

**NOMINATION BY PETITION FOR SCHOOL BOARD
FOR GENERAL ELECTION**

(FILE WITH COUNTY CLERK NOT LATER THAN 4 PM ON THE LAST MONDAY OF JULY)

SIGNATURES REQUIRED: 10 REFER TO N.J.S.A. 19:60-7

COMPLETE ALL INFORMATION ON THIS PAGE PRIOR TO CIRCULATION

To: Scott M. Colabella, Ocean County Clerk

Each signer of this petition certifies that the following statements are true:

- 1) I reside in the State of New Jersey in a municipality which is located within the School District of Lacey Township in the County of Ocean
- 2) I am a qualified voter therein
- 3) I endorse the person hereinafter mentioned as candidate for the nomination for the office of:

Lacey Township Board of Education (Print Name of Office)
3 years (Term)

- 4) I request that you cause to be printed upon the Official General Election Ballot the name(s) of said person(s) as the candidate(s) for such nomination:

Name(s) of Candidate(s) Harold Skip Peters Jr
Residence and Post Office Address 1006 Claremore Ave
Email Address skip.lawie.2023@gmail.com
City Amoka Harbor Zip Code 08734
(Please Print or Type)

CANDIDATES' REQUEST FOR DESIGNATION ON THE OFFICIAL GENERAL ELECTION BALLOT

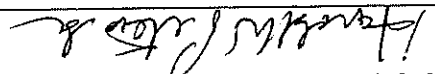
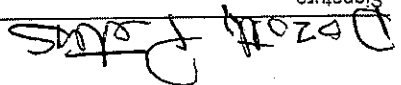
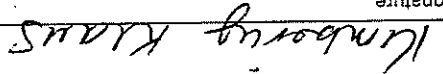
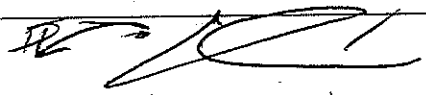
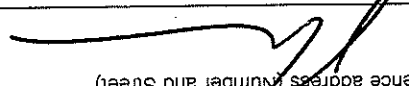
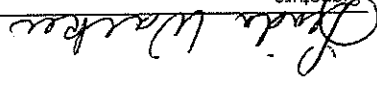
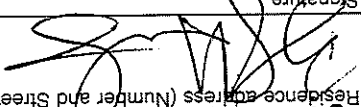
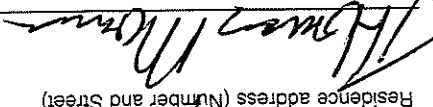
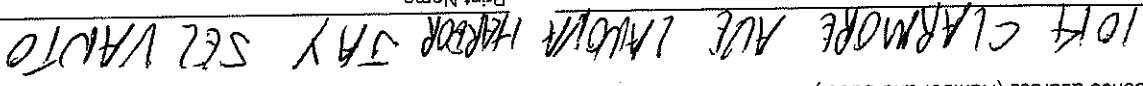
The candidate(s) herein having been endorsed for the Office mentioned in this petition, do hereby request that there be printed opposite the name(s) of candidate(s) on the said General Election Ballot the following designation: (Designation must not exceed three words and must be in accord with R.S. 19:13-4. Such designation shall not contain the designation name, derivative, or any part thereof a noun or an adjective of any political party entitled to participate in the Primary Election. If slogan includes the name of an individual other than the candidate or incorporated association of this State, written consent must be attached.)

SLOGAN

Students Always First
(MUST NOT EXCEED THREE WORDS)

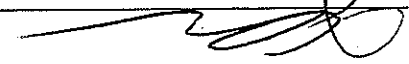
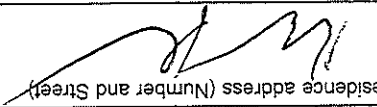
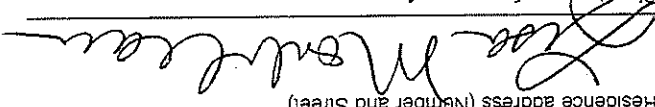
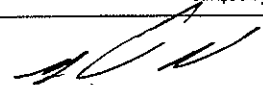
SIGNATURE SHEET

Signature and residence address of registered voter:

1. 
Signature
1006 CLARMORE AVE
Residence address (Number and Street)
Dorothy Peters
Signature
1006 CLARMORE AVE
Residence address (Number and Street)
Dorothy Peters
Print Name
LAWSON HARBOUR
(City)
Harold W. Peters Sr.
Print Name
LAWSON HARBOUR
(City)
2. 
Signature
1006 CLARMORE AVE
Residence address (Number and Street)
Dorothy Peters
Print Name
LAWSON HARBOUR
(City)
Dorothy Peters
Print Name
LAWSON HARBOUR
(City)
3. 
Signature
743 Oxford Rd
Residence address (Number and Street)
Kimberly Klaus
Print Name
LAWSON HARBOUR
(City)
Kimberly Klaus
Print Name
LAWSON HARBOUR
(City)
4. 
Signature
743 Oxford Rd
Residence address (Number and Street)
Robert Klaus
Print Name
LAWSON HARBOUR
(City)
Robert Klaus
Print Name
LAWSON HARBOUR
(City)
5. 
Signature
231 QUAIL LAKE N.
Residence address (Number and Street)
Eugene Palmer
Print Name
LAWSON HARBOUR
(City)
Eugene Palmer
Print Name
LAWSON HARBOUR
(City)
6. 
Signature
737 Oxford Rd
Residence address (Number and Street)
Frank Deane
Print Name
LAWSON HARBOUR
(City)
Frank Deane
Print Name
LAWSON HARBOUR
(City)
7. 
Signature
614 Elmwood St
Residence address (Number and Street)
Linda Walker
Print Name
Forked River
(City)
Linda Walker
Print Name
Forked River
(City)
8. 
Signature
219 Lenape Trail
Residence address (Number and Street)
Brandon Hurley
Print Name
Forked River
(City)
Brandon Hurley
Print Name
Forked River
(City)
9. 
Signature
619 CLARMORE AVE L H
Residence address (Number and Street)
Thomas Mowatt
Print Name
LAWSON HARBOUR
(City)
Thomas Mowatt
Print Name
LAWSON HARBOUR
(City)
10. 
Signature
1014 CLARMORE AVE L H
Residence address (Number and Street)
JAY SET VANTO
Print Name
LAWSON HARBOUR
(City)
JAY SET VANTO
Print Name
LAWSON HARBOUR
(City)

SIGNATURE SHEET

Signature and residence address of registered voter:

11.	 Signature	346 Yorktown Dr Residence address (Number and Street)	Print Name Jeanette Alessandro	(City) Forked River 08731
12.	 Signature	232 Davis Ave Residence address (Number and Street)	Print Name Kevin M Flynn	(City) Forked River NJ 08731
13.	 Signature	 Residence address (Number and Street)	Print Name Peter Haddad	(City) Forked River
14.	 Signature	240 Cherokee Trl Residence address (Number and Street)	Print Name Lisa Monbleau	(City) Forked River
15.	 Signature	A Centerd Forked River Residence address (Number and Street)	Print Name Robert Kraska	(City) 08731
16.	_____ Signature	_____ Residence address (Number and Street)	_____ Print Name	_____ (City)
17.	_____ Signature	_____ Residence address (Number and Street)	_____ Print Name	_____ (City)
18.	_____ Signature	_____ Residence address (Number and Street)	_____ Print Name	_____ (City)
19.	_____ Signature	_____ Residence address (Number and Street)	_____ Print Name	_____ (City)
20.	_____ Signature	_____ Residence address (Number and Street)	_____ Print Name	_____ (City)

SIGNATURE SHEET

Signature and residence address of registered voter:

21. _____ Signature
_____ Print Name

Residence address (Number and Street) _____ (City) _____

22. _____ Signature
_____ Print Name

Residence address (Number and Street) _____ (City) _____

23. _____ Signature
_____ Print Name

Residence address (Number and Street) _____ (City) _____

24. _____ Signature
_____ Print Name

Residence address (Number and Street) _____ (City) _____

25. _____ Signature
_____ Print Name

Residence address (Number and Street) _____ (City) _____

26. _____ Signature
_____ Print Name

Residence address (Number and Street) _____ (City) _____

27. _____ Signature
_____ Print Name

Residence address (Number and Street) _____ (City) _____

28. _____ Signature
_____ Print Name

Residence address (Number and Street) _____ (City) _____

29. _____ Signature
_____ Print Name

Residence address (Number and Street) _____ (City) _____

30. _____ Signature
_____ Print Name

Residence address (Number and Street) _____ (City) _____

AFFIDAVIT OF PERSON WHO CIRCULATES THIS PETITION AND WITNESSES SIGNATURES.

The witness taking the affidavit below must be the person who obtained the names on this set of signatures or several sets of signatures. The 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), but may sign only one signature sheet endorsing the candidate. Note that if the circulator/witness is not a qualified voter of the school district for which the candidate stands for office, then he/she is permitted to circulate said petition, but is not permitted to sign as petitioner (pursuant to court order dated March 31, 2014).

State of New Jersey :
County of Ocean :
ss. :

I, Harold (S.R.P.) Peters, being duly sworn, upon my oath say that such petition was

signed by each of the signers thereof in his/her own proper handwriting; that each of such signers is, to the best of my knowledge and belief, a legal voter of the State of New Jersey, County of Ocean, and School District listed on the front of the petition, and that such petition is prepared and filed in absolute good faith for the sole purpose of endorsing the person herein named in order to secure his or her nomination or selection. The undersigned further deposes that he/she is registered to vote in the State of New Jersey.

Subscribed and sworn to before me at

LAURENCE HARBOR, N.J.,

this 24TH day of

July, 2024

(Notary/Attorney)

ROBERT S. PALAMARA
NOTARY PUBLIC OF NEW JERSEY
Commission # 501172226
My Commission Expires 11/20/2024

(Signature of Circulator/Witness)
Lois C. Gaudreault

(Street Address of Circulator/Witness)

49000A Harbor (City or Town) 08731 (Zip Code)

TOTAL NUMBER OF SIGNATURES ON THIS PETITION
TOTAL NUMBER OF SIGNATURES ON ALL PETITIONS

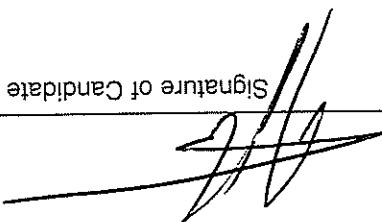
151

OATH OF ALLEGIANCE

State of New Jersey
County of Ocean
ss.

I, Harold Skip Pines, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey; that I will bear true faith and allegiance to the same and to the Governments established in the United States and in this State, under the authority of the people. So help me God.

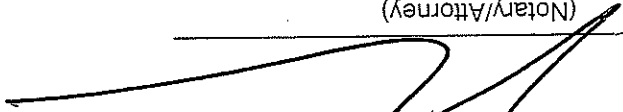
Signature of Candidate



Sworn and subscribed to before me this

24th day of July, 2024

(Notary/Attorney)



CERTIFICATE OF ACCEPTANCE TO BE SIGNED BY CANDIDATE

(Candidate need only sign this page once for all petitions.)

I, the undersigned, hereby certify that I am qualified under the laws of this State to be nominated for the office mentioned in this petition; that I am a resident of and a legal voter in the jurisdiction of the office for which the nomination is being made.

*(Within 30 days of election or appointment to the board, a member must undergo a criminal history background investigation through the New Jersey Department of Education.)

RESIDENCY REQUIREMENTS FOR
ELECTIVE OFFICE

40A:9 - 1.13 Eligibility for candidacy to local elective office

Except as provided in section 9 of this act, no person shall, on or after the effective date of this act, be eligible to become a candidate for any local elective office, or to be appointed to any local elective office, unless he is registered to vote in the local unit to which the office pertains, and has been a resident of that local unit for at least 1 year immediately prior to the date upon which the election for the office is to be held.

"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 CALL THE ELECTION LAW ENFORCEMENT COMMISSION AT (609) 292-8700."

(Signature of Candidate)
Harold Skip Pines
(Printed or Typewritten name of Candidate)
1006 Chalmers Ave
(Residence Address)
Lanoka Harbor (City or Town) 08734 (Zip Code)

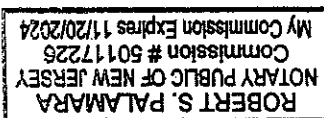
Each candidate must sign an Oath of Allegiance and Certificate of Acceptance.

OATH OF ALLEGIANCE

State of New Jersey
County of Ocean
ss.
:

I, Harold Skip Peters, do solemnly swear (or affirm) that I will support the Constitution of the State of New Jersey; that I will bear true faith and allegiance to the same and to the Governments established in the United States and in this State; under the authority of the people. So help me God.

Signature of Candidate



Sworn and subscribed to before me this

day of July, 2024

(Notary/Attorney)

CERTIFICATE OF ACCEPTANCE TO BE SIGNED BY CANDIDATE

(Candidate need only sign this page once for all petitions.)

I, the undersigned, hereby certify that I am qualified under the laws of this State to be nominated for the office mentioned in this petition; that I am a resident of and a legal voter in the jurisdiction of the office for which the nomination is being made.

*(Within 30 days of election or appointment to the board, a member must undergo a criminal history background investigation through the New Jersey Department of Education.)

RESIDENCY REQUIREMENTS FOR
ELECTIVE OFFICE

40A:9 - 1.13 Eligibility for candidacy to local elective office

Except as provided in section 9 of this act, no person shall, on or after the effective date of this act, be eligible to become a candidate for any local elective office, or to be appointed to any local elective office, unless he is registered to vote in the local unit to which the office pertains, and has been a resident of that local unit for at least 1 year immediately prior to the date upon which the election for the office is to be held.

"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 CALL THE ELECTION LAW ENFORCEMENT COMMISSION AT (609) 292-8700."

(City or Town)

(Zip Code)

Parakee Wharf 08234

(Residence Address)

1006 Clearview Ave

(Printed or Typed name of Candidate)

Harold Skip Peters

(Signature of Candidate)

Harold Skip Peters

Page 7

Each candidate must sign an Oath of Allegiance and Certificate of Acceptance.

DISCLOSURE STATEMENT OF CRIMINAL CONVICTION

All information is required to be completed.

Pursuant to P.L. 1995, c278 the following statement must be completed and filed with the nomination petition.

Please check all that apply:

- I, the undersigned, hereby certify that in accordance with R.S. 19:4-1 N.J.S.A. 18A:12-1;
- ☒ I am not disqualified as a voter.
- ☒ I have not been convicted of a disqualifying crime.

I certify that the foregoing is a true and accurate statement.

Signature of Candidate

(Please Print or Type)

Name of Candidate

Municipality/Address

Zip Code

Holden, Ross

1006 Claymore Parkway

08734

DISCLOSURE STATEMENT OF CRIMINAL CONVICTION

All information is required to be completed.

Pursuant to P.L. 1995, c278 the following statement must be completed and filed with the nomination petition.

Please check all that apply:

I, the undersigned, hereby certify that in accordance with R.S. 19:4-1 N.J.S.A. 18A:12-1;

☐ I am not disqualified as a voter.

☐ I have not been convicted of a disqualifying crime.

I certify that the foregoing is a true and accurate statement

Signature of Candidate

(Please Print or Type)

Municipality/Address

Zip Code