

INSTRUCTIONS / GUIDELINES

PETITION FOR **MEMBER OF PARTY COUNTY COMMITTEE**

1. Candidates should complete the face of the petition completely **prior** to circulation, filling in all blanks.
2. Contact your municipal clerk for information on how many signatures are required on your petition (NJSA 19:23-8).
3. If candidates want to use either the official Republican or Democratic county committee designation, prior written approval from the respective **county** party chair must be obtained.
4. The person who obtained and witnessed the signing of names on this petition “book” must sign the *Circulator Affidavit* on page 4 of the petition. The witness must take the affidavit for each book he/she solicits and sign in the presence of a person authorized to administer affidavits (e.g., notary public). *Candidates* may circulate their own petition and may be a signer of the petition. In the case of a circulator other than the candidate, the circulator is eligible to sign the petition if he/she is a qualified voter of the political subdivision for which the candidate stands for office, but note that (where multiple petition books are circulated) he/she may sign only one signature sheet endorsing the candidate. **The circulator of this petition must be a registered voter of the State of New Jersey and be affiliated with the political party of the candidate for whom the petition is circulated (NJSA 19:23-11, rev. 12/2014).**
5. Candidates must sign the *Oath of Allegiance* before an authorized officer, and must sign the *Certificate of Acceptance*. **(If multiple petition books are filed, this sheet only needs to be signed once and filed with the petition.)**
6. The petition must be filed with the **Municipal Clerk** on or before 4 p.m. of the 64th day prior to the Primary Election.

Call your municipal clerk with questions.

***** NOTE TO CANDIDATES *****

Is your name frequently mispronounced? If so, please contact the Sussex County Clerk’s Office at **973-579-0900, ext. 1501** and leave a clear, correct pronunciation of your name for the county’s audio ballot (which is made available to visually impaired voters).

PRIMARY PETITION FOR MEMBER OF COUNTY COMMITTEE

TO: The MUNICIPAL CLERK of the _____ of _____
(Town, Township, Borough)

CANDIDATE NAME: _____ CANDIDATE NAME _____

ADDRESS: _____ ADDRESS: _____

ADDRESS: _____ ADDRESS: _____

Party Affiliation: Rep Dem **Municipality:** _____ **Election District:** _____

REQUEST FOR DESIGNATION SLOGAN ON THE BALLOT (OPTIONAL)

The candidate(s) endorsed for the office mentioned in this petition, does(do) hereby request that there be printed opposite their name(s) on the said Primary ticket the following designation:

(Must Not Exceed **Six** Words)

We, the undersigned, hereby certify that we reside in the above indicated municipality and election district of the State of New Jersey, and that we are qualified voters therein; that we are members of the above indicated Party, and that we intend to affiliate with the said party at the ensuing election; that we endorse the person(s) hereinafter mentioned as candidate(s) for election to the position of Member of the County Committee, and that we request you print upon the official Primary Ballot of said party the name of said person(s) as the candidate(s) for such position; we further certify that the residence and Post Office Address of the said person(s) so endorsed is as above set forth, and that the said person(s) so endorsed is/are legally qualified under the laws of the State of New Jersey to be elected to said position and is/are a member of the political party named in this petition.

ALL SIGNERS MUST SIGN AND PRINT NAMES IN COMPLIANCE WITH NJRS 19:23-7, eff. 01/01/1995

1. _____
Signature Print Name

Residence Address (Number & Street) (Town & Zip Code)

2. _____
Signature Print Name

Residence Address (Number & Street) (Town & Zip Code)

(Continued)

3. _____
Signature Print Name

Residence Address (Number & Street) (Town & Zip Code)

4. _____
Signature Print Name

Residence Address (Number & Street) (Town & Zip Code)

5. _____
Signature Print Name

Residence Address (Number & Street) (Town & Zip Code)

6. _____
Signature Print Name

Residence Address (Number & Street) (Town & Zip Code)

7. _____
Signature Print Name

Residence Address (Number & Street) (Town & Zip Code)

8. _____
Signature Print Name

Residence Address (Number & Street) (Town & Zip Code)

9. _____
Signature Print Name

Residence Address (Number & Street) (Town & Zip Code)

10. _____
Signature Print Name

Residence Address (Number & Street) (Town & Zip Code)

11. _____
Signature Print Name

Residence Address (Number & Street) (Town & Zip Code)

12. _____
Signature Print Name

Residence Address (Number & Street) (Town & Zip Code)

13. _____
Signature Print Name

Residence Address (Number & Street) (Town & Zip Code)

14. _____
Signature Print Name

Residence Address (Number & Street) (Town & Zip Code)

15. _____
Signature Print Name

Residence Address (Number & Street) (Town & Zip Code)

16. _____
Signature Print Name

Residence Address (Number & Street) (Town & Zip Code)

17. _____
Signature Print Name

Residence Address (Number & Street) (Town & Zip Code)

18. _____
Signature Print Name

Residence Address (Number & Street) (Town & Zip Code)

19. _____
Signature Print Name

Residence Address (Number & Street) (Town & Zip Code)

20. _____
Signature Print Name

Residence Address (Number & Street) (Town & Zip Code)

CIRCULATOR AFFIDAVIT

I, _____, the undersigned, being duly sworn upon oath, depose that I saw all the signatures made hereto and that each of the signers signed in his or her own proper handwriting; that each of said signers is to the best of my knowledge and belief a legal voter in the municipality and election district as stated in this petition and belongs to the political party named in this petition, and that such petition is prepared and filed in absolute good faith for the sole purpose of endorsing the person(s) therein named in order to secure their nomination(s) as candidate(s) for the office as stated in this petition.

I further depose that I am registered to vote in the State of New Jersey and I am affiliated with the political party of the candidate named in this petition.

STATE OF NEW JERSEY:

SS.

COUNTY OF SUSSEX:

Subscribed and sworn to before me the
____ day of _____ 20____ A.D.

(Officer authorized to take oaths in New Jersey)

(Signature of Circulator)

CANDIDATE CERTIFICATE OF ACCEPTANCE

I the undersigned, hereby certify that I am qualified for the position of **Member of County Committee** mentioned in the foregoing petition, that I am a member of the political party named in the foregoing petition, and that I consent to stand at the ensuing Primary Election as candidate for the election and that if elected I agree to accept the position; and I do further certify that I am a resident of and a legal voter in the Municipality and Election District hereinbefore mentioned.

(Signature of Candidate)

(Signature of Candidate)

OATH OF ALLEGIANCE

State of New Jersey
County of Sussex

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.

Sworn and subscribed to before me this

_____ day of _____ 20____.

Signature of Candidate

(Notary, Attorney, or Officer taking Oath)

Signature of Candidate