

MUNICIPAL CANDIDATES' PRIMARY ELECTION PETITION

COMPLETE ALL INFORMATION ON THIS PETITION PRIOR TO CIRCULATION

Candidate must be registered voter and resident of area 1 year prior to Election Day (N.J.S.A. 40A:9-1.13)

IMPORTANT: The Name, Address and Designation of the Candidates on this petition must be printed or typed. If not complied with, petition will be returned to be properly filled out. The information given in this petition as to the above is used in certifying to the County Clerk.

PARTY
PETITION OF NOMINATION FOR PRIMARY ELECTION
TO BE HELD ON TUESDAY, June __, 20__.

PETITION FOR City Council, Borough Council, Township Committee or Mayor.
(Please Circle Correct Office)

To: _____, Municipal Clerk of _____
(Municipal Clerk) (Name of Municipality)

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

- 1) I reside in the State of New Jersey, County of Salem, Municipality of _____.
- 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 endorse the person(s) hereinafter mentioned as candidate(s) for the nomination for the office of: _____.
- 6) I request that you cause to be printed upon the official primary 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)

(Please Print or Type)

Name(s) of Candidate	Res. & Post Office Address	City	Zip Code	Phone No.	Office
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CANDIDATES' REQUEST FOR DESIGNATION ON THE OFFICIAL PRIMARY BALLOT

The candidates herein having been endorsed for the office mentioned in this petition, do hereby request that there be printed opposite the names of candidates on the said primary ballot the following designation: (Designation must not exceed six words and must be in accord with N.J.S.A. 19:23-17. If slogan includes the name of an individual other than the candidate or incorporated association of this State, written consent must be attached.)

SLOGAN

(Please insert slogan on above line)

FILE THIS PETITION WITH YOUR MUNICIPAL CLERK NOT LATER THAN 4:00 P.M. 64 DAYS PRIOR TO THE DATE OF THE PRIMARY ELECTION, WHICH IS

(Date of Filing)

SIGNATURE SHEET

Signature and residence address of registered voter:

1.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)
2.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)
3.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)
4.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)
5.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)
6.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)
7.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)
8.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)
9.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)
10.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)
11.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)
12.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)

SIGNATURE SHEET

Signature and residence address of registered voter:

13.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)
14.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)
15.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)
16.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)
17.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)
18.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)
19.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)
20.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)
21.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)
22.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)
23.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)
24.	Signature	Print Name
	Resident Address (Number and Street)	City, State & Zip Code)

AFFIDAVIT OF PERSON WHO CIRCULATES THIS PETITION AND WITNESSES SIGNATURES

The witness taking the affidavit below must be the person who obtained the names on this set of signatures or several sets of signatures. The 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), but must sign one signature sheet endorsing the candidate.

STATE OF NEW JERSEY)
) ss.
COUNTY OF SALEM)

I, _____, being duly sworn, upon my oath say that I am the circulator of this
(Print Name of Circulator/Witness)
petition and a registered New Jersey voter of the same political party of the candidate for whom this petition is being circulated; that such petition was signed by each of the signers thereof in his/her own proper handwriting: that each of such signers is, to the best of my knowledge and belief, a legal voter of the State of New Jersey, and belongs to the political party named in said petition, and that such petition is prepared and filed in absolute good faith for the sole purpose of the person(s) herein named in order to secure his or her nomination(s) or selection(s).

Subscribed and sworn to before me at

_____, NJ, _____
(Signature of Circulator/Witness)
This _____ day of _____
_____, _____
(Street Address of Circulator/Witness)
(City or Town) (Zip Code)

Notary Signature/Seal

TOTAL NUMBER OF SIGNATURES ON THIS PETITION _____
TOTAL NUMBER OF SIGNATURE ON ALL PETITIONS _____

CERTIFICATE OF ACCEPTANCE TO BE SIGNED BY CANDIDATE/S

I, the undersigned, hereby certify 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 made:

Typed Name of Township Committee Candidate Street Address City, Zip Code Telephone No.

Signature of Township Committee Candidate @ (E-MAIL ADDRESS)

Typed Name of Township Committee Candidate Street Address, City, Zip Code Telephone No.

Signature of Township Committee Candidate @ (E-MAIL ADDRESS)

OATH OF ALLEGIANCE

NOTE: Must be taken by all candidate(s). See R.S. 19:23-7 and 41:1-1

“I (or We) do solemnly swear (or affirm) that I (or We) will support the Constitution of the United States and the Constitution of the State of New Jersey, and that I (or we) 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.”

Signature of Township Committee Candidate Type or Print Name of Candidate E-Mail Address

Signature of Township Committee Candidate Type or Print Name of Candidate E-Mail Address

(When multiple petitions are circulated, candidate(s) need only sign this page once for all petitions)

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 CALL THE ELECTION LAW ENFORCEMENT COMMISSION AT (609) 292-8700.