

COMPLETE ALL INFORMATION ON THIS PAGE PRIOR TO CIRCULATION

Office of _____

PETITION OF NOMINATION FOR PRIMARY ELECTION

To: Passaic County Clerk

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

- 1) I reside in the State of New Jersey in the County of Passaic.
- 2) I am a qualified voter therein;
- 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 hereinafter mentioned as candidate for the nomination.
- 6) I request that you cause to be printed upon the official primary ballot of the said party the name of said person as the candidate for such nomination;

(Please Print or Type)

Name(s) of Candidate(s)	Residence and Post Office Address	City	Zip Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CANDIDATES' REQUEST FOR DESIGNATION ON THE OFFICIAL PRIMARY BALLOT

The candidates herein having been endorsed for the office mentioned in this petition, do hereby request that there be printed opposite the names of candidates on the said primary ballot the following designation: (Designation must not exceed six words and must be in accord with R.S. 19:23-17. If slogan includes the name of an individual other than the candidate or incorporated association of this State, written consent must be attached.)

COUNTY	SLOGAN
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____

SIGNATURE SHEET

Signature and residence address of Registered Voter:

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

- 11.

<hr/> Signature	<hr/> Print Name
<hr/> Residence Address (Number and Street)	<hr/> City <hr/>Zip Code

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Residence Address (Number and Street) City Zip Code
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Signature Print Name

Residence Address (Number and Street) City Zip Code

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 of signatures or several sets 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 must sign only one signature sheet endorsing the candidate.

State of New Jersey :
: SS.

County of _____ :

I _____ being duly sworn (or affirm), upon my oath say that I am one of
(Print Name of Circulator/Witness)
the signers of this petition; that such petition was signed by each of the signers thereof 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 Passaic, 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 or selection; and I further swear (or affirm) that I am a registered voter in the State of New Jersey, whose party affiliation is of the same political party named in the petition.

Subscribed and sworn to before me at

_____, NJ

(Signature of Circulator/Witness)
This _____ day of _____
_____, 20_____

(Street Address of Circulator/Witness)
(City or Town) (Zip Code)

TOTAL NUMBER OF SIGNATURES ON THIS PETITION _____

TOTAL NUMBER OF SIGNATURES ON ALL PETITIONS _____

The names and mailing addresses of the three members named as a committee on vacancies are as follows:

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

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. **The circulator MUST SIGN THE PETITION, but if the circulator is not a registered voter in the municipality / ward, his / her signature will not be counted toward the total number of signatures required.**

OATH OF ALLEGIANCE

State of New Jersey :
: SS.
County of _____ :

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.

Signature of Candidate

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

(Candidate need only sign this page once for all petitions)

CERTIFICATE OF ACCEPTANCE TO BE SIGNED BY CANDIDATE

I, the undersigned, hereby certify that I am a member of the _____ Party and qualified under the laws of this state to be nominated for the office mentioned in this petition; that I am a resident of and a legal voter in the jurisdiction of the office for which the nomination is being made; that I consent to stand as a candidate for nomination at the ensuing primary election, and that if nominated I agree to accept the nomination.

(Signature of Candidate)

(Printed or Typewritten name of Candidate)

(Residence Address)

(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 (609) 292-8700.

OATH OF ALLEGIANCE

State of New Jersey :
: SS.

County of _____ :

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