

INSTRUCTIONS/GUIDELINES FOR PRIMARY CANDIDATE(S)

Running for SALEM COUNTY OFFICE

1. **COMPLETE ALL INFORMATION ON THE FACE OF THE PETITION PRIOR TO CIRCULATION.**
2. This petition is to be used by candidates for **Sheriff, County Clerk, Surrogate, County Commissioner, State Committee**, and Delegates to National Conventions when nominated or elected in all or part of Salem County.
3. This petition may be circulated as a **joint** petition **for the office of County Commissioner** when the terms of said office are the same; in filing jointly the two candidates must share the same slogan. Their two names then will be drawn as a *single unit* for ballot position. The order in which their names appear on the jointly filed petition determines the order of their names within the unit.
4. If the candidate(s) want to use a slogan that includes the name of an individual other than the candidate or incorporated association of this State, written consent must be attached. Candidates wanting to use an official "county party slogan" must gain prior written approval from the party's chair. Candidates who want to align with bracketed County Commissioners must gain prior written approval from the bracketed candidates' campaign manager.
5. Candidate(s) must provide a **functioning campaign email address** on their petition. **This email address will be made public.**
6. Petition must contain in total a **minimum of 100 legal voters' signatures** who are residents of Salem County and members of the same political party as the candidate; more than the 100 required signatures may be obtained and candidate may file more than one petition book/set.
7. Each petitioner must sign in his/her own handwriting and print his/her name under their signature and provide their residence and post office address in the presence of the circulator of the petition book/set.
8. The circulator of the petition book/set **MUST** sign on page 18 of the petition and make the affidavit required before an officer authorized by law to take affidavits.
9. The candidate(s) **MUST** take the Oath of Allegiance (page 19 of the petition) before a notary or other officer authorized to take oaths, and **MUST** sign the Certificate of Acceptance, stating that he/she is qualified for the office and is a member of the political party named in the petition. The **Oath and Certificate of Acceptance** need only be taken and signed **once** and annexed to the first petition book, if multiple books are filed.
10. This petition must be filed with the Salem County Clerk not later than 4:00 pm on the **71st** day preceding the Primary Election.

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 or toll-free within New Jersey at 1-888-313-ELEC (3532).

RESIDENCY AND REGISTRATION REQUIREMENTS OF CANDIDATE(S) FOR COUNTY COMMISSIONER

(See Chapter 94 Laws of 1980)

Applicable only to candidates for the Board of County Commissioners: Commencing in 1981, no person shall be eligible to be a candidate unless said person is: (1) a Registered Voter in Salem County and (2) a Resident of Salem County for **one year** prior to the date of the General Election.

RESIDENCY AND REGISTRATION REQUIREMENTS OF CANDIDATE(S) FOR SHERIFF

(See NJSA 40A: 9-94)

Applicable only to candidates for Sheriff: No person shall be eligible for the office of Sheriff of any county unless he shall have been a citizen of the United States and a resident of the county for at least **three years** next preceding his election.

(COMPLETE ALL INFORMATION ON THIS PAGE PRIOR TO CIRCULATION)

PRIMARY PETITION NOMINATING CANDIDATE(S) FOR SALEM COUNTY OFFICE

Petition for: _____ (100 Signatures Required, see NJSA 19:23-8)
(Title of Office)

Term of Office: 5-year term 4-year term 3-year term ____-year unexpired term

TO: Salem County Clerk

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

1. I, We reside in the County of Salem, in the State of New Jersey;
2. I, We am/are a qualified voter therein;
3. I, We am/are a member of the _____ Party;
4. I, We intend to affiliate with the said party at the ensuing election;
5. I, We request that you cause to be printed upon the official primary ballot of the said party the name(s) of said person(s) as the candidate(s) for such nomination.

Please clearly print or type this section: (Only candidates running for County Commissioner may file jointly).

Candidate Name & Contact Information

Candidate Name & Contact Information

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Phone # _____

Phone # _____

Email _____

Email _____

CANDIDATE(S) REQUEST FOR DESIGNATION ON THE OFFICIAL PRIMARY BALLOT

The candidate(s) herein, having been endorsed for the office mentioned in this petition, do hereby request that there be printed below their name(s) on said primary ballot, the following designation:

(Must not exceed six words)

COMMITTEE ON VACANCY

The names and mailing addresses of the three members named as a **Committee on Vacancies** are as follows:

Name	Number and Street Name	City
_____	_____	_____
_____	_____	_____
_____	_____	_____

We, the undersigned, hereby certify that we reside in the above indicated municipality 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 election; that we endorse the person hereinafter mentioned as candidate for election to the position of _____, 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 NJRS 19:23-7, EFF. 01/01/1995

CANDIDATE NAMES: _____

OFFICE: _____

1. _____
Signature

Print Name

Resident Address

City, State and Zip Code

4. _____
Signature

Print Name

Resident Address

City, State and Zip Code

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2. _____
Signature

Print Name

Resident Address

City, State and Zip Code

5. _____
Signature

Print Name

Resident Address

City, State and Zip Code

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3. _____
Signature

Print Name

Resident Address

City, State and Zip Code

6. _____
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Print Name

Resident Address

City, State and Zip Code

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CANDIDATE NAMES: _____

OFFICE: _____

7. _____
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Print Name

Resident Address

City, State and Zip Code

11. _____
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Print Name

Resident Address

City, State and Zip Code

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8. _____
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Resident Address

City, State and Zip Code

12. _____
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Print Name

Resident Address

City, State and Zip Code

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9. _____
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Resident Address

City, State and Zip Code

13. _____
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Resident Address

City, State and Zip Code

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10. _____
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Resident Address

City, State and Zip Code

14. _____
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Print Name

Resident Address

City, State and Zip Code

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CANDIDATE NAMES: _____

OFFICE: _____

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Resident Address

City, State and Zip Code

19. _____
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Resident Address

City, State and Zip Code

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Resident Address

City, State and Zip Code

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Resident Address

City, State and Zip Code

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17. _____
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City, State and Zip Code

21. _____
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Resident Address

City, State and Zip Code

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18. _____
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Resident Address

City, State and Zip Code

22. _____
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Resident Address

City, State and Zip Code

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CANDIDATE NAMES: _____

OFFICE: _____

23. _____
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Resident Address

City, State and Zip Code

27. _____
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Resident Address

City, State and Zip Code

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City, State and Zip Code

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City, State and Zip Code

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Resident Address

City, State and Zip Code

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Resident Address

City, State and Zip Code

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Resident Address

City, State and Zip Code

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CANDIDATE NAMES: _____

OFFICE: _____

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Resident Address

City, State and Zip Code

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Resident Address

City, State and Zip Code

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Resident Address

City, State and Zip Code

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Resident Address

City, State and Zip Code

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Resident Address

City, State and Zip Code

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Resident Address

City, State and Zip Code

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Resident Address

City, State and Zip Code

38. _____
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Resident Address

City, State and Zip Code

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CANDIDATE NAMES: _____

OFFICE: _____

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Print Name

Resident Address

City, State and Zip Code

43. _____
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Print Name

Resident Address

City, State and Zip Code

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40. _____
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Resident Address

City, State and Zip Code

44. _____
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Resident Address

City, State and Zip Code

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41. _____
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Resident Address

City, State and Zip Code

45. _____
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Resident Address

City, State and Zip Code

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42. _____
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Resident Address

City, State and Zip Code

46. _____
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Print Name

Resident Address

City, State and Zip Code

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CANDIDATE NAMES: _____

OFFICE: _____

47. _____

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Resident Address

City, State and Zip Code

51. _____

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Resident Address

City, State and Zip Code

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48. _____

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Resident Address

City, State and Zip Code

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City, State and Zip Code

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Resident Address

City, State and Zip Code

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Resident Address

City, State and Zip Code

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Resident Address

City, State and Zip Code

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CANDIDATE NAMES: _____

OFFICE: _____

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Resident Address

City, State and Zip Code

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Resident Address

City, State and Zip Code

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City, State and Zip Code

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City, State and Zip Code

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Resident Address

City, State and Zip Code

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Resident Address

City, State and Zip Code

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Resident Address

City, State and Zip Code

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City, State and Zip Code

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Resident Address

City, State and Zip Code

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Resident Address

City, State and Zip Code

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72. _____

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City, State and Zip Code

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CANDIDATE NAMES: _____

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City, State and Zip Code

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Resident Address

City, State and Zip Code

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106. _____
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Resident Address

City, State and Zip Code

110. _____
Signature

Print Name

Resident Address

City, State and Zip Code

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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 (book) 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 may sign only one signature page endorsing the candidate. Note: A candidate may sign and circulate his/her own petition. The circulator is not required to sign as a petitioner but may do so as long as he/she is a registered voter of the jurisdiction in which the candidate for whom the petition is being circulated is running for office.

State of New Jersey

SS.

County of Salem

I, _____, being duly sworn upon my oath, depose that I circulated this petition
(print name of circulator/witness)
set/book and saw all the signatures made hereto and that each of the signers signed 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 County of Salem in 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 endorsing the person herein 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 a registered voter of the State of New Jersey and am affiliated with the political party of the candidate for whom I circulated this petition.

Subscribed and sworn to before me

this _____ day of _____, 20____ A.D. _____
(Signature of Circulator/Witness)

(Notary, Attorney, or Officer taking Oath) (Street Address of Circulator/Witness)

(City or Town) (Zip Code)

TOTAL NUMBER OF SIGNATURES ON THIS PETITION BOOK: _____
TOTAL NUMBER OF SIGNATURES ON ALL PETITION BOOKS: _____

NOTE TO CANDIDATE(S): If multiple petition “books” are circulated, candidate(s) need to sign the following **Oath of Allegiance** and **Certificate of Acceptance** page only once. Adhere the signed Oath & Certificate page to first petition book when multiple books are filed with petition.

OATH OF ALLEGIANCE (R.S. 41:1-2 & 2)

State of New Jersey

SS.

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____.

(Signature of Candidate)

(Signature of Candidate)

(Notary, Attorney, or Officer taking Oath)

CERTIFICATE OF ACCEPTANCE

To Be Signed by Candidate(s)

I (or we), the undersigned, hereby certify that I am (or we are) members of the political party named in the foregoing petition; that I am (or we are) qualified for the office mentioned in this petition set forth; that I (or we) consent to stand at the ensuing Primary Election as candidate(s) for the nomination(s); and that if nominated, I (or we) agree to accept the nomination(s). I (or we) do further certify that I am (or we are) resident(s) of a legal voter(s) in the County of Salem.

(Signature of Candidate)

(Signature of Candidate)

(Type or Print Name of Candidate)

(Type or Print Name of Candidate)

(Residence/Street Address)

(Residence/Street Address)

(City or Town)

(Zip Code)

(City or Town)

(Zip Code)

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 or toll-free within New Jersey at 1-888-313-ELEC (3532).

Petitions Due: Monday, March 27th, 2023 by 4PM

Primary Election: Tuesday, June 6th, 2023

CANDIDATE NAMES: _____

OFFICE: _____

Completed nominating petitions shall be filed with the Salem County Clerk's Office **on or before 4:00pm, Monday, March 27th, 2023.**

The Clerk's Office is located at: **110 Fifth Street, Suite 200, Salem, NJ 08079** and the days and business hours during which the office is open to receive petitions are: **Monday – Friday 8:30am – 4:00pm**

Received by: _____

Date: _____

Time: _____