

**JOINT CANDIDATES COMMITTEE - SWORN STATEMENT****NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION**

P.O. Box 185, Trenton, NJ 08625-0185

Phone: (609) 292-8700

Website: [www.elec.nj.gov](http://www.elec.nj.gov)**FORM A-2**ELEC Received  
Jun 01, 2023 2:31 PM☐ Amendment

Joint Candidates Committee Name

WEISS, FOX, RIVERA FOR WEST WINDSOR TOWN COUNCIL

Candidate Name

DANIEL WEISS

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Name

Office Sought

Candidate Name

STACEY FOX

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Name

Office Sought

Candidate Name

JOSE RIVERA

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Name

Office Sought

Street Address

15 CANOE BROOK DR

City

WEST WINDSOR

State

NJ

Zip Code

08550

\*Day Telephone

609-613-1371

\*Evening Telephone

Committee Email (Optional)

YOURNEWTOWNCOUNCIL@GMAIL.COM

Committee Website (Optional)

WEISSFOXRIVERA.COM

Election Type:  
(Select One)

Primary



May Municipal



Fire District



General



Run-Off



Special

Election Date

11/07/2023

County

MERCER COUNTY

Legal Name of Election District or Municipality

WEST WINDSOR TOWNSHIP

Political Party

DEMOCRAT

**I, the undersigned, do hereby certify as follows:**

1. The total amount expended or to be expended on behalf of candidates by this committee shall be zero, or shall not, in the aggregate, exceed \$11,000 for two candidates or \$15,800 for three or more candidates, for this election.
2. I am aware that in the event the total amount expended or to be expended on behalf of candidates by this committee, in the aggregate, exceeds \$11,000 for two candidates or \$15,800 for three or more candidates, I am required to file a "Report of Contributions and Expenditures," Form R-1, on each subsequent reporting date.
3. I am aware that if contributions from one source aggregate more than \$300, or if I receive currency (cash) contributions in any amount, I am required to report the contributions to the Commission on "Supplemental Contributor Information," Form C-1, including the identity of the source and the aggregate total of contributions, and if the contributor is an individual, his/her occupation and the name and address of his/her employer.
4. I am aware that if the committee receives a contribution in excess of \$1,900 in the aggregate from one source starting with the 13th day before the election up to, and including, the day of the election, I am required to notify the Commission in writing on the "Supplemental Contributor Information," Form C-1, within 48 hours of receipt of the contribution and to identify the source and the aggregate amount received there from during the period, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer.

\*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.

**I, the undersigned, do hereby certify as follows: (continued)**

5. I am aware that if the committee makes, incurs, or authorizes an expenditure of money or other thing of value in excess of \$1,900 in the aggregate to support or defeat a candidate or public question, starting with the 13th day before the election up to and including the day of the election, I am required to notify the Commission in writing within 48 hours of the expenditure on the 'Supplemental Expenditure Information,' Form E-1.

6. I am aware that a joint candidates committee is required to designate a campaign treasurer and campaign depository not later than the date on which the committee first receives any contribution or makes any expenditure. Further, I am aware that no later than the tenth day after such designation of campaign treasurer and campaign depository, the committee is required to notify the Commission of the name and address of the campaign treasurer and of the depository by the filing of 'Certificate of Organization and Designation of Campaign Treasurer and Depository,' Form D-2.

**CANDIDATE CERTIFICATION: I certify that the statements on this document are true. I am aware that if any of the statements are willfully false, I may be subject to punishment.**

Registration Number \*\*\*\*\* PIN \*\*\*\*\*

Candidate DANIEL J WEISS Date 06/01/2023

Registration Number \*\*\*\*\* PIN \*\*\*\*\*

Candidate STACEY FOX Date 06/01/2023

Registration Number \*\*\*\*\* PIN \*\*\*\*\*

Candidate JOSE RIVERA Date 06/01/2023

Registration Number                      PIN                     

Candidate                      Date                     

Registration Number                      PIN                     

Candidate                      Date                     

Registration Number                      PIN                     

Candidate                      Date