



State of New Jersey

ELECTION LAW ENFORCEMENT COMMISSION

RONALD DEFILIPPIS  
Chairman

WALTER F. TIMPONE  
Vice Chairman

AMOS C. SAUNDERS  
Commissioner

Respond to:  
P.O. Box 185  
Trenton, New Jersey 08625-0185

(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)

Website: <http://www.elec.state.nj.us/>

JEFFREY M. BRINDLE  
Executive Director

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Legal Director

AMY F. DAVIS  
Compliance Director

EDWIN R. MATTHEWS  
Legal Counsel

**INDEPENDENT EXPENDITURE REPORTING**

An “independent expenditure” occurs when an individual or a corporation, association, society, firm, company, or partnership spends more than \$1,400 of his, her, or its own funds in an election to support or oppose a candidate, or to support or oppose a public question, and the money is spent without cooperating with, consulting with, or obtaining the prior consent of, the candidate, public question committee, or any persons or committees acting on their behalf. If an independent expenditure is made for a gubernatorial candidate, consult the Commission’s regulations for additional information.

***INDEPENDENT EXPENDITURE***

<u>Making the Expenditure(s)</u>	<u>Amount</u>	<u>File</u>
One individual or one corporation, association, society, firm, company, or partnership	Expends through \$1,400	Nothing
One individual or one corporation, association, society, firm, company, or partnership	Expends more than \$1,400	Form IND; May need to file 48-hour expenditure notice(s)

Whenever an independent expenditure for a political communication is made, the communication must include political identification information. The political identification information or “paid for by” language must contain the name and business or residence address of the individual, corporation, association, society, firm, company, or partnership who or which financed the communication. The name

of the individual, corporation, association, society, firm, company, or partnership and the residence or business address must be the same as it appears in public records or in a current telephone directory. In addition, the language must contain a clear and conspicuous statement that the expenditure was not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, the candidate or other person or committee acting on behalf of the candidate or committee. Here is an example:

*“Paid for by John Doe, 1234 Main Street, Anytown, New Jersey. This expenditure was not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, any candidate, or person or committee acting on behalf of the candidate.”*

To report an independent expenditure, Form IND is filed on a date that depends upon when the independent expenditure is made. Accordingly, **Form IND** can be filed 29 days or 11 days before an election, 20 days after an election, or on one of the four quarterly reporting dates which fall on the 15<sup>th</sup> of April, July, October, and January.

Independent expenditures are also subject to **48-hour expenditure notices**. If an individual, corporation, association, society, firm, company, or partnership makes an independent expenditure in an amount in excess of \$1,400 from the 13<sup>th</sup> day prior to an election up through election day, a report or written notice must be filed with the Commission within 48 hours of the making, authorizing, or incurring of the independent expenditure. The notice shall include the following:

1. The name and mailing address of the individual, corporation, association, society, firm, company, or partnership making the independent expenditure;
2. For individuals, the occupation of the individual and the name and mailing address of the individual's employer; and,
3. An itemization of the expenditures, including the dates the expenditures were made, the names and addresses of the payees, the amount of each expenditure, and the total amount expended.

Note that if a candidate committee, joint candidates committee, or political committee filing Form R-1 makes an independent expenditure in any amount, the expenditure is reportable on the Form R-1. Similarly, if a continuing political committee, legislative leadership committee, or political party committee filing Form R-3 makes an independent expenditure in any amount, the expenditure is reportable on the Form R-3. Note that all independent expenditures made by candidates, joint candidates committees, political committees, continuing political committees, legislative leadership committees, and political party committees are subject to the **political identification statement requirement** (“paid for by”) language, as detailed above. The name and business or residence address of the candidate or committee must be the same as that information appears on Form D-1, D-2, D-3, D-4, D-5, or PC respectively.

If you have any questions concerning the reporting of an independent expenditure, please contact the Compliance Division staff at (609) 292-8700, or toll free within New Jersey at 1 (888) 313-ELEC (3532).

**REPORT OF INDEPENDENT EXPENDITURES****FORM IND**

**New Jersey Election Law Enforcement Commission**  
**P.O. Box 185, Trenton, NJ 08625-0185**  
*www.elec.state.nj.us*

**For State Use Only**

NAME		AMENDMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
MAILING ADDRESS		ELECTION DATE
CITY	STATE	ZIP CODE
*DAY TELEPHONE NUMBER		COUNTY
		ELECTION DIST./MUNICIPALITY

If the name entered above is an individual, please provide below the individual's occupation, and the name and address of the individual's employer.

OCCUPATION	EMPLOYER NAME
EMPLOYER ADDRESS	

**EXPENDITURE INFORMATION**

PAYMENT DATE	CHECK NO.	PURPOSE	AMOUNT INCURRED/NOT PAID	AMOUNT DISBURSED
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FULL NAME OF PAYEE				
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FULL MAILING ADDRESS				
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PAYMENT DATE	CHECK NO.	PURPOSE	AMOUNT INCURRED/NOT PAID	AMOUNT DISBURSED
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FULL NAME OF PAYEE				
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FULL MAILING ADDRESS				
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PAYMENT DATE	CHECK NO.	PURPOSE	AMOUNT INCURRED/NOT PAID	AMOUNT DISBURSED
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FULL NAME OF PAYEE				
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FULL MAILING ADDRESS				
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PAYMENT DATE	CHECK NO.	PURPOSE	AMOUNT INCURRED/NOT PAID	AMOUNT DISBURSED
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FULL NAME OF PAYEE				
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FULL MAILING ADDRESS				
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(COMPLETE THIS LINE FOR EVERY PAGE USED)

TOTAL, THIS PAGE \$ \_\_\_\_\_

(COMPLETE THIS LINE FOR LAST PAGE USED)

TOTAL, THIS REPORT \$ \_\_\_\_\_

TOTAL FOR ELECTION \$ \_\_\_\_\_

Date

Signature