NOMINATING PETITION MUNICIPAL CANDIDATES

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 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)

This information sheet is not meant to cover all of the statutory and constitutional necessities for filing petitions, but is to be used only as a guide. If you have any questions, you should seek legal counsel.

- 1. 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 at 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)
- 2. Each candidate shall also include a functioning email address (N.J.S.A. 19:23-7)
- 3. Please contact the election department at 609-625-7000 ext. 5232 for the required number of signatures or <u>click here</u>. The signers of the petition are qualified voters and reside in the Municipality for which the Candidate is the nominee for office. (N.J.S.A. 19:23-8)
- 4. 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. A candidate may sign or circulate or both signs and circulates. Such petitions shall be verified by the oath or affirmation by affidavit of the person who circulates. (N.J.S.A. 19:23-11)
- 5. Several candidates for nomination to the same office may in such petitions request that their names be grouped together, and that the common designation to be named by them shall be printed opposite their names. (*N.J.S.A.* 19:23-18)

PETITION FOR MUNCIPAL OFFICE

PETITION OF NOMINATION FOR THE PRIMARY ELECTION:		PARTY	
TITLE OF OFFICE SOUGHT:			
To the Honorable	, Clerk		
We, the undersigned, hereby certify t	ne following statements are tru	ue:	
1. I reside in the municipality of		;	
I am a qualified voter therein;			
3. I am a member of the		party;	
4. I intend to affiliate with the sa	me political party at the ensui	ng election	
5. I indorse the person hereinaft	er mentioned as candidate to	the office of	;
Name of Candidate:	ease print or type name)		
(β)	cuse print or type numer		
Residential Address:		City:	Zip Code:
Post Office Address:		City:	Zip Code:
Candidate Email Address:			
	CANDIDATE'S REQUEST F	OR DESIGNATION ON OFFICIAL PRIMARY BA	LLOT
The candidate n	amed in this petition request tl	nat there be printed on the primary election b	allot the following slogan:
	(Slogan must not exceed 6 words	and must be in accordance with N.J.S.A. 19:23-17)	

COMPLETE ALL INFORMATION ON THIS PAGE PRIOR TO CIRCULATION

(Petition filing deadline – before 4:00 P.M. on the 64th day before the primary election) (N.J.S.A. 19:23-14)

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
1.		
2.		
3.		
4.		
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6.		
7.		
8.		
9.		
10.		

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
31.		
32.		
33.		
34.		
35.		
36.		
37.		
38.		
39.		
40.		

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
41.		
42.		
43.		
44.		
45.		
45.		
46.		
47.		
48.		
46.		
49.		
50.		

Print Name	Residence Address (Number, Street, City, Zip Code)
	Print Name

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
61.		
62.		
63.		
64.		
65.		
66.		
67.		
68.		
69.		
70.		

Print Name	Residence Address (Number, Street, City, Zip Code)
	Print Name

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
81.		
82.		
83.		
04		
84.		
85.		
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88.		
89.		
70		
70.		

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
71.		
72.		
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73.		
74.		
75.		
75.		
76.		
77.		
78.		
/6.		
79.		
80.		

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
81.		
82.		
83.		
84.		
85.		
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88.		
89.		
90.		

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
91.		
92.		
93.		
94.		
95.		
96.		
97.		
98.		
99.		
100.		

OATH OF ALLEGIANCE

State of New Jersey SS.		
County of Atlantic		
	t I will bear true faith and allegiance to ne people. So help me God.	rm) that I will support the Constitution of the United States and the Constitution the same and to the Governments established in the United States and in the
	, N.J.,	 Signature of Candidate
This day of	, 20A.D.	
Notary Public		Signature of Candidate

CERTIFICATE OF ACCEPTANCE (N.J.S.A. 19:23-15)

To Be Signed by Candidate

	d a legal voter in the jurisdiction of the office for which the nomination is a nation or any other petition of nomination under this chapter for such off
Signature of Candidate	Print Name of Candidate
Residence/Street Address	

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AFFIDAVIT OF PERSON WHO CIRCULATES THIS PETITION AND WITNESSES SIGNATURES (N.J.S.A. 19:23-11)

The person making the affidavit below must be the person who witnessed the signatures appearing on this petition or any other petition for the same candidate and office. The person must make an affidavit for each petition and set of signatures he/she solicits and sign the affidavit in the presence of a person authorized to administer oaths (e.g., notary public).

•	, , , , , , , , , , , , , , , , , , , ,	•
State of New Jersey	:	
	:ss.	
County of	:	
l,		n my oath say that I am a registered voter
(Print Name of Circ	ulator/Witness)	
	be, as stated in the petition, belong to the before me in	dge and belief of the affiant legal voters of the State or political subdivision political party named in the petition.
	N.J., on	(Signature of Circulator/Witness)
(List County where Affi	davit was signed and notarized)	
this day of	, 20 A.D.	