

PETITION FOR UNITED STATES SENATOR

1000 Signatures Required (N.J.S.A. 19:23-14)

PETITION OF NOMINATION FOR THE PRIMARY ELECTION _____ PARTY
(PRINT NAME OF PARTY)

<p>For Division of Elections Use:</p> <p>Total Number of Signatures on this Petition _____</p> <p>Total Number of Signatures on all Petitions _____</p>
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To the Honorable Secretary of State: (N.J.S.A. 19:23-6)

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

- 1) I reside in the State of New Jersey;
- 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 indorse the person named as candidate for the nomination to the office of United States Senator; and
- 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.
(N.J.S.A. 19:23-7).

Name of Candidate: _____
(Name must appear the same on all petition booklets to be filed.) (Please print or type name)

Residential Address City Zip Code

Post Office Address City Zip Code

(Please Print or Type All Information Required Above)

COMPLETE ALL INFORMATION ON THIS PAGE PRIOR TO CIRCULATION
(Petition filing deadline - before 4pm on the 64th day before the primary election) (N.J.S.A.19:23-14)

SIGNATURE SHEET

Signature

Print Name

Residence Address (*Number, Street, City, Zip Code*)

1.		
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SIGNATURE SHEET

Signature

Print Name

Residence Address (*Number, Street, City, Zip Code*)

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SIGNATURE SHEET

Signature

Print Name

Residence Address (*Number, Street, City, Zip Code*)

21.		
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SIGNATURE SHEET

Signature

Print Name

Residence Address (*Number, Street, City, Zip Code*)

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SIGNATURE SHEET

Signature	Print Name	Residence Address (<i>Number, Street, City, Zip Code</i>)
41.		
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43.		
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SIGNATURE SHEET

Signature

Print Name

Residence Address (*Number, Street, City, Zip Code*)

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SIGNATURE SHEET

Signature

Print Name

Residence Address (*Number, Street, City, Zip Code*)

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SIGNATURE SHEET

Signature

Print Name

Residence Address (*Number, Street, City, Zip Code*)

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SIGNATURE SHEET

Signature	Print Name	Residence Address (<i>Number, Street, City, Zip Code</i>)
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SIGNATURE SHEET

Signature	Print Name	Residence Address (<i>Number, Street, City, Zip Code</i>)
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100.		

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 :

I, _____, being duly sworn, upon my oath say that I am a registered voter
(Print Name of Circulator/Witness)

in this State whose party affiliation is of the same political party named in the petition; that the petition is signed by each of the signers thereof in his/her proper handwriting; that the signers are to the best knowledge and belief of the affiant legal voters of the State or political subdivision thereof, as the case may be, as stated in the petition, belong to the political party named in the petition.

Sworn and subscribed to before me in

_____ N.J., on
(List County where Affidavit was signed and notarized)

(Signature of Circulator/Witness)

this _____ day of
(Day)

(Residence Address of Circulator/Witness)

_____, 20_____
(Month) (Year)

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

(Notary Signature)

(My Commission Expires)

(Place Notary Stamp in the area above)

CANDIDATE’S REQUEST FOR SLOGAN ON THE OFFICIAL PRIMARY ELECTION BALLOT

The candidate named in this petition requests that there be printed on the primary election ballot the following slogan: (Slogan must not exceed six words and must be in accord with N.J.S.A. 19:23-17. If slogan includes the name of any person other than the candidate or any incorporated association of this State, written consent of such person or incorporated association of this State must be attached.)

<u>County</u>	<u>Slogan</u> (Please Print or Type)	<u>County</u>	<u>Slogan</u> (Please Print or Type)
ATLANTIC	_____	MIDDLESEX	_____
BERGEN	_____	MONMOUTH	_____
BURLINGTON	_____	MORRIS	_____
CAMDEN	_____	OCEAN	_____
CAPE MAY	_____	PASSAIC	_____
CUMBERLAND	_____	SALEM	_____
ESSEX	_____	SOMERSET	_____
GLOUCESTER	_____	SUSSEX	_____
HUDSON	_____	UNION	_____
HUNTERDON	_____	WARREN	_____
MERCER	_____		

COMMITTEE ON VACANCIES

(The Committee on Vacancies may only fill a vacancy up to 55 days before the Primary Election) (N.J.S.A.19:23-12)

This committee shall have power in case of resignation or otherwise of the person endorsed as a candidate in said petition to fill such a vacancy by filing with the Secretary of State, a certificate of nomination to fill the vacancy.

Note: It is not mandatory to have a “Committee on Vacancies”.

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

Name(s)	Residence Address	City	Zip Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Please Print or Type Information in Above Spaces)

OATH OF ALLEGIANCE
Candidate Need Only Sign This Page Once for All Petitions

QUALIFICATIONS FOR UNITED STATES SENATOR

Minimum age requirement: 30 years by the day of the swearing into office
Citizen of the United States for 9 years by the day of the swearing into office
A resident of New Jersey as of the day of the General Election

State of New Jersey :
County of : : 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.

(Print Name of U.S. Senate Candidate)

So help me God.

Sworn and subscribed to before me in

_____ N.J., on
(List County where Oath was signed and notarized)

(Signature of of U.S. Senate Candidate)

this _____ day of _____, 20____
(Day) (Month) (Year)

(Notary Signature)

(My Commission Expires)

(Place Notary Stamp in the area above)

CERTIFICATE OF ACCEPTANCE TO BE SIGNED BY CANDIDATE

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

I, the undersigned, hereby certify that I am a member of the _____ Party and qualified for the office.

(Signature of U.S. Senate Candidate)

(Printed or Typewritten Name of U.S. Senate Candidate)

(Residence Address of U.S. Senate Candidate)

(City or Town & Zip Code of U.S. Senate Candidate)

Candidate Must Sign an Oath of Allegiance and Certificate of Acceptance