

PETITION FOR UNITED STATES SENATOR

1000 Signatures Required (N.J.S.A. 19:23-14)

PETITION OF NOMINATION FOR THE PRIMARY ELECTION Democratic PARTY
(PRINT NAME OF PARTY)

For Division of Elections Use:
Total Number of Signatures on this Petition _____
Total Number of Signatures on all Petitions _____

To the Honorable Secretary of State: (N.J.S.A. 19:23-6)

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 am a member of the Democratic party;
- 4) I intend to affiliate with the said party at the ensuing election;
- 5) I indorse the person named as candidate for the nomination to the office of United States Senator; and
- 6) I request that you cause to be printed upon the official primary ballot of the said party, the name of said person as the candidate for such nomination.
(N.J.S.A. 19:23-7).

Name of Candidate: Lisa McCormick
(Name must appear the same on all petition booklets to be filed.) (Please print or type name)

2100 Oliver Street Rahway NJ 07065
Residential Address City Zip Code

2100 Oliver Street Rahway NJ 07065
Post Office Address City Zip Code

(Please Print or Type All Information Required Above)

COMPLETE ALL INFORMATION ON THIS PAGE PRIOR TO CIRCULATION
(Petition filing deadline - before 4pm on the 64th day before the primary election) (N.J.S.A.19:23-14)

SIGNATURE SHEET

Signature

Print Name

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

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SIGNATURE SHEET

Signature

Print Name

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

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SIGNATURE SHEET

Signature

Print Name

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

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

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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

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. 19:23-11)

The person making the affidavit below must be the person who witnessed the signatures appearing on this petition or any other petition for the same candidate and office. The person must make an affidavit for each petition and set of signatures he/she solicits and sign the affidavit in the presence of a person authorized to administer oaths (e.g., notary public).

State of New Jersey :

: SS.

County of :

I, _____, being duly sworn, upon my oath say that I am a registered voter
(Print Name of Circulator/Witness)

in this State whose party affiliation is of the same political party named in the petition; that the petition is signed by each of the signers thereof in his/her proper handwriting; that the signers are to the best knowledge and belief of the affiant legal voters of the State or political subdivision thereof, as the case may be, as stated in the petition, belong to the political party named in the petition.

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)