



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: www.elec.nj.gov

FORM FRQ

ELEC Received

Mar 30 2022
04:39 PM

Name of Professional Campaign Fundraiser

STEPHANIE WOHLRAB

Check If NO Activity This Quarter

Registration#
FR16-1

Business Address

PO BOX 1964

Filing Year
2021

City

BRICK

Report Quarter

Quarter 1

Quarter 2

Quarter 3

Quarter 4

Zip Code

08723

State

NJ

Day Telephone (with Area Code)*

732-674-4199

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 *****

STEPHANIE WOHLRAB

Signature

3/30/2022

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 \$ _____

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:

MANAGED ALL ASPECTS OF ICE CREAM FUNDRAISER 4/1/2021

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 \$ _____