

# PETITION FOR MEMBER OF THE UNITED STATES HOUSE OF REPRESENTATIVES

50 Signatures Required (N.J.S.A. 19:13-5)

## PETITION OF DIRECT NOMINATION FOR THE GENERAL ELECTION

\_\_\_\_\_ CONGRESSIONAL DISTRICT

By checking this box, I acknowledge that I have confirmed my congressional district at the following link: <https://www.njredistrictingcommission.org/adoption2022map.asp>. I further acknowledge the congressional district listed above is the district I intend on being a candidate in as a result of re-districting.

<p><b>For Division of Elections Use:</b></p> <p>Total Number of Signatures on this Petition _____</p> <p>Total Number of Signatures on all Petitions _____</p>
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To the Honorable Secretary of State: (N.J.S.A. 19:13-3)

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

- 1) I reside in the State of New Jersey in the \_\_\_\_\_ Congressional District;
- 2) I am a qualified voter therein;
- 3) I have not signed any other petition of nomination for the primary or for the general election for such office; and
- 4) I request that you cause to be printed upon the official general election ballot the name of the candidate listed below. (N.J.S.A. 19:13-4).

**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)

**ALL INFORMATION ABOVE MUST BE COMPLETED PRIOR TO CIRCULATION**

Petition filing deadline - Before 4 p.m. on **June 7, 2022** (N.J.S.A.19:13-9)

**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

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

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> )
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72.		
73.		
74.		
75.		
76.		
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**SIGNATURE SHEET**

Signature

Print Name

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

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87.		
88.		
89.		
90.		

**SIGNATURE SHEET**

Signature

Print Name

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

91.		
92.		
93.		
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99.		
100.		

**AFFIDAVIT OF PERSON WHO CIRCULATES THIS PETITION AND WITNESSES SIGNATURES**

(N.J.S.A. 19:13-7)

The circulator/witness taking the affidavit below must be the person who obtained the names on this set of signatures or several sets of signatures. The circular/witness must take the affidavit for each set he/she solicits and sign in the presence of a person authorized to administer affidavits (e.g., notary public).

State of New Jersey :

: ss.

County of :

I, \_\_\_\_\_, being duly sworn, upon my oath say that I personally circulated the petition and saw all the signatures made thereto and verily believe that the signers are duly qualified voters. I am at least 18 years of age, a resident of this State, a citizen of the United States, and not otherwise disqualified from voting under the State Constitution or election laws of New Jersey.

(Print Name of Circulator/Witness)

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 GENERAL ELECTION BALLOT**

The candidate named in this petition requests that there be printed on the general election ballot the following slogan: (Slogan must not exceed three words and must be in accord with N.J.S.A. 19:13-4. 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.	
5.	
6.	

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

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

QUALIFICATIONS FOR CANDIDATE FOR THE OFFICE OF MEMBER OF THE HOUSE OF REPRESENTATIVES:

Shall have attained the age of 25 years by the day of the swearing into office
United States Citizen for 7 years by the day of the swearing into office
Resident of New Jersey as of the day of the General Election

State of New Jersey :
County of :
: SS.

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution
(Print Name of House of Representative 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 Oath was signed and notarized)

\_\_\_\_\_
(Signature of House of Representative 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. 19:13-8)

I, the undersigned, hereby certify that I accept the nomination herein and that I am a resident of and a legal voter in the jurisdiction of the office for which the nomination is being made.

\_\_\_\_\_  
(Signature of House of Representative Candidate)

\_\_\_\_\_  
(Printed or Typewritten Name of House of Representative Candidate)

\_\_\_\_\_  
(Residence Address of House of Representative Candidate)

\_\_\_\_\_  
(City or Town & Zip Code of House of Representative Candidate)

**Candidate Must Sign an Oath of Allegiance and Certificate of Acceptance**