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NUVEEN NEW JERSEY DIVIDEND ADVANTAGE MUNICIPAL FUND

Form 3

November 21, 2016

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

SECURITIES

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person * Statement NUVEEN NEW JERSEY DIVIDEND ADVANTAGE **WELLS FARGO &** (Month/Day/Year) MUNICIPAL FUND [NXJ] 11/17/2016 COMPANY/MN (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) **420 MONTGOMERY STREET** (Check all applicable) (Street) 6. Individual or Joint/Group Filing(Check Applicable Line) Director __X__ 10% Owner Form filed by One Reporting Officer Other Person (give title below) (specify below) SAN _X_ Form filed by More than One FRANCISCO. CAÂ 94163 Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 4. Nature of Indirect Beneficial 1. Title of Security 2. Amount of Securities Beneficially Owned Ownership Ownership (Instr. 4) (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) Variable Rate Demand Preferred Shares $I^{(2)}$ $2,329^{(1)}$ By Subsidiary (2) (3)Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) owned directly or indirectly. Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
		Title	Derivative	Security:	
			Security	Direct (D)	

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Date Expiration Amount or or Indirect
Exercisable Date Number of (I)
Shares (Instr. 5)

er

Reporting Owners

Reporting Owner Name / Address		Relationships			
topologic wile rand, radices	Director	10% Owner	Officer	Othe	
WELLS FARGO & COMPANY/MN 420 MONTGOMERY STREET SAN FRANCISCO, CA 94163	Â	ÂX	Â	Â	
Wells Fargo Municipal Capital Strategies, LLC 375 PARK AVENUE NEW YORK, NY 10152	Â	ÂX	Â	Â	

Signatures

Michael J. Choquette

**Signature of Date

Reporting Person

Adam Joseph 11/21/2016

**Signature of Date
Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- The Variable Rate Demand Preferred Shares ("Shares") reported in Table I represent Shares beneficially owned by Wells Fargo
- (1) Municipal Capital Strategies, LLC ("Capital Strategies"). Capital Strategies owns 1,443 Series 2 Shares and 886 Series 3 Shares. Capital Strategies is a wholly owned subsidiary of Wells Fargo & Company ("Wells Fargo").
- (2) This statement is jointly filed by Wells Fargo and Capital Strategies. Wells Fargo holds an indirect interest in the Shares listed in Table I by virtue of its indirect ownership of its subsidiary Capital Strategies.
 - Each reporting person declares that neither the filing of this statement nor anything herein shall be construed as an admission that such person is, for the purposes of Section 13(d) of the US Securities Exchange Act of 1934 or any other purpose, (i) acting (or has agreed or is
- (3) agreeing to act together with any other person) as a partnership, limited partnership, syndicate, or other group for the purpose of acquiring, holding or disposing of securities of the Issuer or otherwise with respect to the Issuer or any securities of the Issuer or (ii) a member of any group with respect to the Issuer or any securities of the Issuer.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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