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

PLEASE PRINT OR TYPE

Name of Professional Campaign Fundraiser
Stephanie W. Winter

Business Name

Business Address (Number & Street) ☐ (check if different than previously reported)
P.O. Box 1064

Business Address (City, State & Zip Code)
Brick, NJ 08723

Day Telephone (with Area Code)* Evening Telephone (with Area Code)*
732-674-4199

Check if Amendment ☐ 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

Print Full Name of Professional Campaign Fundraiser

OCT 22 2018

Date

Form FRQ Revised: 02.28.2018

Page 1 of 2

*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
Please use a separate page for each candidate or committee

Name of Recipient Candidate or Committee

<table>
<thead>
<tr>
<th>Amount(s) Raised This Period (Gross)</th>
<th>Amount(s) Raised This Period (Net)</th>
<th>Compensation Received By Fundraiser For This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Specific Services Provided

- Breakfast Fundraiser - June
- Select Setup Cleaning

Itemized Expenditures

<table>
<thead>
<tr>
<th>PAYMENT DATE</th>
<th>PAYEE NAME AND ADDRESS</th>
<th>PURPOSE OF EXPENDITURE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/28/18</td>
<td>Stephanie Centers</td>
<td>Postage</td>
<td>$ 8.95</td>
</tr>
</tbody>
</table>

"Total" reflects all expenditures made on behalf of the candidate or committee named above. Total $
### Recipient of Professional Campaign Fundraiser’s Services

Please use a separate page for each candidate or committee.

<table>
<thead>
<tr>
<th>Name of Recipient Candidate or Committee</th>
<th>$</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Paid For Governor</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Amount(s) Raised This Period (Gross)** | **Amount(s) Raised This Period (Net)** | **Compensation Received By Fundraiser For This Period**
-----------------------------------------|---------------------------------------|-----------------------------------------|
$                                         | $                                     | $15,000                                 |

**Specific Services Provided**

- [ ]
- [ ]
- [ ]

**Itemized Expenditures**

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Total $
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<table>
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<tr>
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<th>$</th>
<th>$</th>
<th>$ 2,000</th>
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Specific Services Provided

| Fundraiser |

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</table>

Specific Services Provided

- Fundraiser Clean Up

Itemized Expenditures

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Total $