

PETITION FOR MEMBER OF THE NEW JERSEY GENERAL ASSEMBLY

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

PETITION OF NOMINATION FOR THE GENERAL ELECTION

34 LEGISLATIVE DISTRICT

To the Honorable Secretary of State: (N.J.S.A. 19:13-3)

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

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

- 1) I reside in the State of New Jersey in the 34 Legislative 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

(Please Print or Type All Information Required Above)

COMPLETE ALL INFORMATION ON THIS PAGE PRIOR TO CIRCULATION

(Petition filing deadline - before 4 p.m. on June 5, 2018) (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 (*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. 19:13-7)

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.	_____	_____

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.

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 :
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 General Assembly 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 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 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 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

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)