

INSTRUCTIONS/GUIDELINES for PRIMARY CANDIDATE(S) ATLANTIC COUNTY OFFICE(S)

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) (N.J.S.A. 19:23-7).

1. This petition is to be used by candidates for **County Executive, County Clerk, Sheriff, Surrogate, Freeholder, and State Committee.**
2. Petition must contain in total a **minimum of 100 legal voters’ signatures** who are residents of Atlantic County and members of the same political party as the candidate; more than the 100 required signatures may be obtained **(N.J.S.A. 19:23-8).**
3. This petition may be copied to circulate for voters’ signatures, but before any petition shall be filed, the person who circulates the petition, or a candidate who signs or circulates, or both signs and circulates, such a petition, shall make an oath by affidavit that the petition is made in good faith, that the affiant personally circulated the petition and saw all signatures made thereto and verily believes that the signers are duly qualified voters. **(N.J.S.A 19:23-11).**

NOTE: The person who circulates the petition shall be a registered voter in this State whose party affiliation is of the same political party named in the petition.

4. Each petitioner must sign in his/her own handwriting and print his/her name next to their signature, and provide their residence and post office address in the presence of the circulator of the petition.
5. The candidate(s) **MUST** take the **Oath of Allegiance** before a notary or other officer authorized to take oaths), and **MUST** sign the **Certificate of Acceptance**, stating that (s)he is qualified for the office and is a member of the political party named in the petition. **(N.J.S.A. 19:23-15)**
6. No person shall be eligible to become a candidate for any local elective office **unless he/she is registered to vote in the local unit to which the office pertains**, and has been a **resident of that local unit for a least 1 year** prior to the date upon the election is to be held, or prior to the date upon which the appointment is to be made **(N.J.S.A. 40A:9-1.13).**

NOTE: No person shall be eligible to 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 3 years next preceding his/her election (N.J.S.A. 40A:9-94)

7. This petition must be filed with the Atlantic County Clerk not later than 4:00 p.m. on the **64th** day preceding the Primary Election.

(COMPLETE ALL INFORMATION ON THIS PAGE PRIOR TO CIRCULATION)

PRIMARY PETITION NOMINATING CANDIDATE(S) FOR ATLANTIC COUNTY OFFICE

Petition for: _____ Term of Office: _____
Title of Office

I, the undersigned, hereby certify the following statements are true:

1. I reside in Atlantic County, State of New Jersey;
2. I am a qualified voter;
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 candidates for nomination for the office of:

Please print clearly or type in this section:

| Name(s) of Candidate(s) | Street Residence/Post Office Address | City | Zip Code |
|-------------------------|--------------------------------------|-------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

CANDIDATE(S) REQUEST FOR DESIGNATION ON OFFICIAL PRIMARY BALLOT

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

Must not exceed 6 words

The name and mailing addresses of the three members' names as **committee on vacancies** are as follows:

| Name(s) of Candidate(s) | Street Residence/Post Office Address | City |
|-------------------------|--------------------------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Signature Sheet

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AFFIDAVIT OF PERSON WHO CIRCULATES THIS PETITION

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 }
County of Atlantic } SS.

I, _____, being duly sworn upon my oath, depose that I circulated this petition 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 Atlantic 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 at:

_____, N.J.,

Signature of Circulator

This _____ day of _____, 20____ A.D.

Notary Public

OATH OF ALLEGIANCE

State of New Jersey }
County of Atlantic } SS.

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.

Subscribed and sworn to before me at:

_____, N.J.,

Signature of Candidate

This _____ day of _____, 20____ A.D.

Notary Public

Signature of Candidate

CERTIFICATE OF ACCEPTANCE

To Be Signed by Candidate(s)

I (or we), the undersigned, hereby certify that I (or we) are members of the political party named in the foregoing petition; that I (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 (or we) are residents of and are legal voter(s) in the County of Atlantic.

Signature of Candidate

Signature of Candidate

Type of Print Name of Candidate

Type of Print Name of Candidate

Residence/Street Address

Residence/Street Address

City/Town

Zip Code

City/Town

Zip Code

NOTICE

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