COMPLETE ALL INFORMATION ON THIS PAGE PRIOR TO CIRCULATION

Petition filing deadline – before 4 p.m. on July 7, 2020 (N.J.S.A. 19:13-9)

Total Number of Signatures on this Petition: _______________

Total Number of Signatures on All Petitions: _______________

PETITION OF NOMINATION FOR THE GENERAL ELECTION TO BE HELD ON NOVEMBER 3, 2020

Petition for: COUNTY OR MUNICIPAL OFFICE

To: E. Junior Maldonado, County Clerk, Hudson County

(N.J.S.A. 19:13-3)

We the undersigned hereby certify that we reside in the County of Hudson of the State of New Jersey, and we are legally qualified to vote for such candidate, and pledge ourselves to support and vote for the person named in such petition, and that we have not signed any other petition of nomination for the primary or general election for such office, and request that you cause to be printed upon the official general election ballot the name of the candidate and his/her designation of part or party principal. (N.J.S.A. 19:13-4)

TITLE OF OFFICE: ____________________________________________________________

Name of Candidate Residence/Post Office Address City & Zip Code

(Name must appear the same on all petition booklets to be filed.)

________________________________________

E-Mail Address

CANDIDATE’S REQUEST FOR DESIGNATION ON THE OFFICIAL GENERAL BALLOT

The candidate named in this petition requests that there be printed on the general election ballot the following slogan; the 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 adjective of any political party entitled to participate in the primary:

________________________________________

(Must not exceed three words)

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 the Election Law Enforcement Commission at 609-292-8700 or toll-free within New Jersey at 1-888-313-ELEC (3532).
SIGNATURE SHEETS

ALL SIGNERS MUST SIGN AND PRINT NAMES IN COMPLIANCE WITH N.J.S.A. 19:23-7, EFF. 01-01-95
PERSONS CIRCULATING PETITION MUST COMPLETE AFFIDAVIT ON PAGE 13

Signature & Residence Address of Registered Voter:

1)  
Signature: _____________________________  
Print Name: _____________________________  
Residence Address (Number, Street, City/Town): ____________________________________________

2)  
Signature: _____________________________  
Print Name: _____________________________  
Residence Address (Number, Street, City/Town): ____________________________________________

3)  
Signature: _____________________________  
Print Name: _____________________________  
Residence Address (Number, Street, City/Town): ____________________________________________

4)  
Signature: _____________________________  
Print Name: _____________________________  
Residence Address (Number, Street, City/Town): ____________________________________________

5)  
Signature: _____________________________  
Print Name: _____________________________  
Residence Address (Number, Street, City/Town): ____________________________________________

6)  
Signature: _____________________________  
Print Name: _____________________________  
Residence Address (Number, Street, City/Town): ____________________________________________

7)  
Signature: _____________________________  
Print Name: _____________________________  
Residence Address (Number, Street, City/Town): ____________________________________________

8)  
Signature: _____________________________  
Print Name: _____________________________  
Residence Address (Number, Street, City/Town): ____________________________________________

9)  
Signature: _____________________________  
Print Name: _____________________________  
Residence Address (Number, Street, City/Town): ____________________________________________

Residence Address (Number, Street, City/Town)

10) ______________________________________  ______________________________________
    Signature                                                                                   Print Name

Residence Address (Number, Street, City/Town)

11) ______________________________________  ______________________________________
    Signature                                                                                   Print Name

Residence Address (Number, Street, City/Town)

12) ______________________________________  ______________________________________
    Signature                                                                                   Print Name

Residence Address (Number, Street, City/Town)

13) ______________________________________  ______________________________________
    Signature                                                                                   Print Name

Residence Address (Number, Street, City/Town)

14) ______________________________________  ______________________________________
    Signature                                                                                   Print Name

Residence Address (Number, Street, City/Town)

15) ______________________________________  ______________________________________
    Signature                                                                                   Print Name

Residence Address (Number, Street, City/Town)

16) ______________________________________  ______________________________________
    Signature                                                                                   Print Name

Residence Address (Number, Street, City/Town)

17) ______________________________________  ______________________________________
    Signature                                                                                   Print Name

Residence Address (Number, Street, City/Town)

18) ______________________________________  ______________________________________
    Signature                                                                                   Print Name

Residence Address (Number, Street, City/Town)
19)  
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20)  
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21)  
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24)  
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Residence Address (Number, Street, City/Town)  

25)  
Signature  
Print Name  
Residence Address (Number, Street, City/Town)  

26)  
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Residence Address (Number, Street, City/Town)  

27)  
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Print Name  
Residence Address (Number, Street, City/Town)
28) __________________________________________  __________________________________________
Signature                                               Print Name
Residence Address (Number, Street, City/Town)

29) __________________________________________  __________________________________________
Signature                                               Print Name
Residence Address (Number, Street, City/Town)

30) __________________________________________  __________________________________________
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Residence Address (Number, Street, City/Town)

31) __________________________________________  __________________________________________
Signature                                               Print Name
Residence Address (Number, Street, City/Town)

32) __________________________________________  __________________________________________
Signature                                               Print Name
Residence Address (Number, Street, City/Town)

33) __________________________________________  __________________________________________
Signature                                               Print Name
Residence Address (Number, Street, City/Town)

34) __________________________________________  __________________________________________
Signature                                               Print Name
Residence Address (Number, Street, City/Town)

35) __________________________________________  __________________________________________
Signature                                               Print Name
Residence Address (Number, Street, City/Town)

36) __________________________________________  __________________________________________
Signature                                               Print Name
Residence Address (Number, Street, City/Town)
64) __________________________________________
   Signature
   Print Name
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   Residence Address (Number, Street, City/Town)

65) __________________________________________
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   Residence Address (Number, Street, City/Town)

66) __________________________________________
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   Residence Address (Number, Street, City/Town)

67) __________________________________________
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   Residence Address (Number, Street, City/Town)

68) __________________________________________
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69) __________________________________________
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   Residence Address (Number, Street, City/Town)

70) __________________________________________
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   Residence Address (Number, Street, City/Town)

71) __________________________________________
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   Residence Address (Number, Street, City/Town)

72) __________________________________________
   Signature
   Print Name
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   Residence Address (Number, Street, City/Town)
73)
Signature

Print Name

Residence Address (Number, Street, City/Town)

74)
Signature

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Residence Address (Number, Street, City/Town)

75)
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Print Name

Residence Address (Number, Street, City/Town)

76)
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Residence Address (Number, Street, City/Town)

77)
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Residence Address (Number, Street, City/Town)

78)
Signature

Print Name

Residence Address (Number, Street, City/Town)

79)
Signature

Print Name

Residence Address (Number, Street, City/Town)

80)
Signature

Print Name

Residence Address (Number, Street, City/Town)

81)
Signature

Print Name

Residence Address (Number, Street, City/Town)
RESIDENCE ADDRESS (NUMBER, STREET, CITY/TOWN)

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 circulator/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 }
S.S.
County of Hudson    }

I, ________________________________________, being duly sworn upon my oath say that I

(Print name of Circulator/Witness)

personally circulated 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 resident of the State, a citizen of the United States, and not otherwise disqualified from voting under the State Constitution or election laws of New Jersey.

Subscribed and sworn before me at:

______________________________ , N.J., ________________________________

Signature of Circulator/Witness

This ____ day of _________________ 2020

______________________________

Street Address of Circulator/Witness

______________________________

City or Town Zip Code

Signature of Notary or Attorney at Law of New Jersey

______________________________

Print Name of Notary or Attorney at Law of New Jersey

______________________________

Date Commission Expires of Notary
NOTE TO CANDIDATE: If multiple petition “books” are circulated, candidate(s) need to sign this Oath of Allegiance and Certificate of Acceptance page only once. Adhere the signed Oath & Certificate page to the first petition book, if multiple books are filed with petition.

OATH OF ALLEGIANCE

State of New Jersey }
S.S.
County of Hudson  }

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.

Subscribed and sworn before me at:

_________________________________, N.J., ____________________________
Signature of Candidate

This ____ day of _________________ 2020

________________________________________
Signature of Notary or Attorney at Law of New Jersey

Print Name of Notary or Attorney at Law of New Jersey

_____________________________________
Date Commission Expires of Notary

CERTIFICATE OF ACCEPTANCE

To be signed by Candidate

I, the undersigned, hereby certify that I am a resident of and a legal voter in the jurisdiction of the office for which the nomination is made and I agree to accept the nomination (19:13-8)

_____________________________________
Signature of Candidate

_____________________________________
Type or Print Name of Candidate

1/29/18