PETITION FOR GOVERNOR OF THE STATE OF NEW JERSEY

2,000 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

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)

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 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)

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)

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.

SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street,* City, Zip Code)
1.		
2.		
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10.		

SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street,* City, Zip Code)
11.		
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19.		
20.		

SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street,* City, Zip Code)
21.		
22.		
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30.		

SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street,* City, Zip Code)
31.		
32.		
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SIGNATURE SHEET

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

SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street,* City, Zip Code)
51.		
52.		
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60.		

SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street,* City, Zip Code)
61.		
62.		
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70.		

SIGNATURE SHEET

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

SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street,* City, Zip Code)
81.		
82.		
83.		
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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 the petition is made in good faith, that I personally circulated
(Print Name of Circulator/Witness)
the petition and saw all the 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)	**County**	**Slogan** (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	_____		

*****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 GOVERNOR

Shall have attained the age of 30 years by the day of the swearing into office
A United States Citizen for 20 Years
Resident of New Jersey for seven years as of the day of the General Election

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 Governor 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.

Subscribed and sworn before me at:

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

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

_____
(Signature of Notary or Attorney at Law of New Jersey)

_____
(Print Name of Notary or Attorney at Law of New Jersey)

_____
(Commission Expiration Date of Notary) (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

Candidate Need Only Sign This Page Once for All Petitions

QUALIFICATIONS FOR CANDIDATE FOR THE OFFICE OF GOVERNOR

Shall have attained the age of 30 years by the day of the swearing into office
A United States Citizen for 20 Years
Resident of New Jersey for seven years as of the day of the General Election

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 Governor 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., _____
(List County where Oath was signed and notarized) (Signature of Governor Candidate)

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

_____
(Signature of Notary or Attorney at Law of New Jersey)

_____
(Print Name of Notary or Attorney at Law of New Jersey)

_____
(Commission Expiration Date of Notary) (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 GOVERNOR

Shall have attained the age of 30 years by the day of the swearing into office
A United States Citizen for 20 Years
Resident of New Jersey for seven years as of the day of the General Election

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 Governor 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., _____
(List County where Oath was signed and notarized) (Signature of Governor Candidate)

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

_____
(Signature of Notary or Attorney at Law of New Jersey)

_____
(Print Name of Notary or Attorney at Law of New Jersey)

_____
(Commission Expiration Date of Notary) (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 Governor Candidate)

_____
(Printed or Typewritten Name of Governor Candidate)

_____
(Residence Address of Governor Candidate)

_____
(City or Town & Zip Code of Governor Candidate)

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 Governor Candidate)

_____
(Printed or Typewritten Name of Governor Candidate)

_____
(Residential Address of Governor Candidate)

_____
(City or Town of Governor Candidate) (Zip Code)