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(s) and that intend to affiliate with the party; more than the 100 required signatures may be obtained and candidates 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 17 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 18 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 before 4:00 pm on or before the **71**st 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 <u>Board of County Commissioners</u>: 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 CANDIDATES 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/she shall have been a citizen of the United States and a resident of the county for at least **three years** next preceding his/her 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		TOTAL NUMBER OF SIGNATURES
 I/We reside in the C I/We am/are a qual I/We am/are a men I/We intend to affili I/We request that y 	nber of the ate with the said party at th	e of New Jersey; Party; ne ensuing election; n the official Primary Ballot of the said party the name(s) of
Please clearly print or type	this section: (Only candidat	es running for County Commissioner may file jointly).
Candidate # 1 Name & Contact Information	on	Candidate # 2 Name & Contact Information
Name		Name
Address		Address
City, State, Zip		City, State, Zip
Phone #		Phone #
Email		Email
The candidate(s) herein, ha	ving been endorsed for the	ATION ON THE OFFICIAL PRIMARY BALLOT office mentioned in this petition, do hereby request that sallot, the following designation:
	(Must not e	exceed six words)
	соммітті	EE ON VACANCY
The names and mailing add	resses of the three member	rs named as a Committee on Vacancies are as follows:
Name	Number and Street Nar	me City
	-	

We, the undersigned, hereby certify that we reside in the above indicated County of the State of New Jersey, 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 official Primary Ballot of said party the name of said person as the candidate for such position; we further certhat the residence and Post Office Address of the said person so endorsed is as above set forth, and that the sperson so endorsed is legally qualified under the laws of the State of New Jersey to be elected to said position as a member of the political party named in this petition.			
ALL SIGNERS MUST SIGN AND PRIN	T NAMES IN COMPLIANC	CE WITH N.J.S.A. 19:23-7, EFF. 01/01/2013	
CANDIDATE NAME(S):			_
OFFICE:			_
1 Signature		4Signature	
Print Name		Print Name	
Resident Address		Resident Address	
City, State and Zip Code		City, State and Zip Code	

2Signature		5 Signature	
Signature		Signature	
Print Name		Print Name	
Resident Address		Resident Address	
City, State and Zip Code		City, State and Zip Code	
	* * * * *		
3		6	
Signature		Signature	
Print Name		Print Name	

* * * * *

Resident Address

City, State and Zip Code

Resident Address

City, State and Zip Code

ATE NAME(S):		
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7Signature		11Signature
Print Name		Print Name
Resident Address		Resident Address
City, State and Zip Code		City, State and Zip Code
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Resident Address		Resident Address
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Resident Address		Resident Address
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16		20
Signature		Signature
Print Name		Print Name
Resident Address		Resident Address
City, State and Zip Code		City, State and Zip Code
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Signature		Signature
Print Name		Print Name
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City, State and Zip Code		City, State and Zip Code

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Resident Address		

	27
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ent Address	Resident Address
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Name	Print Name
ent Address	Resident Address
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Print Name		Print Name
Resident Address		Resident Address
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Signature		Signature
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Signature		Signature
Print Name	-	Print Name
Resident Address	_	Resident Address
City, State and Zip Code	-	City, State and Zip Code
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City, State and Zip Code	-	City, State and Zip Code
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Signature		Signature
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Resident Address		Resident Address
City, State and Zip Code	_	City, State and Zip Code

57		61
Signature		Signature
Print Name	_	Print Name
Resident Address	_	Resident Address
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Print Name		Print Name
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Signature		Signature
Print Name		Print Name
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Resident Address		Resident Address
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74		78
Signature		Signature
Print Name		Print Name
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79		83
Signature		Signature
Print Name		Print Name
Resident Address		Resident Address
City, State and Zip Code		City, State and Zip Code

80		84
Signature		Signature
Print Name		Print Name
Resident Address		Resident Address
City, State and Zip Code		City, State and Zip Code
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81		85
Signature		Signature
Print Name		Print Name
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City, State and Zip Code		City, State and Zip Code

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Print Name		Print Name
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Signature		Signature
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Signature		Signature
Print Name		Print Name
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Signature		Signature
Print Name		Print Name
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104		108
Signature		Signature
Print Name		Print Name
Resident Address		Resident Address
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105		109
Signature		Signature
Print Name		Print Name
Resident Address		Resident Address
City, State and Zip Code		City, State and Zip Code
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106.		110
Signature		Signature
Print Name		Print Name
Resident Address		Resident Address

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(s).

Note: A candidate may sign and circulate his/her own petition. The circulator is not <u>required</u> 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(s) for whom the petition is being circulated is running for office.

State of New Jersey	
SS.	
County of Salem	
I,, being duly swort	n upon my oath, depose that I circulated this petition
set/book and saw all the signatures made hereto and the	at each of the signers signed in his/her own proper
handwriting; that each of such signers is, to the best of n	
prepared and filed in absolute good faith for the sole pur	itical party named in said petition; and that such petition is
secure his or her nomination as candidate for the office a	•
registered voter of the State of New Jersey and am affilia circulated this petition.	ated with the political party of the candidate(s) for whom I
circulated this petition.	
Subscribed and sworn to before me	
this, 20, A.D.)(Signature of Circulator/Witness)
	(Signature of Circulator) withess)
(Notary, Attorney, or Officer taking Oath)	(Street Address of Circulator/Witness)
	(City or Town) (Zip Code)
TOTAL NUMBER OF SIGNATURES ON THIS PETITION BOO	
TOTAL NOWIDER OF SIGNATURES ON THIS PETITION BOO	N

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			
affirm that I will support the	Constitution of the Unit iance to the same and t	, do solemnly, sincerel ed States and the Constitution of the to the Governments established in th	e State of New Jersey; that
Sworn and subscribed to before day of		(Signature of Candida	te)
		(Signature of Candida	te)
(Notary, Attorney, or Officer taking C	Dath)		
foregoing petition; that I am (consent to stand at the ensur	To Be Signated Properties To Be Signated Properties (or we are) qualified foring Primary Election as ination(s). I (or we) do fination(s).	TE OF ACCEPTANCE gned by Candidate(s) or we are) members of the political point the office mentioned in this petition candidate(s) for the nomination(s); after the certify that I am (or we are) respectively.	n set forth; that I (or we) and that if nominated, I (or
(Signature of Candidate #1)		(Signature of Candidate #2)	
(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).

Petition due to Salem County Clerk not later than 4:00 pm, Monday, March 25th, 2024

CANDIDATE NAME(S):		
OFFICE:		
The Clerk's Office is located at: 110 Fifth Street, Suite 200, during which the office is open to receive petitions are:	•	
Received by:		
Date:	Time:	