business Address (Number & Street)

Name of Professional Campaign Fundraiser

21100 Day Telephone (with Area Code)*

Evening Telephone (with Area Code)*

Check if Amendment

Amendment (please specify)

Professional Campaign Fundralser'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

Print Full Name of Professional Campaign Fundraiser

Recipient of Professional Campaign Fundraiser's Services Please use a separate page for each candidate or committee								
Name of Recipier	nt Candidate or Committee	DeCase	•					
Amount(s) Raised This Period (Gross) Amount(s) Raised This Period (Net) Amount(s) Raised This Period (Net) Amount(s) Raised This Period (Net) Specific Services Provided								
Specific Services	Provided							
	tendraising + teant Management							
		-	_					
	Itemized Expe	nditures						
PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT					
9/23/14	0262	Postage	\$ 3.08					
	:							
"Total" reflects a	all expenditures made on behalf of the candidate or com	nmittee named above. Total \$	3,08					

Recipient of Professional Campaign Fundraiser's Services Please use a separate page for each candidate or committee						
The state of the s	andidate or Committee	1,				
DC0+1	r Kumana Ltzaniz	chan (-155em	- DW			
Amount(s) Raised Th		Net) Compensation Received By	Fundraised For This Period			
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pecific Services Pro	vided					
			1			
	Suggesting 4 FUE	at 11 leneger	rent			
		3				
	Itemized Expen	ditures				
PAYMENT		PURPOSE OF	ALIQUET.			
DATE	PAYEE NAME AND ADDRESS	EXPENDITURE	AMOUNT			
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"Total" reflects all e	expenditures made on behalf of the candidate or com-	mittee named above. Total _	\$			
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