

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>For Division of Elections Use:</p> <p>Total Number of Signatures on this Petition _____</p> <p>Total Number of Signatures on all Petitions _____</p>
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PETITION OF DIRECT NOMINATION FOR THE GENERAL ELECTION

13th 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 13th 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: https://www.apportionmentcommission.org/adoption2022map.asp. 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>
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Name of Candidate: Peter Lyden

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

(Please print or type name)

5 Parmly Street

Residential Address

Rumson

City

07760

Zip Code

5 Parmly Street

Post Office Address

Rumson

City

07760

Zip Code

peter_lyden@njlp.org

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.		
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25.		
26.		
27.		
28.		
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30.		

SIGNATURE SHEET

Signature	Print Name	Residence Address (<i>Number, Street, City, Zip Code</i>)
31.		
32.		
33.		
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38.		
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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.		
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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)