

INSTRUCTIONS/GUIDELINES
PETITION FOR MEMBER OF PARTY COUNTY COMMITTEE

1. Candidate should complete the face of the petition completely **prior** to circulation, filling in all blanks.
2. Contact your municipal clerk for information on how many signatures are required on your petition (**NJSA 19:23-8**).
3. This petition **CANNOT** be filed as *Joint Petition* (**male and female committee members must run on separate petitions**).
4. If the candidate wishes to use either the official Republican slogan or the official Democratic slogan, prior written approval from the respective party chair must be obtained.
5. The person who obtained and witnessed the signing of names on this petition “book” must sign the *Circulator Affidavit* on page 6 of the petition. The witness must take the affidavit for each book he/she solicits and sign in the presence of a person authorized to administer affidavits (e.g., notary public). The *candidate* may circulate his/her own petition and may be a signer of the petition. In the case of a circulator other than the candidate, the circulator is eligible to sign the petition if he/she is a qualified voter of the political subdivision for which the candidate stands for office but note that (where multiple petition books are circulated) he/she may sign only one signature sheet endorsing the candidate. **The circulator of this petition must be a registered voter of the State of New Jersey and be affiliated with the political party of the candidate for whom the petition is circulated (NJSA 19:23-11, rev. 12/2014).**
6. The candidate must sign the *Oath of Allegiance* before an authorized officer and must sign the *Certificate of Acceptance*. **(If multiple petition books are filed, this sheet only needs to be signed once and filed with the petition.)**
7. The petition must be filed with the **Municipal Clerk** on or before 4 pm of the 64th day prior to the Primary Election.

Call your municipal clerk with questions.

PRIMARY PETITION FOR MEMBER OF PARTY COUNTY COMMITTEE

TO: The MUNICIPAL CLERK of _____
(Borough/City/Township)

CANDIDATE NAME: _____

CANDIDATE RESIDENCE: _____

CANDIDATE MAILING ADDRESS: _____

Party Affiliation:	<input type="checkbox"/> Rep <input type="checkbox"/> Dem	Municipality _____
Member of:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Election District _____

REQUEST FOR DESIGNATION SLOGAN ON THE BALLOT
(OPTIONAL)

The candidate endorsed for the office mentioned in this petition, does hereby request that there be printed under his/her name on the said Primary ticket the following designation:

(Must Not Exceed Six Words)

We, the undersigned, hereby certify that we reside in the above indicated municipality and election district of the State of New Jersey, and that we are qualified voters therein; that we are members of the above indicated Party, and that we intend to affiliate with the said party at the ensuing elections; that we endorse the person hereinafter mentioned as candidate for election to the position of Member of the County Committee, and that we request that you print upon the official Primary Ballot of said party the name of said person as the candidate for such position; we further certify that the residence and Post Office Address of the said person so endorsed is as above set forth, and that the said person so endorsed is legally qualified under the laws of the State of New Jersey to be elected to said position and is a member of the political party named in this petition.

ALL SIGNERS MUST SIGN AND PRINT NAMES IN COMPLIANCE WITH NJSA 19:23-7, eff. 01/01/1995

CANDIDATE NAMES: _____

OFFICE: _____

Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

Signature

Print Name

Resident Address

City, State and Zip Code

Signature

Print Name

Resident Address

City, State and Zip Code

Signature

Print Name

Resident Address

City, State and Zip Code

CANDIDATE NAMES: _____

OFFICE: _____

Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

Signature

Print Name

Resident Address

City, State and Zip Code

Signature

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Resident Address

City, State and Zip Code

Signature

Print Name

Resident Address

City, State and Zip Code

Signature

Print Name

Resident Address

City, State and Zip Code

Signature

Print Name

Resident Address

City, State and Zip Code

CANDIDATE NAMES: _____

OFFICE: _____

Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

Signature

Print Name

Resident Address

City, State and Zip Code

* * * * *

Signature

Print Name

Resident Address

City, State and Zip Code

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Print Name

Resident Address

City, State and Zip Code

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Resident Address

City, State and Zip Code

Signature

Print Name

Resident Address

City, State and Zip Code

CIRCULATOR AFFIDAVIT

I, _____, the undersigned, being duly sworn upon oath, depose that I saw all the signatures made hereto and that each of the signers signed in his or her own proper handwriting; that each of the said signers is to the best of my knowledge and belief a legal voter in the municipality and election district as stated in this petition and belongs to the political party named in this petition, and that such petition is prepared and filed in absolute good faith for the sole purpose of indorsing the person therein named in order to secure his or her nomination as candidate for the office as stated in this petition.

I further depose that I am registered to vote in the State of New Jersey, and I am affiliated with the political party of the candidate named in this petition.

STATE OF NEW JERSEY:

SS.

COUNTY OF SALEM:

Sworn and subscribed to before me this _____ day of _____ 20____ A.D.

(Officer authorized to take oaths in New Jersey)

(Signature of Circulator)

CANDIDATE CERTIFICATE OF ACCEPTANCE

I, the undersigned, hereby certify that I am qualified for the position of **Member of County Committee** mentioned in the foregoing petition, that I am a member of the political party named in the foregoing petition, and that I consent to stand at the ensuing Primary Election as candidate for the election and that if elected I agree to accept the position; and I do further certify that I am a resident of and a legal voter in the Municipality and Election District hereinbefore mentioned.

(Signature of Candidate)

OATH OF ALLEGIANCE

State of New Jersey
County of Salem

I, _____, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution 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 this _____ day of _____ 20____A.D.

(Officer authorized to take oaths in New Jersey)

(Signature of Candidate)