PETITION FOR CONGRESSIONAL DISTRICT DELEGATES/ALTERNATES TO THE REPUBLICAN NATIONAL CONVENTION

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

____ CONGRESSIONAL 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 ________________ Congressional Delegate District;
2) I am a qualified voter therein;
3) I am a member of the Republican 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 Republican 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).

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)
List candidates in the order in which they are to appear on the ballot. Names must appear the same on all petitions to be filed.

Please print or type on lines below.

<table>
<thead>
<tr>
<th>Name of Congressional District Delegate</th>
<th>Residence Address</th>
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<th>Zip Code</th>
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<th>Name of District Alternate</th>
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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**
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<th>Signature</th>
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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 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) (Month) 20________

(Signature of Circulator/Witness) (Month) (Year)

(Residence Address of Circulator/Witness) (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:

<table>
<thead>
<tr>
<th>Name(s)</th>
<th>Residence Address</th>
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QUALIFICATIONS FOR CANDIDATE FOR REPUBLICAN 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 Congressional Delegate District as of the day of the swearing into office
Registered Republican 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

__________________________________________
(List County where Affidavit was signed and notarized)

_________________________ day of
(Day)

_________________________, 20________
(Month) (Year)

__________________________
(Notary Signature)

__________________________________________
(My Commission Expires) (Place Notary Stamp in the area above)

CERTIFICATE OF ACCEPTANCE TO BE SIGNED BY CANDIDATE
(NJSA 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

ALL INFORMATION IS REQUIRED TO BE COMPLETED  PAGE 15
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 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)

Day of

(List County where Affidavit was signed and notarized)

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Residence Address of Delegate/Alternate Candidate

this ________________________ day of

(Day)

Day of

(List County where Affidavit was signed and notarized)

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City or Town of Delegate/Alternate Candidate

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(Month)

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(List County where Affidavit was signed and notarized)

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City or Town of Delegate/Alternate Candidate

_____________________________, 20________

(Month)

(Year)

(List County where Affidavit was signed and notarized)

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Notary Signature

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(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

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(Printed or Typewritten Name of Delegate/Alternate Candidate)

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City or Town of Delegate/Alternate Candidate

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(List County where Affidavit was signed and notarized)

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(Year)

(List County where Affidavit was signed and notarized)

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___________________________

(Year)

(List County where Affidavit was signed and notarized)

________________________________

City or Town of Delegate/Alternate Candidate

___________________________

(Year)}
OATH OF ALLEGIANCE
Candidate Need Only Sign This Page Once for All Petitions

State of New Jersey : 
County of : 

I, _____________________________, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution 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
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 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 ______________________________ day of ______________________________, 20________

(The List County where Affidavit was signed and notarized) (Signature of Delegate/Alternate Candidate) (Signature of Delegate/Alternate Candidate) (Print Name of Delegate/Alternate Candidate) (Residence Address of Delegate/Alternate Candidate) (City or Town of Delegate/Alternate Candidate) (Zip Code) (My Commission Expires) (Place Notary Stamp in the area above)

CERTIFICATE OF ACCEPTANCE TO BE SIGNED BY CANDIDATE
(NJ.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

ALL INFORMATION IS REQUIRED TO BE COMPLETED
OATH OF ALLEGIANCE
Candidate Need Only Sign This Page Once for All Petitions

State of New Jersey

County of

I, _____________________________, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution 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
(NJSA 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)
(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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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 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) (Month) 20_____________________

(Residence Address of Delegate/Alternate Candidate) (City or Town of Delegate/Alternate Candidate) (Zip Code)

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(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

ALL INFORMATION IS REQUIRED TO BE COMPLETED

PAGE 20
ACKNOWLEDGMENT OF DELEGATE STATEMENT
(New Jersey Republican State Committee Rules Governing the Selection of Delegates to the Republican National Convention)

The Delegate understands that he/she is bound by the results of the June 2nd primary and must vote for ____________________________ on the first ballot at the national convention unless that candidate publicly announces that he/she no longer seeks the nomination.

___________________________________
(Signature of Congressional Delegate Candidate)

ACKNOWLEDGMENT OF DELEGATE STATEMENT
(New Jersey Republican State Committee Rules Governing the Selection of Delegates to the Republican National Convention)

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(Signature of Congressional Delegate Candidate)

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(Signature of Congressional Delegate Candidate)
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___________________________________
(Signature of Congressional Delegate Candidate)