

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

Registration #
Report Quarter
Apr. 15,
Jul. 15,
Oct. 15, 2019
Jan. 15,
Check If No Activity This Quarter

**FORM FRQ** 

Name of Professional Campaign Fundraiser MICHELE ALBANO	Check If No Activity This Quarter
Business Name	FOR STATE USE ONLY
Business Address (Number & Street) (check if different than previously reported) 745 FAIRACRES AVENUE	ELEC RECEIVED
Business Address (City, State & Zip Code) WESTFIELD, NJ 07090	
Day Telephone (with Area Code)* 908-456-0696 Evening Telephone (with Area Code)* 908-456-0696	MOA 14 5013

## 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 Date

MICHELE ALBANO

Print Full Name of Professional Campaign Fundraiser

Amendment (please specify)

	te page for each candidate or committee		
me of Recipient Car	ndidate or Committee ASSEMBLY REP	UBLICAN VICTORY	
mount(s) Raised Thi	e \$ 111,876	(Net) Compensation Received By F	undraiser For This Perio
ecific Services Provi			
	D MAIL INVITATIONS		
	SEND EMAILS		
MAKE PHONE			
EVENT MANAG			
LIST MAINTEN	ANCE		
	Itemized Exper	nditures	
PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
			\$