



CANDIDATE - SWORN STATEMENT

FORM A-1

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

ELEC Received
Apr 21, 2022 6:05 PM

Amendment

Candidate Name: MICHAEL DEVLIEGER, Office Sought: COUNCIL OR MUNICIPAL OFFICE
Candidate Committee Name: NEIGHBORS SUPPORTING MIKE DEVLIEGER
Street Address: 608 3RD STREET
City: OCEAN CITY, State: NJ, Zip Code: 08226
Election Type: May Municipal, Election Date: 05/10/2022
County: CAPE MAY COUNTY, Legal Name of Election District or Municipality: OCEAN CITY, Political Party: NONPARTISAN

I, the undersigned, do hereby certify as follows:

- 1. The total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person, or committee shall be zero, or shall not, in the aggregate, exceed \$5,800 for this election.
2. I am aware that in the event the total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person or committee shall, in the aggregate, exceed \$5,800, 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 I receive a contribution in excess of \$300 in the aggregate from one source in an election or acurrency (cash) contribution in any amount, I am required to report the contribution to the Commission on "SupplementalContributor Information," Form C-1, including the identity of the source and the aggregate total of contributions therefrom,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 I receive 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 onthe "Supplemental Contributor Information, " Form C-1, within 48 hours of receipt of the contribution and to identify thesource and the aggregate amount received therefrom during the period, and, if the contributor is an individual, his/heroccupation and the name and address of his/her employer.
5. I am aware that if I make, incur, or authorize 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 andincluding the day of the election, I am required to notify the Commission in writing within 48 hours of the expenditure onthe "Supplemental Expenditure Information," Form E-1.
6. I am aware that I, as a candidate, am required to designate a campaign treasurer and a campaign depository and that I am required to file with the Commission a "Certificate of Organization and Designation of Campaign Treasurer andDepository," Form D-1, no later than 10 days after receipt of any contribution on behalf of my candidacy or 10 days aftermaking any expenditure on behalf of my candidacy, whichever comes first.

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: *****
Candidate: MICHAEL DEVLIEGER
PIN: *****
Date: 04/21/2022

*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.