

# 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)

<p><b>For Division of Elections Use:</b></p> <p>Total Number of Signatures on this Petition _____</p> <p>Total Number of Signatures on all Petitions _____</p>
--

## PETITION OF DIRECT NOMINATION FOR THE GENERAL ELECTION

8th LEGISLATIVE DISTRICT

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 in the 8th 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).

<p><input type="checkbox"/> By checking this box, I acknowledge that I have confirmed my legislative district at the following link: <a href="https://www.apportionmentcommission.org/adoption2022map.asp">https://www.apportionmentcommission.org/adoption2022map.asp</a>. I further acknowledge the legislative district listed above is the district I intend on being a candidate in as a result of re-districting.</p>
---

**Name of Candidate:** Dustin Maggard

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

(Please print or type name)

<u>800 Hickory Avenue</u>	<u>Browns Mills</u>	<u>08015</u>
Residential Address	City	Zip Code
<u>800 Hickory Avenue</u>	<u>Browns Mills</u>	<u>08015</u>
Post Office Address	City	Zip Code
<u>dustin_maggard@njlp.org</u>		
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 ( <i>Number, Street, City, Zip Code</i> )
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

**SIGNATURE SHEET**

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

**SIGNATURE SHEET**

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

**SIGNATURE SHEET**

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

**SIGNATURE SHEET**

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

**SIGNATURE SHEET**

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

**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 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.

(Print Name of Circulator/Witness)

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)