

SIGNATURE SHEET

Signature

Print Name

Residence Address (*Number, Street, City, Zip Code*)

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Residence Address (*Number, Street, City, Zip Code*)

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AFFIDAVIT OF PERSON WHO CIRCULATES THIS PETITION AND WITNESSES SIGNATURES

(N.J.S.A. 19:13-7)

The circulator/witness taking the affidavit below must be the person who obtained the names on this set of signatures or several sets of signatures. The circular/witness must take the affidavit for each set he/she solicits and sign in the presence of a person authorized to administer affidavits (e.g., notary public).

State of New Jersey :

: ss.

County of :

I, _____, being duly sworn, upon my oath say that I personally circulated the petition and saw all the signatures made thereto and verily believe that the signers are duly qualified voters. I am at least 18 years of age, a resident of this State, a citizen of the United States, and not otherwise disqualified from voting under the State Constitution or election laws of New Jersey.

(Print Name of Circulator/Witness)

Sworn and subscribed to before me in

_____ N.J., on
(List County where Affidavit was signed and notarized)

(Signature of Circulator/Witness)

this _____ day of
(Day)

(Residence Address of Circulator/Witness)

_____, 20_____
(Month) (Year)

(City or Town of Circulator/Witness) (Zip Code)

(Notary Signature)

(My Commission Expires)

(Place Notary Stamp in the area above)

CANDIDATE’S REQUEST FOR SLOGAN ON THE OFFICIAL GENERAL ELECTION BALLOT

The candidate named in this petition requests that there be printed on the general election ballot the following slogan: (Slogan must not exceed three words and must be in accord with N.J.S.A. 19:13-4. If slogan includes the name of any person other than the candidate or any incorporated association of this State, written consent of such person or incorporated association of this State must be attached.)

<u>County</u>	<u>Slogan</u> (Please Print or Type)	<u>County</u>	<u>Slogan</u> (Please Print or Type)
ATLANTIC	_____	MIDDLESEX	_____
BERGEN	_____	MONMOUTH	_____
BURLINGTON	_____	MORRIS	_____
CAMDEN	_____	OCEAN	_____
CAPE MAY	_____	PASSAIC	_____
CUMBERLAND	_____	SALEM	_____
ESSEX	_____	SOMERSET	_____
GLOUCESTER	_____	SUSSEX	_____
HUDSON	_____	UNION	_____
HUNTERDON	_____	WARREN	_____
MERCER	_____		

OATH OF ALLEGIANCE

Candidate Need Only Sign This Page Once for All Petitions

QUALIFICATIONS FOR UNITED STATES SENATOR:

Shall have attained the age of 30 years by the day of the swearing into office
Citizen of the United States for 9 years by the day of the swearing into office
Resident of New Jersey as of the day of the General Election

State of New Jersey :
County of :
: SS.

I, _____, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution
(Print Name of U.S. Senate Candidate)
of the State of New Jersey; that I will bear true faith and allegiance to the same and to the Governments established in the United States and in this State,
under the authority of the people.

So help me God.

Sworn and subscribed to before me in

_____ N.J., on
(List County where Oath was signed and notarized)

(Signature of U.S. Senate Candidate)

this _____ day of _____, 20____
(Day) (Month) (Year)

(Notary Signature)

(My Commission Expires)

(Place Notary Stamp in the area above)

CERTIFICATE OF ACCEPTANCE TO BE SIGNED BY CANDIDATE
(N.J.S.A. 19: 13-8)

I, the undersigned, hereby certify that I accept the nomination herein and that I am a resident of and a legal voter in the jurisdiction of the office for which the nomination is being made.

(Signature of U.S. Senate Candidate)

(Printed or Typewritten Name of U.S. Senate Candidate)

(Residence Address of U.S. Senate Candidate)

(City or Town & Zip Code of U.S. Senate Candidate)

Candidate Must Sign an Oath of Allegiance and Certificate of Acceptance