

PETITION FOR MEMBER OF THE NEW JERSEY STATE SENATE

100 Signatures Required (N.J.S.A. 19:23-8)

PETITION OF NOMINATION FOR THE PRIMARY ELECTION _____ PARTY

(PRINT NAME OF PARTY)

25th LEGISLATIVE DISTRICT

To the Honorable Secretary of State: (N.J.S.A. 19:23-6)

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

- 1) I reside in the State of New Jersey in the 25th Legislative District;
- 2) I am a qualified voter therein;
- 3) I am a member of the _____ party;
- 4) I intend to affiliate with the said party at the ensuing election;
- 5) I indorse the person named as candidate for the nomination to the office of Member of the New Jersey State Senate; and
- 6) I request that you cause to be printed upon the official primary election ballot of the said party, the name of the candidate listed below; (N.J.S.A. 19:23-7).

For Division of Elections Use:

Total Number of Signatures on this Petition _____

Total Number of Signatures on all Petitions _____

Name of Candidate: _____

(Name must appear the same on all petition booklets to be filed.)

(Please print or type name)

Residential Address _____ City _____ Zip Code _____

Post Office Address _____ City _____ Zip Code _____

Candidate Email Address _____

COMPLETE ALL INFORMATION ON THIS PAGE PRIOR TO CIRCULATION

(Petition filing deadline - before 4pm on the 64th day before the primary election) (N.J.S.A.19:23-14)

SIGNATURE SHEET

Signature

Print Name

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

1.		
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SIGNATURE SHEET

Signature

Print Name

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

11.		
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13.		
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20.		

SIGNATURE SHEET

Signature

Print Name

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

21.		
22.		
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SIGNATURE SHEET

Signature

Print Name

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

31.		
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SIGNATURE SHEET

Signature

Print Name

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

41.		
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SIGNATURE SHEET

Signature

Print Name

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

51.		
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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 (<i>Number, Street, City, Zip Code</i>)
81.		
82.		
83.		
84.		
85.		
86.		
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89.		
90.		

SIGNATURE SHEET

Signature

Print Name

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

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100.		

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)

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

The candidate named in this petition requests that there be printed on the primary election ballot the following slogan: (Slogan must not exceed six words and must be in accord with N.J.S.A. 19:23-17. 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.)

County

Slogan (Please Print or Type)

1. _____

2. _____

3. _____

4. _____

NOTE: *There are up to four counties in a legislative district, so enough lines are provided above for the purpose of identifying slogans in each county where the nominee is a candidate.*

NOTICE

All candidates are required by law to comply with the provisions of the “New Jersey Campaign Contributions and Expenditures Reporting Act.”
For further information, please contact the Election Law Enforcement Commission at (609) 292-8700.

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OATH OF ALLEGIANCE
Candidate Need Only Sign This Page Once for All Petitions

QUALIFICATIONS FOR CANDIDATE FOR THE OFFICE OF MEMBER OF THE STATE SENATE:

Shall have attained the age of 30 years by the day of the swearing into office
United States Citizen
Resident of New Jersey for four years as of the day of the General Election
Resident of the 25th legislative district for one year as of the day of the General Election
Legal voter by the day the petition is filed

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 of the
(Print Name of State Senate Candidate)

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 State 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. 19:23-15)

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

(Signature of State Senate Candidate)

(Printed or Typewritten Name of State Senate Candidate)

(Residence Address of State Senate Candidate)

(City or Town & Zip Code of State Senate Candidate)

Candidate Must Sign an Oath of Allegiance and Certificate of Acceptance

Pursuant to N.J.S.A. 19:23-15, however, no candidate who has accepted the nomination by a direct petition of nomination for the general election shall sign an acceptance to a petition of nomination for such office for the primary election. In addition, no candidate named in a petition for the office of Member of the New Jersey State Senate shall sign an acceptance if the candidate has signed an acceptance for the primary nomination or any other petition of nomination for the office of member of the New Jersey State Senate in another legislative district in the same calendar year.

DISCLOSURE STATEMENT OF CRIMINAL CONVICTION

Pursuant to P.L. 2004, chapter 26 the following statement **must be completed and filed** with the Nomination Petition

Please Check Applicable Box

I, the undersigned, hereby certify that in accordance with N.J.S.A. 19:23-15:

- I have not been convicted of any offense graded by Title 2C of the New Jersey Statutes as a crime of the first, second, third or fourth degree, or an offense in any jurisdiction which, if committed in this State, would constitute such a crime.
- I have been convicted of an offense graded by Title 2C of the New Jersey Statutes as a crime of the first, second, third or fourth degree, or any offense in any jurisdiction which, if committed in this State, would constitute such a crime as follows:

1. Crime of conviction: _____

2. Date of conviction: _____

3. Place of conviction: _____

4. Penalties imposed for the conviction: _____

**As an alternative, you may submit with the statement a copy of an official document that provides the above information. If you have been convicted of more than one criminal offense, such information about each conviction shall be provided. Records of expunged conviction(s) pursuant to chapter 52 of Title 2C of the New Jersey Statutes shall not be subject to disclosure.*

I certify the foregoing is a true and accurate statement.

(Signature of State Senate Candidate)

(Printed or Typewritten Name of State Senate Candidate)

(Residential Address of State Senate Candidate)

(City or Town of State Senate Candidate) (Zip Code)