PETITION FOR MEMBER OF THE NEW JERSEY GENERAL ASSEMBLY

250 Signatures Required (N.J.S.A. 19:13-5; as amended by P.L. 2025, c. 20)

PETITION OF DIRECT NOMINATION FOR THE GENERAL ELECTION

_____ LEGISLATIVE DISTRICT

For Division of Elections Use:

Total Number of Signatures on this Petition _____

Total Number of Signatures on all Petitions _____

To the Honorable Secretary of State: (N.J.S.A. 19:13-3)

☐ **By checking this box, I acknowledge that I have confirmed my legislative district at the following link: https://www.apportionmentcommission.org/adoption2022map.asp. I further acknowledge the legislative district listed above is the district I intend on being a candidate in as a result of re-districting.**

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

1) I reside in the State of New Jersey in the _____ Legislative District;
2) I am a qualified voter therein;
3) I have not signed any other petition of nomination for the primary or for the general election for such office; and
4) I request that you cause to be printed upon the official general election ballot the name of the candidate listed below. (N.J.S.A. 19:13-4).

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

_____
Candidate Email Address

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

_____
Candidate Email Address

☐ **Check box if candidates listed above are to be bracketed on ballot and their names shall appear on the ballot as indicated.** (N.J.S.A. 19:14-10, N.J.S.A. 19:14-12)

ALL INFORMATION ABOVE MUST BE COMPLETED PRIOR TO CIRCULATION

(Petition filing deadline - before 4 p.m. on ***June 10, 2025***). (N.J.S.A.19:13-9; P.L. 2024, c. 107)

SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street,* City, Zip Code)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

SIGNATURE SHEET

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

SIGNATURE SHEET

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

SIGNATURE SHEET

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

SIGNATURE SHEET

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

SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street,* City, Zip Code)
51.		
52.		
53.		
54.		
55.		
56.		
57.		
58.		
59.		
60.		

SIGNATURE SHEET

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

SIGNATURE SHEET

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

SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street,* City, Zip Code)
81.		
82.		
83.		
84.		
85.		
86.		
87.		
88.		
89.		
90.		

SIGNATURE SHEET

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

AFFIDAVIT OF PERSON WHO CIRCULATES THIS PETITION AND WITNESSES SIGNATURES

(N.J.S.A. 19:13-7)

The circulator/witness taking the affidavit below must be the person who obtained the names on this set of signatures or several sets of signatures. The circular/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).

State of New Jersey :

: ss.

County of :

I,_____, being duly sworn, upon my oath say that I personally circulated the petition and saw all the
(Print Name of Circulator/Witness)
signatures made thereto and verily believe that the signers are duly qualified voters. I am at least 18 years of age, a citizen of the United States, and not otherwise disqualified from voting under the State Constitution or election laws of New Jersey.

Sworn and subscribed to before me in

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

this _____ day of
(Day)

_____, 20_____
(Month) (Year)

_____
(Notary Signature)

_____
(My Commission Expires)

_____
(Signature of Circulator/Witness)

_____
(Residence Address of Circulator/Witness)

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

(Place Notary Stamp in the area above)

CANDIDATE'S REQUEST FOR SLOGAN ON THE OFFICIAL GENERAL ELECTION BALLOT

The candidate named in this petition requests that there be printed on the general election ballot the following slogan: (Slogan must not exceed three words and must be in accord with N.J.S.A. 19:13-4. No such designation shall contain the designation name, derivative, or any part thereof as a noun or an adjective of any political party entitled to participate in the primary.)

County	**Slogan** (Please Print or Type)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

NOTE: *There are up to four counties in a legislative district, so enough lines are provided above for the purpose of identifying slogans in each county where the nominee is a candidate*.

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 contact the Election Law Enforcement Commission at (609) 292-8700.

*****Candidate Must Sign ONE of the Following: Oath of Allegiance, Affirmation of Allegiance or Declaration of Allegiance*****

OATH OF ALLEGIANCE

Candidate Need Only Sign This Page Once for All Petitions

QUALIFICATIONS FOR CANDIDATE FOR THE OFFICE OF MEMBER OF THE GENERAL ASSEMBLY:

Shall have attained the age of 21 years by the day of the swearing into office
United States Citizen
Resident of New Jersey for two years as of the day of the General Election
Resident of the legislative district for one year as of the day of the General Election
Legal voter by the day the petition is filed

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
(Print Name of General Assembly Candidate)
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.

Sworn and subscribed to before me in

_____N.J., on _____
(List County where Oath was signed and notarized) (Signature of General Assembly Candidate)

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

_____
(Notary Signature)

_____
(My Commission Expires) (Place Notary Stamp in the area above)

*****Candidate Must Sign ONE of the Following: Oath of Allegiance, Affirmation of Allegiance or Declaration of Allegiance*****

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Legal voter by the day the petition is filed

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: ss.
County of :

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(Print Name of General Assembly Candidate)
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.

Sworn and subscribed to before me in

_____N.J., on _____
(List County where Oath was signed and notarized) (Signature of General Assembly Candidate)

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

_____
(Notary Signature)

_____
(My Commission Expires) (Place Notary Stamp in the area above)

*****Candidate Must Sign ONE of the Following: Oath of Allegiance, Affirmation of Allegiance or Declaration of Allegiance*****

AFFIRMATION OF ALLEGIANCE

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Legal voter by the day the petition is filed

State of New Jersey :
: ss.
County of :

I, _____, do solemnly, sincerely and truly declare and affirm that I will support the Constitution of the United States and the
(Print Name of General Assembly Candidate)
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.

Subscribed and affirmed before me at:

_____N.J., on _____
(List County where Oath was signed and notarized) (Signature of General Assembly Candidate)

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

_____
(Notary Signature)

_____
(My Commission Expires) (Place Notary Stamp in the area above)

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: ss.
County of :

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(Print Name of General Assembly Candidate)
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.

Subscribed and affirmed before me at:

_____N.J., on _____
(List County where Oath was signed and notarized) (Signature of General Assembly Candidate)

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

_____
(Notary Signature)

_____
(My Commission Expires) (Place Notary Stamp in the area above)

*****Candidate Must Sign ONE of the Following: Oath of Allegiance, Affirmation of Allegiance or Declaration of Allegiance*****

DECLARATION OF ALLEGIANCE

Candidate Need Only Sign This Page Once for All Petitions

QUALIFICATIONS FOR CANDIDATE FOR THE OFFICE OF MEMBER OF THE GENERAL ASSEMBLY:

Shall have attained the age of 21 years by the day of the swearing into office
United States Citizen
Resident of New Jersey for two years as of the day of the General Election
Resident of the legislative district for one year as of the day of the General Election
Legal voter by the day the petition is filed

State of New Jersey :
: ss.
County of :

I, _____, do declare, in the presence of Almighty God, the witness of the truth of what I say, that I will support the
(Print Name of General Assembly Candidate)
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.

Subscribed and declared before me at:

_____N.J., on _____
(List County where Oath was signed and notarized) (Signature of General Assembly Candidate)

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

_____
(Notary Signature)

_____
(My Commission Expires) (Place Notary Stamp in the area above)

*****Candidate Must Sign ONE of the Following: Oath of Allegiance, Affirmation of Allegiance or Declaration of Allegiance*****

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Resident of the legislative district for one year as of the day of the General Election
Legal voter by the day the petition is filed

State of New Jersey :
: ss.
County of :

I, _____, do declare, in the presence of Almighty God, the witness of the truth of what I say, that I will support the
(Print Name of General Assembly Candidate)
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.

Subscribed and declared before me at:

_____N.J., on _____
(List County where Oath was signed and notarized) (Signature of General Assembly Candidate)

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

_____
(Notary Signature)

_____
(My Commission Expires) (Place Notary Stamp in the area above)

Candidate Must Sign a Certificate of Acceptance

CERTIFICATE OF ACCEPTANCE TO BE SIGNED BY CANDIDATE

(N.J.S.A. 19: 13-8)

I, the undersigned, hereby certify that I accept the nomination herein and that I am a resident of and a legal voter in the jurisdiction of the office for which the nomination is being made.

_____
(Signature of General Assembly Candidate)

_____
(Printed or Typewritten Name of General Assembly Candidate)

_____
(Residence Address of General Assembly Candidate)

_____
(City or Town & Zip Code of General Assembly Candidate)

Pursuant to N.J.S.A. 19:13-8, however, no candidate so named shall sign such acceptance if he has signed an acceptance for the primary nomination or any other petition of nomination under this chapter for such office. In addition, no candidate named in a petition for the office of Member of the New Jersey General Assembly shall sign an acceptance if the candidate has signed an acceptance for the primary nomination or any other petition of nomination for the office of Member of the New Jersey General Assembly in another legislative district in the same calendar year.

Candidate Must Sign a Certificate of Acceptance

CERTIFICATE OF ACCEPTANCE TO BE SIGNED BY CANDIDATE

(N.J.S.A. 19: 13-8)

I, the undersigned, hereby certify that I accept the nomination herein and that I am a resident of and a legal voter in the jurisdiction of the office for which the nomination is being made.

_____
(Signature of General Assembly Candidate)

_____
(Printed or Typewritten Name of General Assembly Candidate)

_____
(Residence Address of General Assembly Candidate)

_____
(City or Town & Zip Code of General Assembly Candidate)

Pursuant to N.J.S.A. 19:13-8, however, no candidate so named shall sign such acceptance if he has signed an acceptance for the primary nomination or any other petition of nomination under this chapter for such office. In addition, no candidate named in a petition for the office of Member of the New Jersey General Assembly shall sign an acceptance if the candidate has signed an acceptance for the primary nomination or any other petition of nomination for the office of Member of the New Jersey General Assembly in another legislative district in the same calendar year.

DISCLOSURE STATEMENT OF CRIMINAL CONVICTION

Pursuant to P.L. 2004, chapter 26 the following statement **must be completed and filed** with the Nomination Petition

Please Check Applicable Box

I, the undersigned, hereby certify that in accordance with N.J.S.A. 19:13-8:

☐ I have not been convicted of any offense graded by Title 2C of the New Jersey Statutes as a crime of the first, second, third or fourth degree, or an offense in any jurisdiction which, if committed in this State, would constitute such a crime.

☐ I have been convicted of an offense graded by Title 2C of the New Jersey Statutes as a crime of the first, second, third or fourth degree, or any offense in any jurisdiction which, if committed in this State, would constitute such a crime as follows:

1. Crime of conviction: _____
2. Date of conviction: _____
3. Place of conviction: _____
4. Penalties imposed for the conviction: _____

***As an alternative, you may submit with the statement a copy of an official document that provides the above information. If you have been convicted of more than one criminal offense, such information about each conviction shall be provided. Records of expunged conviction(s) pursuant to chapter 52 of Title 2C of the New Jersey Statutes shall not be subject to disclosure.*

I certify the foregoing is a true and accurate statement.

_____
(Signature of General Assembly Candidate)

_____
(Printed or Typewritten Name of General Assembly Candidate)

_____
(Residential Address of General Assembly Candidate)

_____
(City or Town of General Assembly Candidate) (Zip Code)

DISCLOSURE STATEMENT OF CRIMINAL CONVICTION

Pursuant to P.L. 2004, chapter 26 the following statement **must be completed and filed** with the Nomination Petition

Please Check Applicable Box

I, the undersigned, hereby certify that in accordance with N.J.S.A. 19:13-8:

☐ I have not been convicted of any offense graded by Title 2C of the New Jersey Statutes as a crime of the first, second, third or fourth degree, or an offense in any jurisdiction which, if committed in this State, would constitute such a crime.

☐ I have been convicted of an offense graded by Title 2C of the New Jersey Statutes as a crime of the first, second, third or fourth degree, or any offense in any jurisdiction which, if committed in this State, would constitute such a crime as follows:

1. Crime of conviction: _____
2. Date of conviction: _____
3. Place of conviction: _____
4. Penalties imposed for the conviction: _____

***As an alternative, you may submit with the statement a copy of an official document that provides the above information. If you have been convicted of more than one criminal offense, such information about each conviction shall be provided. Records of expunged conviction(s) pursuant to chapter 52 of Title 2C of the New Jersey Statutes shall not be subject to disclosure.*

I certify the foregoing is a true and accurate statement.

_____
(Signature of General Assembly Candidate)

_____
(Printed or Typewritten Name of General Assembly Candidate)

_____
(Residential Address of General Assembly Candidate)

_____
(City or Town of General Assembly Candidate) (Zip Code)