

## Professional Campaign Fundraiser QUARTERLY REPORT

**FORM FRQ** 

**ELEC** Received

Jan 15 2025 03:28 PM

## **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 Profess	ional Can	npaign Fundraiser		Check If NO Activity This Quarter								
Rafi Jafri		Registration# 20-3										
Business Addres	S	Filing Year										
25 Snyder Road		2024										
City					Report Quarter							
Englewood Cliffs					OQ	uarter 1						
Zip Code	State	Day Telephone (with Area Co	ode)*	Evening Telephone (with Area Code)*								
07632	NJ				<ul><li>Quarter 3</li></ul>							
Check if Amendn	nent		O Quarter 4									
Amendment Specify Reason:												
ı												
		Professional	Can	npaign 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.												
Rafi Jafr	i											
Full Name	e of Profe	essional Campaign Fundraiser										
Registration Number ********		PIN	*****	Verify Registration								
						Number & PIN						
		RAFI JAFRI										
		Signature	-	 Date								
* Your name must appear on the signature line *				Date								
roui nan	ic music	ppear on the signature line										
1												
*I eave this field	blank if your	telephone number is unlisted. Pursuant to	NISA	. 47·1A-1 1. an unlisted telephone number is not a publi	ic record and r	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 Fracy Silna Zur for Com		ittee									
Amount(s) Raised This Period (Gross)		Amount(s) Raised This Period (Net) Compense \$123,863.50 \$9,000.00		sation Received By Fundraiser For This Period 0							
Specific Services Provid	ed:										
Provided fundraising co events and making calls		es to raise campaign funds for the comr for committee.	nittee, inclu	ding but not limited to org	anizing t	undraising					
		Itemized Expenditur	es								
PAYMENT DATE	ı	PAYEE NAME AND ADDRESS		PURPOSE OF EXPENDITURE	AI	MOUNT					
_					\$	0.00					
					\$	0.00					
					\$	0.00					
_					\$	0.00					
_					\$	0.00					
					\$	0.00					
_					\$	0.00					
_					\$	0.00					
					\$	0.00					
"Total" reflects all expe	nditures made o	n behalf of the candidate or committee na	amed above.	TOTAL\$		0.00					