<u> </u>	FORM FRQ
Professional Campaign Fundraiser	Registration #
★ Lan ★ A CHARTERLY REPORT	Report Quarter
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION	Apr. 15,
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	Jul. 15,
	Oct. 15,
PLEASE PRINT OR TYPE	Dean. 15, 2019
Name of Professional Campaign Fundraiser	Check If No Activity This Quarter
Business Name Jaki Strate us 200	FOR STATE USE ONLY
Business Address (Number & Street) (check if different than previously reported)	
Business Address (City, State & Zip Code)	ELEC RECEIVE
Business Address (City, State & Zip Code)  Ex. CI./S NT 07672	1411 0 4 2010
Day Telephone (with Area Code)*  Evening Telephone (with Area Code)*	JAN 2 4 2019
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.	
	1 ~
151	19
Signature of Professional Campaign Fundraiser Date	
FATI DARI	
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			
Amount(s) Raise \$ 7 4 8 Specific Services	d This Period (Gross) Amount(s) Raised This Period (	3 \$ 24000	draiser For This Period	
	Itemized Expen	ditures		
PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT	
		NA	\$ Ala	
"Total" reflects	"Total" reflects all expenditures made on behalf of the candidate or committee named above.  Total   Total			