| (JE) | N JERS | 6 |
|------|---------------------------------|---|
| * E1 | Law nforcement commission | * |
| * | # 1973 * | |

Business Name

PO BOX 1964

732-674-4199

Check if Amendment

BRICK NJ 08723 Day Telephone (with Area Code)*

PLEASE PRINT OR TYPE

STEPHANIE A. WOHLRAB

Business Address (Number & Street)

Business Address (City, State & Zip Code)

Name of Professional Campaign Fundraiser

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) Website: http://www.elec.state.nj.us/

(check if different than previously reported)

| FORM FRQ |
|-----------------------------------|
| Registration # FR 16-1 |
| Report Quarter |
| Apr. 15, |
| Jul. 15, |
| Oct. 15, |
| X Jan. 15, <u>2017</u> |
| Check If No Activity This Quarter |
| FOR STATE USE ONLY |
| ELEC RECEIVE |
| APR 2 0 2017 |
| |
| |
| |

Professional Campaign Fundraiser's Certification

Evening Telephone (with Area Code)*

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.

732-674-4199

Signature of Professional Campaign Fundraiser

Amendment (please specify)

1/15/17 Date

STEPHANIE A. WOHLRAB

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 Recipier | nt Candidate or Committee ELECTION FUND (| OF RAYMOND J. LESN | IAK | | |
| Amount(s) Raised This Period (Gross) \$ 20,000.00 Amount(s) Raised This Period (Net) | | Net) Compensation Received \$ 14,000.00 | Compensation Received By Fundraiser For This Period \$ 14,000.00 | | |
| Specific Services DECEMBER | Provided R 12 2016 - LUNCHEON - ORGANIZED, SOLICITED, M | ANAGED EVENT | | | |
| | | | | | |
| | | | | | |
| | Itemized Expen | ditures | | | |
| PAYMENT DATE | PAYEE NAME AND ADDRESS | PURPOSE OF EXPENDITURE | AMOUNT | | |
| | STEPHANIE A. WOHLRAB PO BOX 1964 BRICK, NJ 08723 | | \$ | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | , | | | |
| "Total" reflects | all expenditures made on behalf of the candidate or com- | mittee named above. Tota | \$ | | |

| Recipient of Pro | ofessional Campaign Foreparate page for each c | undraiser's Services andidate or committee | | | |
|--|---|---|--|---------------------------|-------------|
| | nt Candidate or Committ | | SEMB | LY | |
| Amount(s) Raised This Period (Gross) Amount(s) Raised This Period (N Amount(s) Raised This Period (N | | l (Net) | Net) Compensation Received By Fundraiser For This Period \$ 2,000.00 | | |
| OCTOBER | | GANIZED, SOLICTED, MANA | GED EVI | | |
| | | | | | |
| | | | - | , | |
| | | | | | |
| | | Itemized Expe | enditures | 3 | |
| PAYMENT DATE | | | | PURPOSE OF EXPENDITURE | AMOUNT |
| 12/20/2017 | 12/20/2017 STEPHANIE A. WOHLRAB PO BOX 1964 BRICK, NJ 08723 | | PC | STAGE | \$ 294.00 |
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| | | | | | |
| | | | | | |
| "Total" reflects | all expenditures made o | n behalf of the candidate or cor | nmittee r | named above. Total | \$ 294.00 |

| Recipient of Professional Campaign Fundraiser's Services Please use a separate page for each candidate or committee | | | | | |
|--|---|---|-----------|---------------------------|--------|
| Name of Recipier | nt Candidate or Committ | ee ELECTION FUND OF | LORET | TA WEINBERG | |
| Amount(s) Raised This Period (Gross) \$ 30,300.00 | | Compensation Received By Fundraiser For This Period \$ 2,376.00 | | | |
| Specific Services | | | | | |
| ОСТОВ | ER 25, 2016 - RECEPT | ION - ORGANIZED, SOLICTE | D AND N | MANAGED | |
| | | _ | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | T | Itemized Exp | enditures | . | |
| PAYMENT DATE | PAYEE NA | ME AND ADDRESS | | PURPOSE OF EXPENDITURE | AMOUNT |
| | STEPHANIE A. WO PO BOX 1964 BRICK, NJ 08723 | HLRAB | | | \$ |
| • | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| "Total" reflects | all expenditures made o | n behalf of the candidate or co | mmittee r | named above. Total _\$ | |

| Recipient of Professional Campaign Fundraiser's Services Please use a separate page for each candidate or committee | | | | | |
|---|-------------------------|-----------------------------------|--|---------------------------|--------|
| Name of Recipient Candidate or Committee PINTOR MARIN FOR ASSEMBLY | | | | | |
| Amount(s) Raised This Period (Gross) \$ 20,000.00 Amount(s) Raised This Period (I \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | (Net) | Compensation Received By Fundraiser For This Period \$ | | |
| Specific Services | | FAST - SOLICIT, MANAGE, | | | |
| | | | | | |
| | | Itemized Expen | ditures | ; | |
| PAYMENT DATE | PAYEE NA | AME AND ADDRESS | | PURPOSE OF EXPENDITURE | AMOUNT |
| STEPHANIE A. WOHLRAB PO BOX 1964 BRICK, NJ 08723 | | | | \$ | |
| "Total" reflects | all expenditures made o | on behalf of the candidate or com | mittee na | amed above. Total\$ | |