



# Professional Campaign Fundraiser QUARTERLY REPORT

## NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185  
Phone: (609) 292-8700  
Website: www.elec.nj.gov

### FORM FRQ

ELEC Received

Oct 09 2024  
01:18 PM

Name of Professional Campaign Fundraiser

Jena Dalpez

Check If NO Activity This Quarter

Registration#  
10182134209

Business Address

312 Greenway Blvd

Filing Year  
2024

City

Roselle

Report Quarter

- Quarter 1
- Quarter 2
- Quarter 3
- Quarter 4

Zip Code

07203

State

NJ

Day Telephone (with Area Code)\*

4252466551

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.

Jena Dalpez

Full Name of Professional Campaign Fundraiser

Registration Number \*\*\*\*\*

PIN \*\*\*\*\*

Verify Registration  
Number & PIN

JENA E DALPEZ

Signature

10/8/2024

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 \$ \_\_\_\_\_