

Professional Campaign Fundraiser QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

FORM FRQ			
Registration # 2			
Report Quarter			
Apr. 15,			
Jul. 15,			
Oct. 15, 2019			
Jan. 15,			
Check If No Activity This Quarter			
FOR STATE USE ONLY			

Business Address (Number & Street)

Business Address (City, State & Zip Code)

Name of Professional Campaign Fundraiser

PLEASE PRINT OR TYPE

Business Name

fe: Stratgies

(check if different than previously reported)

Road

CM. CLB, NJ 07632

Evening Telephone (with Area Code)*

OCT 23 2019

Day Telephone (with Area Code)*

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

Dat

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 Recipient Candidate or Committee						
Amount(s) Raised This Period (Gross) Amount(s) Raised This Period (Net) Specific Services Provided Amount(s) Raised This Period (Net) Specific Services Provided Consultant That Is Androny						
to'r committee through events = solicitation						
ot compagn contration						
Itemized Expenditures						
PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT			
			\$			
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"Total" reflects a	all expenditures made on behalf of the candidate or comr	mittee named above. Total\$_	1			

Recipient of Professional Campaign Fundraiser's Services Please use a separate page for each candidate or committee							
Name of Recipient Candidate or Committee Friends of Andre Sayesh							
Amount(s) Raised This Period (Gross)							
Specific Services Provided							
4/48/44	ethet to some compaign find						
	Contributing for Committee Through overts +						
	Solicitate of company	Contributions,					
Itemized Expenditures							
PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT				
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1///							
"Total" reflects all expenditures made on behalf of the candidate or committee named above. Total Total							