



**CONFIDENTIAL**  
**REQUEST FOR INVESTIGATION**  
**STATE OF NEW JERSEY**  
**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

**RFI FORM**

FOR STATE USE ONLY

The New Jersey Election Law Enforcement Commission ("ELEC") investigative authority is limited to violations of the Campaign Contributions and Expenditures Reporting Act, N.J.S.A. 19:44A-1 et seq., the Personal Financial Disclosure Act, N.J.S.A. 19:44B-1 et seq., and the Legislative and Governmental Processes Activities Disclosure Act, N.J.S.A. 52:13C-18 et seq. ELEC does not have jurisdiction over the conduct of an election, the balloting process, or the misapplication or use of Government (taxpayer) funds for campaign purposes.

**The identity of the person(s) filing this Request for Investigation shall remain confidential.**

**Person(s) Bringing Request:**

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

\_\_\_\_\_

**Individual/Entity that is the subject of this request for investigation:**

(List all persons/entities that are the subject of your request for investigation.)

Candidate or Committee/Entity Name	Office Sought/Election type and year	Successful (select one)	
_____	_____	<input type="checkbox"/> Yes	No
_____	_____	<input type="checkbox"/> Yes	No
_____	_____	<input type="checkbox"/> Yes	No
_____	_____	<input type="checkbox"/> Yes	No

Election District/Municipality \_\_\_\_\_ County \_\_\_\_\_

Indicate which of the above entities files with ELEC \_\_\_\_\_

\_\_\_\_\_



**Please list all enclosures/attachments:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
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