



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/

FORM FRQ

Registration #
FR-29-1

Report Quarter
Apr. 15,
Jul. 15,
Oct. 15, 2016
Jan. 15,

Check If No Activity This Quarter

FOR STATE USE ONLY

ELEC RECEIVED
OCT 14 2016

PLEASE PRINT OR TYPE

Name of Professional Campaign Fundraiser
Michele Albano

Business Name

Business Address (Number & Street)
745 Fairacres Ave

Business Address (City, State & Zip Code)
Westfield NJ 07090

Day Telephone (with Area Code)*
908-456-0696
Evening Telephone (with Area Code)*
908-456-0696

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.

Michele Albano
Signature of Professional Campaign Fundraiser

10-7-16
Date

Michele F Albano
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 Recipient Candidate or Committee

ASSEMBLY REPUBLICAN VICTORY

Amount(s) Raised This Period (Gross) \$ 88,000	Amount(s) Raised This Period (Net) \$	Compensation Received By Fundraiser For This Period \$ 88,000
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Specific Services Provided

Invitations
Fundraising Calls
Emails
Run Event
Thank you letters
Follow up

Itemized Expenditures

PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
	- NA -		\$

"Total" reflects all expenditures made on behalf of the candidate or committee 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

Bramnick for Assembly

Amount(s) Raised This Period (Gross)

\$ 49,626

Amount(s) Raised This Period (Net)

\$

Compensation Received By Fundraiser For This Period

\$ 5000

Specific Services Provided

Invitations

Fundraising calls

Emails

Per events

Thank you letters

Follow up

Itemized Expenditures

PAYMENT DATE	PAYEE NAME AND ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
		N/A	\$

"Total" reflects all expenditures made on behalf of the candidate or committee named above.

Total \$ _____