

PETITION FOR DISTRICT DELEGATES/ALTERNATES TO THE DEMOCRATIC NATIONAL CONVENTION

100 Signatures Required (N.J.S.A. 19:24-4)

_____ DELEGATE DISTRICT

To the Honorable Secretary of State: (N.J.S.A. 19:24-4)

Each signer of this petition certifies that the following statements are true:

- 1) I reside in the State of New Jersey in the _____ Delegate District;
- 2) I am a qualified voter therein;
- 3) I am a member of the Democratic party;
- 4) I intend to affiliate with the said party at the ensuing election;
- 5) I indorse the person(s) named as candidate(s) for the nomination to the office of District Delegates(s)/Alternate(s) position(s) to the Democratic National Convention; and
- 6) I request that you cause to be printed upon the official primary election ballot of the said party, the name of said person(s) as the candidate(s) for such nomination; (N.J.S.A. 19:23-7; N.J.S.A. 19:24-3; N.J.S.A. 19:24-4; N.J.S.A. 19:24-5).

For Division of Elections Use:

Total Number of Signatures on this Petition _____

Total Number of Signatures on all Petitions _____

CHOICE FOR PRESIDENT

(N.J.S.A. 19:24-5)

(OPTIONAL)

Please place the name of the candidate for President, opposite our individual names or opposite our group of names. The candidate has signed his/her permission below allowing the use of his/her name.

I consent to the use of my name to be shown opposite the names or groups of names of the district delegate(s) and alternate district delegate(s) candidates.

*Signature of Choice for President

Signature of Choice for President is REQUIRED if this option is exercised.

***Pursuant to N.J.S.A. 19:24-5 which allows delegates or alternates, with written consent, to have the name of the candidate for President whom they favor placed opposite their individual names, enclosed herein is the written consent of the Presidential candidate or his/her authorized representative stating that the congressional district delegate(s) and congressional alternate district delegate(s) are entitled to use the name of and run on the line, column or row with said candidate for President.**

(Petition filing deadline - before 4pm on the 64th day before the primary election) (N.J.S.A.19:24-4)

THIS PAGE IS FOR PLEDGED DISTRICT DELEGATES ONLY

List candidates in alphabetical order. Names must appear the same on all petitions to be filed.

Please print or type on lines below.

Name of District Delegate	Residence Address	City	Zip Code	Email Address
1. _____	_____ <small>(Post Office Address)</small>	_____	_____	_____
2. _____	_____ <small>(Post Office Address)</small>	_____	_____	_____
3. _____	_____ <small>(Post Office Address)</small>	_____	_____	_____
4. _____	_____ <small>(Post Office Address)</small>	_____	_____	_____
5. _____	_____ <small>(Post Office Address)</small>	_____	_____	_____
6. _____	_____ <small>(Post Office Address)</small>	_____	_____	_____

The candidates herein request that they be grouped together on the ballot (N.J.S.A. 19:24-5)

EACH CANDIDATE MUST SIGN A CERTIFICATE OF ACCEPTANCE AND AN OATH OF ALLEGIANCE

THIS PAGE IS FOR PLEDGED DISTRICT ALTERNATES ONLY

List candidates in alphabetical order. Names must appear the same on all petitions to be filed.

Please print or type on lines below.

Name of District Alternate	Residence Address	City	Zip Code	Email Address
1. _____	_____	_____	_____	_____
	(Post Office Address) _____	_____	_____	
2. _____	_____	_____	_____	_____
	(Post Office Address) _____	_____	_____	

The candidates herein request that they be grouped together on the ballot (N.J.S.A. 19:24-5)

EACH CANDIDATE MUST SIGN A CERTIFICATE OF ACCEPTANCE AND AN OATH OF ALLEGIANCE

THIS PAGE IS FOR UNCOMMITTED DISTRICT DELEGATES ONLY

List candidates in alphabetical order. Names must appear the same on all petitions to be filed.

Please print or type on lines below.

Name of District Delegate	Residence Address	City	Zip Code	Email Address
1. _____	_____	_____	_____	_____
	(Post Office Address)	_____	_____	
2. _____	_____	_____	_____	_____
	(Post Office Address)	_____	_____	
3. _____	_____	_____	_____	_____
	(Post Office Address)	_____	_____	
4. _____	_____	_____	_____	_____
	(Post Office Address)	_____	_____	
5. _____	_____	_____	_____	_____
	(Post Office Address)	_____	_____	
6. _____	_____	_____	_____	_____
	(Post Office Address)	_____	_____	

The candidates herein request that they be grouped together on the ballot (N.J.S.A. 19:24-5)

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THIS PAGE IS FOR UNCOMMITTED DISTRICT ALTERNATES ONLY

List candidates in alphabetical order. Names must appear the same on all petitions to be filed.

Please print or type on lines below.

Name of District Alternate	Residence Address	City	Zip Code	Email Address
1. _____	_____	_____	_____	_____
	(Post Office Address) _____	_____	_____	
2. _____	_____	_____	_____	_____
	(Post Office Address) _____	_____	_____	

The candidates herein request that they be grouped together on the ballot (N.J.S.A. 19:24-5)

EACH CANDIDATE MUST SIGN A CERTIFICATE OF ACCEPTANCE AND AN OATH OF ALLEGIANCE

SIGNATURE SHEET

Signature: _____

Name: _____

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