

**PETITION FOR MEMBER OF THE NEW JERSEY STATE SENATE**

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

**PETITION OF DIRECT NOMINATION FOR THE GENERAL ELECTION**

39th **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 39th 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><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>
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**Name of Candidate:** James Tosone  
(Name must appear the same on all petition booklets to be filed.) (Please print or type name)

<u>690 Kennedy Drive</u>	<u>Township of Washington</u>	<u>07676</u>
<small>Residential Address</small>	<small>City</small>	<small>Zip Code</small>

<u>690 Kennedy Drive</u>	<u>Township of Washington</u>	<u>07676</u>
<small>Post Office Address</small>	<small>City</small>	<small>Zip Code</small>

tosone4njsenate@gmail.com  
Candidate Email Address

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

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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> )
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**SIGNATURE SHEET**

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**SIGNATURE SHEET**

Signature	Print Name	Residence Address ( <i>Number, Street, City, Zip Code</i> )
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**SIGNATURE SHEET**

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

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**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)