

# PETITION FOR MEMBER OF THE NEW JERSEY GENERAL ASSEMBLY

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

<b>For Division of Elections Use:</b>	
Total Number of Signatures on this Petition _____	
Total Number of Signatures on all Petitions _____	

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

\_\_\_\_\_ 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 \_\_\_\_\_ 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 General Assembly; 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).

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

**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 \_\_\_\_\_

**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 \_\_\_\_\_

Check box if candidates listed above are to be bracketed on ballot and their names shall appear on the ballot as indicated. (N.J.S.A. 19:14-10, N.J.S.A. 19:14-12)

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

**Petition Filing Deadline:** Before 4 p.m. on March 27, 2023. (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 (*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 (*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 my party affiliation is of the same political party named  
(Print Name of Circulator/Witness)

in the petition, I am at least 18 years of age, a citizen of the United States and not otherwise disqualified from voting; 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 residential 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 GENERAL ASSEMBLY:

Shall have attained the age of 21 years by the day of the swearing into office
United States Citizen

Resident of New Jersey for two years as of the day of the General Election
Resident of the 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 General Assembly 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 General Assembly Candidate)

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_
(Day) (Month) (Year)

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

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

(Place Notary Stamp in the area above)

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So help me God.

Sworn and subscribed to before me in

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

\_\_\_\_\_
(Signature of General Assembly 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 General Assembly Candidate)

\_\_\_\_\_  
(Printed or Typewritten Name of General Assembly Candidate)

\_\_\_\_\_  
(Residence Address of General Assembly Candidate)

\_\_\_\_\_  
(City or Town & Zip Code of General Assembly 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 General Assembly 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 General Assembly in another legislative district in the same calendar year.

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(N.J.S.A. 19:23-15)

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\_\_\_\_\_  
(Signature of General Assembly Candidate)

\_\_\_\_\_  
(Printed or Typewritten Name of General Assembly Candidate)

\_\_\_\_\_  
(Residence Address of General Assembly Candidate)

\_\_\_\_\_  
(City or Town & Zip Code of General Assembly Candidate)

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**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 General Assembly Candidate)

\_\_\_\_\_  
(Printed or Typewritten Name of General Assembly Candidate)

\_\_\_\_\_  
(Residential Address of General Assembly Candidate)

\_\_\_\_\_  
(City or Town of General Assembly Candidate)      (Zip Code)

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- 1. Crime of conviction:
2. Date of conviction:
3. Place of conviction:
4. Penalties imposed for the conviction:

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I certify the foregoing is a true and accurate statement.

(Signature of General Assembly Candidate)

(Printed or Typewritten Name of General Assembly Candidate)

(Residential Address of General Assembly Candidate)

(City or Town of General Assembly Candidate) (Zip Code)