Law Lection
+ Enforcement +
Commission * HILC *
* 1973 *

PLEASE PRINT OR TYPE

Check if Amendment

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) www.elec.nj.gov

(check if different than previously reported)

	FORM FRQ		
	Registration #		
	B404		
	Report Quarter		
	Apr. 15,		
	Jul. 15,		
	Oct. 15,		
	Jan. 15,		
	Check If No Activity This Quarter		
	FOR STATE USE ONLY		
28			
0	(M) 29 397		

Business Address (City, State & Zip Code)

Business Address (Number & Street)

Name of Professional Campaign Fundraiser

632 Trumbaver

Day Telephone (with Area Code)*

brive

VE WINGMOW, PA 1903 Evening Telephone (with Area Code)*

215-280-5605

Amendment (please specify)_

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.

Signature of Professional Campaign Fundraiser

11/20/2018

Date

Print Full Name of Professional Campaign Fundraiser

	fessional Campaign Fundraiser's Services eparate page for each candidate or committee			
Name of Recipier	nt Candidate or Committee Novoli (un Major +y			
Amount(s) Raise \$ 90, 67	d This Period (Gross) Amount(s) Raised This Period \$ 82, 997, 92	(Net) Compensation Received By F	Compensation Received By Fundraiser For This Period \$ 9,000	
Campa	Provided			
	Itemized Exper	nditures		
PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT	
8/17/18 8/21/18	Metedeconk Golf (ourse Metedeconk Golf (ourse	Fundraiser (ost Fundraiser (ost	\$ 9,138.95 533.13	
			0.11100	

"Total" reflects all expenditures made on behalf of the candidate or committee named above.

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Enforcement *
* 1973 *

PLEASE PRINT OR TYPE

Professional Campaign Fundraiser QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

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FORM FRQ		
Registration #		
Report Quarter		
Apr. 15,		
Jul. 15,		
Oct. 15,		
Jan. 15,		
Check If No Activity This Quarter		
 FOR STATE USE ONLY		

Lawen Casper		Q
Business Name		FOR
Business Address (Number & Street)	(check if different than previously reported)	

Business Address (City, State & Zip Code) (numhaver

Name of Professional Campaign Fundraiser

Drive windmar, PA 19038

Day Telephone (with Area Code)*

Evening Telephone (with Area Code)*

Amendment (please specify)

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.

ure of Professional Campaign Fundraiser

Recipient of Pro	ofessional Campaign Fundraiser's Services separate page for each candidate or committee		
	nt Candidate or Committee		
Amount(s) Raise	ed This Period (Gross) Amount(s) Raised This Period ((Net) Compensation Received By Fur	ndraiser For This Period
Specific Services	s Provided		
	Itemized Expen	nditures	
PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
9126/18	Uniscource birect	Direct mail	\$ 1,535.16
	P.o. Box 82		
	Watertown, WI 53094		
9128/18	Staples	paper, envelopes, stamps	268.69
"Total" reflects	all expenditures made on behalf of the candidate or com-	mittee named above. Total \$	803.85