



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

Aug 03 2021
01:39 PM

Name of Professional Campaign Fundraiser

MICHELE ALBANO

Check If NO Activity This Quarter

Registration#
29-1

Business Address

14 12TH AVENUE

Filing Year
2021

City

SEASIDE PARK

Report Quarter

Quarter 1

Quarter 2

Quarter 3

Quarter 4

Zip Code

08752

State

NJ

Day Telephone (with Area Code)*

908-456-0696

Evening Telephone (with Area Code)*

908-456-0696

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.

MICHELE ALBANO

Full Name of Professional Campaign Fundraiser

Registration Number *****

PIN *****

MICHELE ALBANO

Signature

August 1, 2021

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

BRAMNICK FOR SENATE

Amount(s) Raised This Period (Gross)

\$177,210.00

Amount(s) Raised This Period (Net)

\$177,210.00

Compensation Received By Fundraiser For This Period

\$12,300.00

Specific Services Provided:

FUNDRAISING, PREPARE AND MAIL INVITATIONS, PREPARE AND SEND EMAILS, MAKE PHONE CALLS, EVENT MANAGEMENT, LIST MAINTENANCE

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

ASSEMBLY REPUBLICAN VICTORY

Amount(s) Raised This Period (Gross)

\$153,100.00

Amount(s) Raised This Period (Net)

\$153,100.00

Compensation Received By Fundraiser For This Period

\$11,000.00

Specific Services Provided:

FUNDRAISING, PREPARE AND MAIL INVITATIONS, PREPARE AND SEND EMAILS, MAKE PHONE CALLS, EVENT MANAGEMENT, LIST MAINTENANCE

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 \$ _____