

PETITION FOR MEMBER OF THE NEW JERSEY GENERAL ASSEMBLY

100 Signatures Required (N.J.S.A. 19:13-5)

PETITION OF DIRECT NOMINATION FOR THE GENERAL ELECTION

1st **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 1st 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).

For Division of Elections Use:

Total Number of Signatures on this Petition _____

Total Number of Signatures on all Petitions _____

Name of Candidate: Michael Gallo

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

(Please print or type name)

<u>409 Forest Road</u>	<u>Villas</u>	<u>08251</u>
Residential Address	City	Zip Code

<u>409 Forest Road</u>	<u>Villas</u>	<u>08251</u>
Post Office Address	City	Zip Code

mike_gallo@njlp.org
Candidate Email Address

Name of Candidate: Jacob Selwood

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

(Please print or type name)

<u>301 Factory Road</u>	<u>Cedarville</u>	<u>08311</u>
Residential Address	City	Zip Code

<u>301 Factory Road</u>	<u>Cedarville</u>	<u>08311</u>
Post Office Address	City	Zip Code

jacob@njlp.org
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 8, 2021**). (N.J.S.A.19:13-9)

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 (*Number, Street, City, Zip Code*)

11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

SIGNATURE SHEET

Signature

Print Name

Residence Address (*Number, Street, City, Zip Code*)

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.		

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 resident of this State, 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)