



POLITICAL COMMITTEE -
REGISTRATION STATEMENT AND DESIGNATION OF
CAMPAIGN TREASURER AND DEPOSITORY

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

FORM PC

ELEC Received
Jun 30, 2022 5:29 PM

Amendment

Committee Name

ONE TOWN ONE VOTE

Identifying Title or Acronym (Optional)

OTOV

Street Address

627 RAMAPO RD

City

TEANECK

State

NJ

Zip Code

07666

*Day Telephone

2015196176

*Evening Telephone

2015196176

Election Type:
(Select One)

Primary

General

May Municipal

Run-Off

Fire District

Special

Election Date

11/08/2022

Statewide Committee

County / Local Committee

Election Related Committee

Ballot Question Committee

County

BERGEN COUNTY

Legal Name of Election District or Municipality

TEANECK TOWNSHIP

Political Party, if any

NONPARTISAN

CHAIRPERSON

Name

MARGARET E FISHER

Mailing Address

627 RAMAPO RD

City

TEANECK

State

NJ

Zip Code

07666

*Day Telephone

2015196176

*Evening Telephone

2015196176

TREASURER

Name

BERNARD ROUS

Mailing Address

764 WENDEL PLACE

City

TEANECK

State

NJ

Zip Code

07666

*Day Telephone

9174842904

*Evening Telephone

9174842904

Resident Address

764 WENDEL PLACE

City

TEANECK

State

NJ

Zip Code

07666

DEPOSITORY INFORMATION

Name of Bank or Depository

LAKELAND BANK

Mailing Address

417 CEDAR LN

City

TEANECK

State

NJ

Zip Code

07666

Day Telephone

2018367717

Account Name

ONE TOWN ONE VOTE

Account Number

****1500

*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.

LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ANY PERSON(S) AUTHORIZED TO SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS

Name
 BERNARD ROUS

Mailing Address
 764 WENDEL PLACE

City	State	Zip Code	*Day Telephone	*Evening Telephone
TEANECK	NJ	07666	9174842904	9174842904

Name

Mailing Address

City	State	Zip Code	*Day Telephone	*Evening Telephone
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Name

Mailing Address

City	State	Zip Code	*Day Telephone	*Evening Telephone
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General Organizational Category or Affiliation (This section includes, but is not limited to: support of or opposition to a candidate, public officeholder, or public question or support of or affiliation with a business, union, professional or trade association, ideological group, civic association, independent expenditure only committee, or other entity.)

SUPPORT OF CANDIDATES

List the names/mailing addresses of the persons or entities having control over the affairs of the political committee.

(This section includes, but is not limited to: persons in whose name or at whose direction or suggestion the committee solicits funds or makes contributions.)

RON SCHWARTZ
 Name of Person or Entity

628 LARCH AVE
 Mailing Address

TEANECK
 City

NJ, 07666
 State, Zip Code

RETIRED
 Occupation

Employer Name

Employer Mailing Address

City, State, Zip Code

Name of Person or Entity

Mailing Address

City

State, Zip Code

Occupation

Employer Name

Employer Mailing Address

City, State, Zip Code

*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.

Name of Person or Entity

Occupation

Mailing Address

Employer Name

City

Employer Mailing Address

State, Zip Code

City, State, Zip Code

Name of Person or Entity

Occupation

Mailing Address

Employer Name

City

Employer Mailing Address

State, Zip Code

City, State, Zip Code

Name of Person or Entity

Occupation

Mailing Address

Employer Name

City

Employer Mailing Address

State, Zip Code

City, State, Zip Code

Name of Person or Entity

Occupation

Mailing Address

Employer Name

City

Employer Mailing Address

State, Zip Code

City, State, Zip Code

Name of Person or Entity

Occupation

Mailing Address

Employer Name

City

Employer Mailing Address

State, Zip Code

City, State, Zip Code

*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.

List the economic, political or other particular interests and objectives to be advanced by the political committee.

OUR MISSION IS TO LEARN FROM AND EDUCATE THE PUBLIC AND BUILD CONSENSUS AROUND ISSUES THAT ARE AT STAKE IN TEANECK; AND TO INCREASE VOTER PARTICIPATION IN LOCAL ELECTIONS THROUGH COALITION BUILDING AND COMMUNITY OUTREACH.
OUR GOALS INCLUDE ENCOURAGING THE NEXT GENERATION OF VOTERS AND COMMUNITY LEADERS AND SUPPORTING CANDIDATES FOR LOCAL OFFICE WHO ARE COMMITTED TO THE PRINCIPLES OF GOOD GOVERNMENT AND SHARE OUR VISION FOR THE TOWN AND EMPOWERING THE COMMUNITY TO HAVE THEIR VOICES HEARD THROUGH INCREASED VOTER REGISTRATION AND PARTICIPATION IN LOCAL ELECTIONS

List the name and resident address of a New Jersey resident who has been designated by the committee as the agent of the political committee to receive service of legal process. Note: if the treasurer is a New Jersey resident, he/she may be designated to accept service of legal process.

Name

BERNARD ROUS

Mailing Address

764 WENDEL PLACE

City

TEANECK

State

NJ

Zip Code

07666

CHAIRPERSON/TREASURER CERTIFICATION FOR PUBLIC QUESTION COMMITTEES

I certify that the statements on this document are true and correct. I further certify that no candidate or officeholder has established, authorized the establishment of, maintained or participated directly or indirectly in the management or control of the political committee, and no candidate shall be permitted to do so during the existence of the political committee. I am aware that if any of the statements on this document are willfully false, I may be subject to punishment.

Registration Number *****

MARGARET E FISHER

Chairperson

PIN *****

06/30/2022

Date

Registration Number *****

BERNARD ROUS

Treasurer

PIN *****

06/30/2022

Date

CHAIRPERSON/TREASURER CERTIFICATION FOR POLITICAL COMMITTEES

Will this committee engage in only independent expenditure activity? Yes No

I certify that the statements on this document are true and correct. I further certify that no candidate or officeholder has established, authorized the establishment of, maintained or participated directly or indirectly in the management or control of the political committee, and no candidate shall be permitted to do so during the existence of the political committee. I am aware that if any of the statements on this document are willfully false, I may be subject to punishment.

Registration Number *****

MARGARET E FISHER

Chairperson

PIN *****

06/30/2022

Date

Registration Number *****

BERNARD ROUS

Treasurer

PIN *****

06/30/2022

Date