Professional Campaign Fundraiser
QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
P.O. Box 185, Trenton, NJ 08625-0185
Phone: (609) 292-8700
Website: www.elec.nj.gov

Name of Professional Campaign Fundraiser **STEPHANIE WOHLRAB**	☑ Check If NO Activity This Quarter
	Registration# **16-4**
Business Address **PO BOX 1964**	Filing Year **2023**
City **BRICK**	Report Quarter ○ Quarter 1 ○ Quarter 2 ◉ Quarter 3 ○ Quarter 4

Zip Code **08723**	State **NJ**	Day Telephone (with Area Code)*	Evening Telephone (with Area Code)*

Check if Amendment

☐ Amendment | Specify Reason:

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.

STEPHANIE WOHLRAB
Full Name of Professional Campaign Fundraiser

Registration Number **************   PIN **************

Verify Registration
Number & PIN

STEPHANIE A WOHLRAB
Signature

October 24, 2023
Date

* Your name must appear on the signature line *

*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 add a 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:

Itemized Expenditures

PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
___			$
___			$
___			$
___			$
___			$
___			$
___			$
___			$
___			$

"Total" reflects all expenditures made on behalf of the candidate or committee named above.   TOTAL $ _____