## **ADVISORY OPINION REQUEST**



A person, committee or entity subject to, or reasonably believing he, she or it may be subject to, any provision or requirement of the Campaign Reporting Act may request that the Commission provide an advisory opinion pursuant to **N.J.S.A. 19:44A-6.** Such request must be in writing (please type or print) and must include the following:

| 1. This request for an Advisory Opinion is being submitted or  | hehalf of                                   |
|--|---|
| Full Name of Person, Committee or Entity   |   |
|  |   |
| Mailing Address  | *Day Telephone No.                          |
|  | *Evening Telephone No.                      |
| 2. Indicate if the above named person, committee or entity cu  | reantly files reports with the Commission:  |
|  | intentity mes reports with the Commission.  |
| Yes No   |   |
| a. If yes, indicate in what capacity it is filing:   |   |
| Candidate committee Recall c   | ommittee                                    |
| Joint candidates committee Recall defense committee  |   |
| Political committee  |   |
| Continuing political committee Legislative agent   |   |
| Political party committeePersonal financial disclosure statementLegislative leadership committeeOther (please describe):   |   |
|  |   |
| <ul> <li>b. If no, indicate if the above named person, committee or<br/>Commission, giving elections (i.e., 1992 general election) or</li> </ul>                               |   |
| c. If reports are or were filed under a different name than the  | at appearing in 1 above, provide that name: |
| <ol> <li>Please provide below a statement of the cognizable question<br/>Act, including specific citations to pertinent sections of the<br/>regulations (if known).</li> </ol> |   |
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 \*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.

4. Please provide below a full and complete statement of all pertinent facts and contemplated activities that are the subject of the inquiry. Your statement must affirmatively state that the contemplated activities have not already been undertaken by the person, committee or entity requesting the opinion, and that the person, committee or entity has standing to seek the opinion, that is the opinion will affect the person's or committee's reporting or other requirements under the Act. (Attach additional sheets if necessary).

Statement of Facts:

| statement of the reasoning supporting that result.   | at the person, committee, or entity seeks, and a  |
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| 6. Person who is submitting request on behalf of com   | mittee or entity listed in Item 1 above:          |
| Full Name:   |   |
| Mailing Address:   | *Day Telephone No.                                |
|  | *Evening Telephone No.                            |
|  | Fax Number:                                       |
| a. Official Capacity of Person Requesting Opinion:   |   |
| Candidate  |   |
| Treasurer<br>Organizational Treasurer  |   |
| Organizational Treasurer<br>New Jersey Attorney representing requesting perso  | on, committee or entity                           |
| Other (please describe):   |   |
| <ol> <li>I hereby consent to an extension of the 10-day resp<br/>30-day period for Commission response, which period<br/>of the completed advisory opinion request. (CROSS O<br/>WITHHELD).</li> </ol> | iod shall start on the date of Commission receipt |
| WIINNELD).   |   |
| <ul><li>8. A request for an advisory opinion will not be considered application is received by the Commission.</li></ul>   | lered filed until a fully completed and signed    |
| 8. A request for an advisory opinion will not be consid  | dered filed until a fully completed and signed    |
| 8. A request for an advisory opinion will not be consid  | dered filed until a fully completed and signed    |