

STATE COMMITTEE

Nomination by Petition for Primary Election

(100 Signatures Required)

TO THE COUNTY CLERK OF THE COUNTY OF PASSAIC:

We, the undersigned, hereby certify that we reside in the County of Passaic, of the State of New Jersey, and that we are qualified voters therein; that we are members of the _____ Party; that we intend to affiliate with the said party at the ensuing election; that we endorse the persons hereinafter mentioned as candidates for nomination to the offices named below, and we request that you cause to be printed upon the Official Primary Ballot of said party the names of the said persons as candidates for such nominations.

We further certify that the offices for which said persons are named, the residence and post-office addresses of said persons so endorsed as follows:

Name	Office	Residence	Post Office Address

=====

We further certify that the said persons so endorsed are legally qualified under the laws of this State to be nominated for said offices, and are members of the political party named in this petition.

We do further certify that the names and post-office addresses of the three named as a COMMITTEE ON VACANCIES are as follows:

Name	Residence	P.O. Address

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
5.	_____ Signature	_____ Print Name
	_____ Residence Address (Number and Street)	_____ City
		_____ Zip Code
6.	_____ Signature	_____ Print Name
	_____ Residence Address (Number and Street)	_____ City
		_____ Zip Code
7.	_____ Signature	_____ Print Name
	_____ Residence Address (Number and Street)	_____ City
		_____ Zip Code
8.	_____ Signature	_____ Print Name
	_____ Residence Address (Number and Street)	_____ City
		_____ 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

- 12.

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

- 13.

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

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

- 19.

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

- 20.

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

21. _____
Signature Print Name

Residence Address (Number and Street) City Zip Code

22. _____
Signature Print Name

Residence Address (Number and Street) City Zip Code

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Signature Print Name

Residence Address (Number and Street) City 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 _____
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Residence Address (Number and Street) _____ City _____ Zip Code _____
- 56. _____
Signature _____ Print Name _____

Residence Address (Number and Street) _____ City _____ Zip Code _____
- 57. _____
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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 _____
- 59. _____
Signature _____ Print Name _____

Residence Address (Number and Street) _____ City _____ 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

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Signature Print Name

Residence Address (Number and Street) City Zip Code

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Signature Print Name

Residence Address (Number and Street) City Zip Code

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Signature Print Name

Residence Address (Number and Street) City Zip Code

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Signature Print Name

Residence Address (Number and Street) City Zip Code

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Signature Print Name

Residence Address (Number and Street) City Zip Code

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Signature Print Name

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Signature Print Name

Residence Address (Number and Street) City Zip Code

- 81. _____
Signature _____ Print Name _____

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- 82. _____
Signature _____ Print Name _____

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Signature _____ Print Name _____

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Signature _____ Print Name _____

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Signature Print Name

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Residence Address (Number and Street) _____ City _____ Zip Code _____
- 104. _____
Signature _____ Print Name _____

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Signature _____ Print Name _____

Residence Address (Number and Street) _____ City _____ Zip Code _____
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- 111. _____
Signature _____ Print Name _____

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- 112. _____
Signature _____ Print Name _____

Residence Address (Number and Street) _____ City _____ Zip Code _____
- 113. _____
Signature _____ Print Name _____

Residence Address (Number and Street) _____ City _____ Zip Code _____
- 114. _____
Signature _____ Print Name _____

Residence Address (Number and Street) _____ City _____ Zip Code _____
- 115. _____
Signature _____ Print Name _____

Residence Address (Number and Street) _____ City _____ Zip Code _____
- 116. _____
Signature _____ Print Name _____

Residence Address (Number and Street) _____ City _____ Zip Code _____
- 117. _____
Signature _____ Print Name _____

Residence Address (Number and Street) _____ City _____ Zip Code _____
- 118. _____
Signature _____ Print Name _____

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

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- 120. _____
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- 121. _____
Signature _____ Print Name _____

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

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

Residence Address (Number and Street) _____ City _____ Zip Code _____
- 124. _____
Signature _____ Print Name _____

Residence Address (Number and Street) _____ City _____ Zip Code _____
- 125. _____
Signature _____ Print Name _____

Residence Address (Number and Street) _____ City _____ Zip Code _____
- 126. _____
Signature _____ Print Name _____

Residence Address (Number and Street) _____ City _____ Zip Code _____
- 127. _____
Signature _____ Print Name _____

Residence Address (Number and Street) _____ City _____ Zip Code _____
- 128. _____
Signature _____ Print Name _____

Residence Address (Number and Street) _____ City _____ Zip Code _____
- 129. _____
Signature _____ Print Name _____

Residence Address (Number and Street) _____ City _____ Zip Code _____
- 130. _____
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, upon my oath say that I am one the
(Print Name of Circulator/Witness)
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.

Subscribed and sworn to before me at

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

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 _____:

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.