

# PETITION FOR GOVERNOR OF THE STATE OF NEW JERSEY

**2,000** Signatures Required (N.J.S.A. 19:13-5; as amended by P.L. 2025, c. 20)

## PETITION OF DIRECT NOMINATION FOR THE GENERAL ELECTION

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;
- 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:** Vic Kaplan  
(Name must appear the same on all petition booklets to be filed.) (Please print or type name)

209 Potts Rd.,Morganville, NJ 07751  
Residential Address City Zip Code

209 Potts Rd.,Morganville, NJ 07751  
Post Office Address City Zip Code

vic4liberty@gmail.com  
(Candidate Email Address)

**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)

### NOTICE

All candidates are required by law to comply with the provisions of the “New Jersey Campaign Contributions and Expenditures Reporting Act.”  
 For further information, please contact the Election Law Enforcement Commission at (609) 292-8700.

**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 ( <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 ( <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 ( <i>Number, Street, City, Zip Code</i> )
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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 the petition is made in good faith, that I personally circulated  
(Print Name of Circulator/Witness)  
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.

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)