

PETITION FOR CHOICE FOR PRESIDENT

1000 Signatures Required (N.J.S.A. 19:25-3)

PETITION OF NOMINATION FOR THE PRIMARY ELECTION \_\_\_\_\_ PARTY
(PRINT NAME OF PARTY)

For Division of Elections Use:
Total Number of Signatures on this Petition \_\_\_\_\_
Total Number of Signatures on all Petitions \_\_\_\_\_

To the Honorable Secretary of State:

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

- 1) I reside in the State of New Jersey;
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 President of the United States; 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).

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 ( <i>Number, Street, City, Zip Code</i> )
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**SIGNATURE SHEET**

Signature	Print Name	Residence Address ( <i>Number, Street, City, Zip Code</i> )
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**SIGNATURE SHEET**

Signature	Print Name	Residence Address ( <i>Number, Street, City, Zip Code</i> )
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**SIGNATURE SHEET**

Signature	Print Name	Residence Address ( <i>Number, Street, City, Zip Code</i> )
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**SIGNATURE SHEET**

Signature	Print Name	Residence Address ( <i>Number, Street, City, Zip Code</i> )
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**SIGNATURE SHEET**

Signature	Print Name	Residence Address ( <i>Number, Street, City, Zip Code</i> )
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**SIGNATURE SHEET**

Signature	Print Name	Residence Address ( <i>Number, Street, City, Zip Code</i> )
81.		
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**SIGNATURE SHEET**

Signature	Print Name	Residence Address ( <i>Number, Street, City, Zip Code</i> )
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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)

**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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Please Print or Type Information in Above Spaces)

**QUALIFICATIONS FOR CANDIDATE FOR THE OFFICE OF CHOICE FOR PRESIDENT**

- Shall have attained the age of 35 years by the day of the swearing into office
- Resident of the United States for at least 14 years by the day of the swearing into office
- A natural born citizen of the United States