

# 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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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

Print Name

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

1.		
2.		
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**SIGNATURE SHEET**

Signature

Print Name

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

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**SIGNATURE SHEET**

Signature

Print Name

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

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**SIGNATURE SHEET**

Signature

Print Name

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

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**SIGNATURE SHEET**

Signature

Print Name

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**SIGNATURE SHEET**

Signature

Print Name

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

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**SIGNATURE SHEET**

Signature

Print Name

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. 19:23-11)

The person making the affidavit below must be the person who witnessed the signatures appearing on this petition or any other petition for the same candidate and office. The person must make an affidavit for each petition and set of signatures he/she solicits and sign the affidavit in the presence of a person authorized to administer oaths (e.g., notary public).

State of New Jersey :

: SS.

County of :

I, \_\_\_\_\_, being duly sworn, upon my oath say that I am a registered voter  
(Print Name of Circulator/Witness)

in this State whose party affiliation is of the same political party named in the petition; that the petition is signed by each of the signers thereof in his/her proper handwriting; that the signers are to the best knowledge and belief of the affiant legal voters of the State or political subdivision thereof, as the case may be, as stated in the petition, belong to the political party named in the petition.

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)



**REQUEST FOR DESIGNATION OR SLOGAN ON THE OFFICIAL PRIMARY BALLOT**

The candidate(s) herein having been indorsed for nomination to the office of District Delegate(s)/Alternate(s) hereby request that there be printed opposite the name(s) of the candidate(s) on the said primary ballot the following slogan:

(The designation or slogan must not exceed six words.) (N.J.S.A. 19:23-17)

**NOTE:** No such designation or slogan shall include or refer to the name of any person or any incorporated association of this State unless the written consent of such person or incorporated association of this State or their authorized representative is filed with this petition of nomination.

**COMMITTEE ON VACANCIES**

(The Committee on Vacancies may only fill a vacancy up to 55 days before the Primary Election) (N.J.S.A.19:23-12)

This committee shall have power in case of resignation or otherwise of the person endorsed as a candidate in said petition to fill such a vacancy by filing with the Secretary of State, a certificate of nomination to fill the vacancy.

**Note: It is not mandatory to have a “Committee on Vacancies”.**

The names and residence addresses of the three members named as a committee on vacancies are as follows:

Name(s)	Residence Address	City	Zip Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**QUALIFICATIONS FOR CANDIDATE FOR DEMOCRATIC DISTRICT DELEGATES & ALTERNATES:**

- Shall have attained the age of 18 years by the day of the swearing into office
- United States Citizen
- Resident of New Jersey by the day of the election
- Resident of the Delegate District for one year as of the day of the swearing into office
- Registered Democratic Voter

OATH OF ALLEGIANCE

Candidate Need Only Sign This Page Once for All Petitions

State of New Jersey :
: SS.
County of :

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution
(Print Name of Delegate/Alternate 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 Affidavit was signed and notarized)

\_\_\_\_\_
(Signature of Delegate/Alternate Candidate)

this \_\_\_\_\_ day of
(Day)

\_\_\_\_\_
(Residence Address of Delegate/Alternate Candidate)

\_\_\_\_\_, 20\_\_\_\_
(Month) (Year)

\_\_\_\_\_ (City or Town of Delegate/Alternate Candidate) \_\_\_\_\_ (Zip Code)

\_\_\_\_\_
(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: 23-15)

I, the undersigned, hereby certify that I am a member of the \_\_\_\_\_ Party and qualified for the office.

\_\_\_\_\_
(Signature of Delegate/Alternate Candidate)

\_\_\_\_\_
(Residential Address of Delegate/Alternate Candidate)

\_\_\_\_\_
(Printed or Typewritten Name of Delegate/Alternate Candidate)

\_\_\_\_\_ (City or Town of Delegate/Alternate Candidate) \_\_\_\_\_ ( Zip Code)

Candidate Must Sign an Oath of Allegiance and Certificate of Acceptance

OATH OF ALLEGIANCE

Candidate Need Only Sign This Page Once for All Petitions

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: SS.
County of :

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

\_\_\_\_\_
(Signature of Delegate/Alternate Candidate)

this \_\_\_\_\_ day of
(Day)

\_\_\_\_\_
(Residence Address of Delegate/Alternate Candidate)

\_\_\_\_\_, 20\_\_\_\_
(Month) (Year)

\_\_\_\_\_ (City or Town of Delegate/Alternate Candidate) \_\_\_\_\_ (Zip Code)

\_\_\_\_\_
(Notary Signature)

\_\_\_\_\_
(My Commission Expires)

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(Residential Address of Delegate/Alternate Candidate)

\_\_\_\_\_
(Printed or Typewritten Name of Delegate/Alternate Candidate)

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\_\_\_\_\_
(Residential Address of Delegate/Alternate Candidate)

\_\_\_\_\_
(Printed or Typewritten Name of Delegate/Alternate Candidate)

\_\_\_\_\_ (City or Town of Delegate/Alternate Candidate) ( Zip Code)

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So help me God.

Sworn and subscribed to before me in

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

\_\_\_\_\_
(Signature of Delegate/Alternate Candidate)

this \_\_\_\_\_ day of
(Day)

\_\_\_\_\_
(Residence Address of Delegate/Alternate Candidate)

\_\_\_\_\_, 20\_\_\_\_
(Month) (Year)

\_\_\_\_\_ (City or Town of Delegate/Alternate Candidate) \_\_\_\_\_ (Zip Code)

\_\_\_\_\_
(Notary Signature)

\_\_\_\_\_
(My Commission Expires)

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(Signature of Delegate/Alternate Candidate)

\_\_\_\_\_
(Residential Address of Delegate/Alternate Candidate)

\_\_\_\_\_
(Printed or Typewritten Name of Delegate/Alternate Candidate)

\_\_\_\_\_ (City or Town of Delegate/Alternate Candidate) \_\_\_\_\_ ( Zip Code)

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\_\_\_\_\_
(Signature of Delegate/Alternate Candidate)

this \_\_\_\_\_ day of
(Day)

\_\_\_\_\_
(Residence Address of Delegate/Alternate Candidate)

\_\_\_\_\_, 20\_\_\_\_
(Month) (Year)

\_\_\_\_\_ (City or Town of Delegate/Alternate Candidate) \_\_\_\_\_ (Zip Code)

\_\_\_\_\_
(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: 23-15)

I, the undersigned, hereby certify that I am a member of the \_\_\_\_\_ Party and qualified for the office.

\_\_\_\_\_
(Signature of Delegate/Alternate Candidate)

\_\_\_\_\_
(Residential Address of Delegate/Alternate Candidate)

\_\_\_\_\_
(Printed or Typewritten Name of Delegate/Alternate Candidate)

\_\_\_\_\_ (City or Town of Delegate/Alternate Candidate) \_\_\_\_\_ ( Zip Code)

Candidate Must Sign an Oath of Allegiance and Certificate of Acceptance

OATH OF ALLEGIANCE

Candidate Need Only Sign This Page Once for All Petitions

State of New Jersey :
: SS.
County of :

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(Print Name of Delegate/Alternate Candidate)
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\_\_\_\_\_
(Signature of Delegate/Alternate Candidate)

this \_\_\_\_\_ day of
(Day)

\_\_\_\_\_
(Residence Address of Delegate/Alternate Candidate)

\_\_\_\_\_, 20\_\_\_\_
(Month) (Year)

\_\_\_\_\_ (City or Town of Delegate/Alternate Candidate) \_\_\_\_\_ (Zip Code)

\_\_\_\_\_
(Notary Signature)

\_\_\_\_\_
(My Commission Expires)

(Place Notary Stamp in the area above)

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\_\_\_\_\_
(Signature of Delegate/Alternate Candidate)

\_\_\_\_\_
(Residential Address of Delegate/Alternate Candidate)

\_\_\_\_\_
(Printed or Typewritten Name of Delegate/Alternate Candidate)

\_\_\_\_\_ (City or Town of Delegate/Alternate Candidate) \_\_\_\_\_ ( Zip Code)

Candidate Must Sign an Oath of Allegiance and Certificate of Acceptance

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: SS.
County of :

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\_\_\_\_\_
(Signature of Delegate/Alternate Candidate)

this \_\_\_\_\_ day of
(Day)

\_\_\_\_\_
(Residence Address of Delegate/Alternate Candidate)

\_\_\_\_\_, 20\_\_\_\_
(Month) (Year)

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(Printed or Typewritten Name of Delegate/Alternate Candidate)

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Candidate Must Sign an Oath of Allegiance and Certificate of Acceptance



OATH OF ALLEGIANCE

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: SS.
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Candidate Must Sign an Oath of Allegiance and Certificate of Acceptance