	VIII.	A STATE OF THE STA	FORM FRQ
Professional Campaign Fundraiser William * QUARTERLY REPORT		Registration #	
		20-12	
* Commission *			Report Quarter
The state of the s		EMENT COMMISSION	Apr. 15,
	 Box 185, Trenton, NJ 08 or Toll Free Within NJ 1-8 		☐ Jul. 15,
(/	www.elec.nj.gov	,	40ct. 15, 2018
PLEASE PRINT OR TYPE			☐ Jan. 15,
Name of Professional Campaign Fundraiser	7.4Fi K	JAR	Check If No Activity This Quarter
Business Name Jaka: St	rategies LL	C	FOR STATE USE ONLY
Business Address (Number & Street) (che	ck if different than previously	reported)	
	Snyder 164		ELEC RECEIVED
Business Address (City, State & Zip Code) Gra. CLB, NJ 07632			OCT 1 6 2018
Day Telephone (with Area Code)*	Evening Telephone	(with Area Code)*	
Check if Amendment Amendment (please s	specify)		
Profess	sional Campaign Fund	draiser's Certification	
I certify that the statements on this docum	ent are true and correc	t. I am aware that if any of the	e statements on this
document are willfully false, I may be subj	ect to punishment.		
The state of the s			
	Mark William Control of the Control	19/14/	\mathcal{L}
		70/1/	18
Signature of Professional Campaign Fund	Iraiser	Date	
\sim			
I K	TAR		
Print Full Name of Professional Campaign	Fundraiser		
Finit Full Ivalite of Frolessional Campaign	i i uiluidisei		

riease use a s	Recipient of Professional Campaign Fundraiser's Services Please use a separate page for each candidate or committee					
Name of Recipie	nt Candidate or Committee NJDSC					
Amount(s) Raise	Amount(s) Raised This Period (l	Net) Compensation Received By \$ 24 000	Fundraiser For This Period			
Specific Services		\bigcap	100			
	Consultant provida	- Tundiay, Spr	ver			
to NODSC.						
		144	F1 77			
44.0						
			19-1			
Itemized Expenditures						
PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT			
			\$			
	MI	NIJ				
	all expenditures made on behalf of the candidate or comn	nittee named above. T <i>o</i> tal	. 1112			