

## **Professional Campaign Fundraiser QUARTERLY REPORT**

**ELEC** Received

**FORM FRQ** 

Jan 16 2024 09:48 AM

## **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 Du-fore | ional Co  | sanaina Fundunia - :              |  | Check If NO Activity This Quarter |
|-----------------|-----------|-----------------------------------|--|-----------------------------------|
| Name of Profess |           |                                   |  |                                   |
| MICHELE ALB     | ANO       | Registration#<br>29-1             |  |                                   |
| Business Addres | S         |                                   |  | Filing Year                       |
| 14 12TH AVE     |           |                                   |  | 2023                              |
| City            |           |                                   |  | Report Quarter                    |
| SEASIDE PAR     | (         |                                   |  | ◯ Quarter 1                       |
| Zip Code        | State     | Day Telephone (with Area Code)    | * Evening Telephone (with Area Code)*  | ○ Quarter 2                       |
| 08752           | NJ        | 908-456-0696                      |  | ○ Quarter 3                       |
| Check if Amendr | nent      |                                   |  | Quarter 4                         |
| Amendmen        | t Specif  | y Reason:                         |  |                                   |
|                 |           |                                   |  |                                   |
|                 |           |                                   |  |                                   |
|                 |           |                                   |  |                                   |
|                 |           |                                   |  |                                   |
|                 |           | Professional Co                   | ımpaign Fundraiser's Certification     |                                   |
| Loortify that   | the stat  |                                   | ue and correct. I am aware that if any | of the statements on this         |
|                 |           | lly false, I may be subject to pu |  | of the statements on this         |
|                 |           |                                   |  |                                   |
|                 |           |                                   |  |                                   |
|                 |           |                                   |  |                                   |
|                 |           |                                   |  |                                   |
|                 |           |                                   |  |                                   |
|                 |           |                                   |  |                                   |
| MICHEL          | F AI BA   | NO                                |  |                                   |
|                 |           | essional Campaign Fundraiser      | _                                      |                                   |
| i dii Naiii     | COLLION   | essional Campaign i unuraisei     |  |                                   |
|                 |           |                                   |  |                                   |
| Registratio     | n Numb    | er <u>*******</u> Pli             | · ******                               | Verify Registration Number & PIN  |
|                 |           |                                   |  | Number & Fin                      |
|                 |           |                                   |  |                                   |
|                 | MIC       | CHELE ALBANO                      | January 16, 2024                       |                                   |
|                 |           | Signature                         | Date                                   |                                   |
| * Your nan      | ne must a | 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 Cand<br>JOHN DIMAIO FOR ASSE   |               | ittee                              |                  |  |             |  |
| Amount(s) Raised This Period (Gross)<br>\$60,760.00  |               | Amount(s) Raised This Period (Net) | Comper \$3,742.0 | mpensation Received By Fundraiser For This Perio<br>742.00 |             |  |
| Specific Services Provide  | d:            |                                    |                  |  |             |  |
| FUNDRAISING, PREPARE<br>MAINTENANCE  | AND MAIL INVI | TATIONS, PREPARE AND SEND EMAILS   | , MAKE PHC       | ONE CALLS, EVENT MANAGE                                    | EMENT, LIST |  |
|  |               | Itemized Expenditur                | es               |  | ,           |  |
| PAYMENT DATE   | F             | 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 Cand<br>NANCY MUNOZ FOR AS:  |  | ittee                              |                     |   |             |  |  |
| Amount(s) Raised This Period (Gross)<br>\$34,578.00  |  | Amount(s) Raised This Period (Net) | Compen<br>\$2,321.0 | npensation Received By Fundraiser For This Period |             |  |  |
| Specific Services Provide  | ed:  |                                    |                     |   |             |  |  |
| FUNDRAISING, PREPARE<br>MAINTENANCE  | AND MAIL INV   | ITATIONS, PREPARE AND SEND EMAILS  | , MAKE PHC          | NE CALLS, EVENT MANAGE                            | EMENT, LIST |  |  |
|  |  | Itemized Expenditur                | es                  |   |             |  |  |
| PAYMENT DATE   | F  | PAYEE NAME AND ADDRESS             |                     | PURPOSE OF EXPENDITURE                            | AMOUNT      |  |  |
| _  |  |                                    |                     |   | \$          |  |  |
|  |  |                                    |                     |   | \$          |  |  |
| _  |  |                                    |                     |   | \$          |  |  |
| _  |  |                                    |                     |   | \$          |  |  |
|  |  |                                    |                     |   | \$          |  |  |
|  |  |                                    |                     |   | \$          |  |  |
|  |  |                                    |                     |   | \$          |  |  |
|  |  |                                    |                     |   | \$          |  |  |
|  |  |                                    |                     |   | \$          |  |  |
| "Total" reflects all exper   | "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 Cano<br>MICHELE MATSIKOUDIS   |                 |                                  |            |                         |                     |  |
| Amount(s) Raised This Period (Gross)  Amount(s) Raised This Period (Net)  \$21,424.00  Compensation Received By Fundraiser For \$1,338.00 |                 |                                  |            |                         | ser For This Period |  |
| Specific Services Provide   | ed:             |                                  |            |                         |                     |  |
| FUNDRAISING, PREPARE<br>MAINTENANCE   | E AND MAIL INVI | TATIONS, PREPARE AND SEND EMAILS | , MAKE PHO | DNE CALLS, EVENT MANAGE | MENT, LIST          |  |
|   |                 | Itemized Expenditur              | es         |                         |                     |  |
| PAYMENT DATE  | P               | AYEE 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 Candi<br>JON BRAMNICK FOR SEN  |   | ittee                              |                  |  |            |  |  |
| Amount(s) Raised This Period (Gross)<br>\$127,662.00   |   | Amount(s) Raised This Period (Net) | Comper \$3,504.0 | ompensation Received By Fundraiser For This Period |            |  |  |
| Specific Services Provide  | ed:   | I                                  |                  |  |            |  |  |
| FUNDRAISING, PREPARE<br>MAINTENANCE  | AND MAIL INVI   | TATIONS, PREPARE AND SEND EMAILS   | , MAKE PHC       | ONE CALLS, EVENT MANAGE                            | MENT, LIST |  |  |
|  |   | Itemized Expenditur                | es               |  |            |  |  |
| PAYMENT DATE   | PURPOSE OF PAYMENT DATE PAYEE NAME AND ADDRESS 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 Candida<br>BALANCE FOR NJ PAC  | ate or Commi | ttee                               |                  |   |            |  |
| Amount(s) Raised This Period (Gross)<br>\$153,680.00   |              | Amount(s) Raised This Period (Net) | Comper \$6,232.0 | mpensation Received By Fundraiser For This Period<br>232.00 |            |  |
| Specific Services Provided:  |              |                                    |                  |   |            |  |
| FUNDRAISING, PREPARE AI<br>MAINTENANCE   | ND MAIL INVI | TATIONS, PREPARE AND SEND EMAILS   | , MAKE PHC       | DNE CALLS, EVENT MANAGE                                     | MENT, LIST |  |
|  |              | Itemized Expenditur                | es               |   |            |  |
| PAYMENT DATE   | P            | AYEE 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 Cano<br>ASSEMBLY REPUBLICAN  |                 | ttee                               |            |   |            |  |
| Amount(s) Raised This P<br>\$323,225.00  | Period (Gross)  | Amount(s) Raised This Period (Net) | 1          | Compensation Received By Fundraiser For This Period \$16,178.00 |            |  |
| Specific Services Provide  | ed:             |                                    |            |   |            |  |
| FUNDRAISING, PREPARE<br>MAINTENANCE  | E AND MAIL INVI | TATIONS, PREPARE AND SEND EMAILS   | , MAKE PHO | DNE CALLS, EVENT MANAGE   | MENT, LIST |  |
|  |                 | Itemized Expenditur                | es         |   |            |  |
| PAYMENT DATE   | P               | AYEE NAME AND ADDRESS              |            | PURPOSE OF<br>EXPENDITURE                                       | AMOUNT     |  |
| _  |                 |                                    |            |   | \$         |  |
|  |                 |                                    |            |   | \$         |  |
|  |                 |                                    |            |   | \$         |  |
|  |                 |                                    |            |   | \$         |  |
|  |                 |                                    |            |   | \$         |  |
|  |                 |                                    |            |   | \$         |  |
|  |                 |                                    |            |   | \$         |  |
|  |                 |                                    |            |   | \$         |  |
|  |                 |                                    |            |   | \$         |  |
| "Total" reflects all expenditures made on behalf of the candidate or committee named above.  TOTAL \$      |                 |                                    |            |   |            |  |
|  |                 |                                    |            |   |            |  |