

PETITION FOR CHOICE FOR PRESIDENT
1,000 Signatures Required (N.J.S.A. 19:25-3)

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

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. 19:23-6)

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 President of the United States; and
6) I request that you cause to be printed upon the official primary election ballot of the said party, the name of the candidate listed below; (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 _____

(Candidate Email Address)

ALL INFORMATION ABOVE MUST BE COMPLETED PRIOR TO CIRCULATION
Petition filing deadline - Before 4 p.m. on March 25, 2024 (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 (<i>Number, Street, City, Zip Code</i>)
31.		
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SIGNATURE SHEET

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
41.		
42.		
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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>)
61.		
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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>)
81.		
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SIGNATURE SHEET

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
91.		
92.		
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99.		
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 at least 18 years of age, a citizen of the United States,
(Print Name of Circulator/Witness)
and not otherwise disqualified from voting under the State Constitution or election laws of New Jersey, 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; and that the petition is prepared and filed in absolute good faith for the sole purpose of indorsing the person or persons therein named.

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)

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

QUALIFICATIONS FOR CANDIDATE FOR THE OFFICE OF CHOICE FOR PRESIDENT

- Shall have attained the age of 35 years by the day of the swearing into office
- A natural born citizen of the United States
- A United States resident for at least fourteen years by the day of the swearing into office