



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

Apr 15 2021
05:57 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 *****

4/15/2021

Signature

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

SUMTER FOR ASSEMBLY

Amount(s) Raised This Period (Gross)

\$23,650.00

Amount(s) Raised This Period (Net)

Compensation Received By Fundraiser For This Period

\$1,250.00

Specific Services Provided:

MANAGED ALL ASPECTS OF VIRTURAL FUNDRAISER ON 2/11/2021

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 \$ _____

Recipient of Professional Campaign Fundraiser's Services*Please add a page for each candidate or committee*

Name of Recipient Candidate or Committee

CONAWAY FOR ASSEMBLY

Amount(s) Raised This Period (Gross)

\$14,700.00

Amount(s) Raised This Period (Net)

Compensation Received By Fundraiser For This Period

\$.00

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 \$ _____