



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 on behalf 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 currently files reports with the Commission:

Yes

No

a. If yes, indicate in what capacity it is filing:

Candidate committee

Recall committee

Joint candidates committee

Recall defense committee

Political committee

Lobbyist

Continuing political committee

Legislative agent

Political party committee

Personal financial disclosure statement

Legislative leadership committee

Other (please describe): _____

b. If no, indicate if the above named person, committee or entity has in the past filed reports with the Commission, giving elections (i.e., 1992 general election) or calendar years, and identify filing capacity:

c. If reports are or were filed under a different name than that appearing in 1 above, provide that name:

3. Please provide below a statement of the cognizable question of law arising under the Campaign Reporting Act, including specific citations to pertinent sections of the Campaign Reporting Act and Commission regulations (if known).

*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.

5 . Please provide below a statement of the result that the person, committee, or entity seeks, and a statement of the reasoning supporting that result.

6. Person who is submitting request on behalf of committee 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

Organizational Treasurer

New Jersey Attorney representing requesting person, committee or entity

Other (please describe): _____

7. I hereby consent to an extension of the 10-day response period provided in N.J.S.A. 19:44A-6f to a 30-day period for Commission response, which period shall start on the date of Commission receipt of the completed advisory opinion request. **(CROSS OUT THIS PARAGRAPH IF CONSENT IS WITHHELD).**

8. A request for an advisory opinion will not be considered filed until a fully completed and signed application is received by the Commission.

Dated:

Signature