



# 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  
Jul 11, 2023 3:44 PM

Amendment

Joint Candidates Committee Name

YOUR NEW 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

BENJAMIN FINKELSTEIN

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)

WWW.YOURNEWTOWNCOUNCIL.COM

Election Type:  
(Select One)

Primary  
 General

May Municipal  
 Run-Off

Fire District  
 Special

Election Date  
11/07/2023

County

MERCER COUNTY

Legal Name of Election District or Municipality

WEST WINDSOR TOWNSHIP

Political Party

NONPARTISAN

### 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.

