Flection Law Finforcement & Commission &
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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

Report Quarter
Apr. 15,
U Jul. 15,
☐ Oct. 15, <u>209</u>
☐ Jan. 15,

Check If No Activity This

FOR STATE USE ONLY

Quarter

FORM FRQ

Registration #

ÐΙ	FΔ	SE	PRINT	OR	TYPE

Name of Professional Campaign Fundraiser

Business Name

(check if different than previously reported) Business Address (Number & Street)

Day Telephone (with Area Code)*

Evening Telephone (with Area Code)*

ELEC RECEIVED

OCT 2 1 2019

16-1

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

Date

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) Compensation Received By Fundraiser For This Period \$				
Specific Services		a total	2	
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	Itemized Expen	dituras		
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PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT	
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			413.00	
"Total" reflects a	all expenditures made on behalf of the candidate or comm	nittee named above Total \$	6000S/4008	

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) Compensation Received By Fundraiser For This Period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				
Specific Services Provided Compliance assistance				
	Itemized Expen	ditures		
PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT	
8/15/19	PO BOX 19KY Brick DS 08783	Rostage	S. S.	
"Total" reflects a	all expenditures made on behalf of the candidate or comm	nittee named above. Total \$	(3.00 (3.00	

Recipient of Professional Campaign Fundraiser's Services Please use a separate page for each candidate or committee				
Name of Recipient	Candidate or Committee	(99)		
Amount(s) Raised This Period (Gross) Amount(s) Raised This Period (Net) Compensation Received By Fundraiser For This Period \$ \$				
Specific Services P	rovided	200 Com		
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	Compliance Ber	vices.		
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PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT	
			\$.	
"Total"4t-	I expenditures made on behalf of the candidate or comm	nittee named above. Total \$	o/	