

**NOMINATION BY PETITION FOR PRIMARY ELECTION
FOR COUNTY, MUNICIPAL, AND COUNTY COMMITTEE OFFICES
19:23-5 – PRIMARY ELECTION
19:23-17 - DESIGNATION**

Jamesburg
OFFICE: MAYOR TERM OF OFFICE: unexpired (2yrs)

(IF APPLICABLE) WARD _____ DISTRICT _____

REPUBLICAN

PARTY

SHANNON SPILLANE

(Candidate Name)

(Candidate Name)

(Candidate Name)

RECEIVED
MUNICIPAL CLERK'S OFFICE

MAR 06 2025

BOROUGH OF JAMESBURG
JAMESBURG, NJ 08831

*Candidates must be listed in the order they wish to appear on the ballot,
or submit an additional letter, signed by all candidates indicating the order.*

CANDIDATE'S REQUEST FOR DESIGNATION ON THE OFFICIAL PRIMARY BALLOT

The above candidate(s), having been endorsed for the office in this petition, does hereby request that there be printed opposite his/her name on the said primary ticket the following designation:

endorsed by JAMESBURG REPUBLICAN Municipal Committee
Must not exceed six words (R.S. 19:23-17) (19:49-2)

No person may be a **candidate** for or **appointed** to any local elective office unless he/she is a **registered voter** in the ward or municipality depending upon the office involved and has been a **resident** of the ward or municipality involved for at least **one year prior to the date of election** or the date of appointment. **40A:9-1.13** (or three years for Sheriff. **40A :9-94**)

- For **Local and County Committee offices** this petition shall be filed with your **Municipal Clerk**.
- For **County offices** this petition shall be filed with your **County Clerk**.

CONTACT YOUR MUNICIPAL OR COUNTY CLERK FOR NUMBER OF SIGNATURES REQUIRED (19:23-8)

NOTICE TO ALL CANDIDATES

ALL CANDIDATES ARE REQUIRED BY LAW TO COMPLY WITH THE PROVISIONS OF THE NEW JERSEY CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORTING ACT 19:44A-1 THRU 44. FOR FURTHER INFORMATION, PLEASE CALL (609) 292-8700 OR TOLL FREE WITHIN NJ AT 1-888-313-ELEC (3532).

TO: Municipal Clerk (X) County Clerk () of the County of Middlesex, Municipality of Jamesburg
Of the State of New Jersey.

We, the undersigned, hereby certify that we are qualified voters and that we reside in the above County and Municipality, (For Ward and County Committee Candidates fill in Ward/District) → , and that we are members of the Republican Party and intend to affiliate with the political party at the ensuing election.

We endorse the candidate(s) nomination to the office of Jamesburg Mayor and we request that you print upon the official primary ballot for this party the name(s) of the candidate(s) for such nomination.

We further certify that the said person(s) so endorsed is legally qualified under the laws of this State to be nominated for said office (N.J.S.A. 19:23-7)

CANDIDATE NAME	RESIDENCE & POST OFFICE ADDRESS IF DIFFERENT & E-MAIL
1. <u>SHAWN SPILLANE</u> (Print Name)	<u>29A LINCOLN AVE JAMESBURG NJ 08831</u> Street Number, Street Name / Municipality, and Zip Code Post Office if different from Residence address <u> </u> E-mail Address <u>skwer1rebellion@gmail.com</u>
2. <u> </u> (Print Name)	<u> </u> Street Number, Street Name / Municipality, and Zip Code Post Office if different from Residence address <u> </u> E-mail Address <u> </u>
3. <u> </u> (Print Name)	<u> </u> Street Number, Street Name / Municipality, and Zip Code Post Office if different from Residence address <u> </u> E-mail Address <u> </u>

ALL SIGNERS **MUST SIGN** AND PRINT THEIR NAME ON THE LINES PROVIDED IN COMPLIANCE WITH N.J.S.A (19:23-7)

NAME	ADDRESS
1. <u> </u> (Signature) <u>SHAWN SPILLANE</u> (Print Name)	<u>29A LINCOLN AVE</u> <u>JAMESBURG NJ 08831</u> Residence Address including Post Office
2. <u> </u> (Signature) <u>ROSEMARIE SPILLANE</u> (Print Name)	<u>24-A LINCOLN AVE</u> <u>JAMESBURG, NJ, 08831</u> Residence Address including Post Office
3. <u> </u> (Signature) <u>Michelle V. Scott, WLS</u> (Print Name)	<u>7 Fernwood Ln</u> <u>Jamesburg, NJ 08831</u> Residence Address including Post Office
4. <u> </u> (Signature) <u>JOSEPH SCILLIERI</u> (Print Name)	<u>23 BROOKVIEW CR.</u> <u>JAMESBURG NJ 08831</u> Residence Address including Post Office
5. <u> </u> (Signature) <u>Kim Tirelli</u> (Print Name)	<u>28 Lake Street, Unit 402</u> <u>Jamesburg NJ 08831</u> Residence Address including Post Office

NAME		ADDRESS	
6.	<u>Barbara L. Corbett</u> (Signature) <u>BARBARA L. CORBETT</u> (Print Name)	<u>23 Brookview Circle</u> <u>JAMESBURG NJ 08831</u> Residence Address including Post Office	
7.	 (Signature) (Print Name)	 Residence Address including Post Office	
8.	 (Signature) (Print Name)	 Residence Address including Post Office	
9.	 (Signature) (Print Name)	 Residence Address including Post Office	
10.	 (Signature) (Print Name)	 Residence Address including Post Office	

WITNESS SECTION:

The witness taking the affidavit below must be the person who obtains the names on this set of signatures or several sheets of signatures. The witness must take the affidavit for each set he/she solicits & sign it in the presence of the Notary public, or Attorney. The witness may sign one set of signatures **endorsing** the candidate. Note that if the witness/circulator is not a qualified voter of the political subdivision for which the candidate stands for office, then he/she is permitted to circulate said petition, but is not permitted to sign as petitioner. Although signature sheets are solicited separately, the entire petition must be bound together before submitting.

STATE OF NEW JERSEY
COUNTY OF MIDDLESEX

SS

I, Shannon Spillane, being duly sworn or affirmed upon his/her oath, depose, and say that
Name of the Witness / Circulator

he/she is the one who gather the signatures of the petition; that said petition is signed by each of the signers thereof in his/her own proper handwriting; that each of the signers is, to the best knowledge and belief of deponent, a legal voter of the Municipality of Jamesburg in the County of Middlesex of the State of New Jersey, as stated in said petition, and belongs to the political party named in said petition, and that such a petition is prepared and filed in absolute good faith for the sole purpose of endorsing the person(s) therein named in order to secure their nomination or selection as stated in this petition; and further affirms that he/she is a registered voter in the State of New Jersey, who's party affiliation is of the same political party named in the petition.

Sworn to before me this 21st day
of February, 2025

Donald Katz
Notary / Attorney

DONALD KATZ

Attorney at Law

State of New Jersey

[Signature]
Witness Signature

**NOMINATION BY PETITION FOR PRIMARY ELECTION
FOR COUNTY, MUNICIPAL, AND COUNTY COMMITTEE OFFICES
19:23-5 – PRIMARY ELECTION
19:23-17 - DESIGNATION**

Jamesburg
OFFICE: Borough Council TERM OF OFFICE: 3

(IF APPLICABLE) WARD _____ DISTRICT _____

REPUBLICAN
PARTY

MICHELLE V. SCOTT
(Candidate Name)

(Candidate Name)

(Candidate Name)

RECEIVED
MUNICIPAL CLERK'S OFFICE

MAR 06 2015

BOROUGH OF JAMESBURG
JAMESBURG, NJ 08531

*Candidates must be listed in the order they wish to appear on the ballot,
or submit an additional letter, signed by all candidates indicating the order.*

CANDIDATE'S REQUEST FOR DESIGNATION ON THE OFFICIAL PRIMARY BALLOT

The above candidate(s), having been endorsed for the office in this petition, does hereby request that there be printed opposite his/her name on the said primary ticket the following designation:

endorsed by JAMESBURG REPUBLICAN Municipal Committee
Must not exceed six words (R.S. 19:23-17) (19:49-2)

No person may be a **candidate** for or **appointed** to any local elective office unless he/she is a **registered voter** in the ward or municipality depending upon the office involved and has been a **resident** of the ward or municipality involved for at least **one year prior to the date of election** or the date of appointment. **40A:9-1.13** (or three years for Sheriff. **40A:9-94**)

- For **Local and County Committee offices** this petition shall be filed with your **Municipal Clerk**.
- For **County offices** this petition shall be filed with your **County Clerk**.

CONTACT YOUR MUNICIPAL OR COUNTY CLERK FOR NUMBER OF SIGNATURES REQUIRED (19:23-8)

NOTICE TO ALL CANDIDATES

ALL CANDIDATES ARE REQUIRED BY LAW TO COMPLY WITH THE PROVISIONS OF THE NEW JERSEY CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORTING ACT 19:44A-1 THRU 44. FOR FURTHER INFORMATION, PLEASE CALL (609) 292-8700 OR TOLL FREE WITHIN NJ AT 1-888-313-ELEC (3532).

TO: Municipal Clerk () County Clerk () of the County of Middlesex, Municipality of _____
Of the State of New Jersey.

We, the undersigned, hereby certify that we are qualified voters and that we reside in the above County and Municipality, (For Ward and County Committee Candidates fill in Ward/District) → _____, and that we are members of the _____ Party and intend to affiliate with the political party at the ensuing election.

We endorse the candidate(s) nomination to the office of _____ and we request that you print upon the official primary ballot for this party the name(s) of the candidate(s) for such nomination.

We further certify that the said person(s) so endorsed is legally qualified under the laws of this State to be nominated for said office (N.J.S.A. 19:23-7)

CANDIDATE NAME	RESIDENCE & POST OFFICE ADDRESS IF DIFFERENT & E-MAIL
1. <u>MICHELLE V. SCOTT</u> (Print Name)	<u>7 Fernwood Lane, Jamesburg, NJ 08831</u> Street Number, Street Name / Municipality, and Zip Code <u>ebbymichelle@gmail.com</u> Post Office if different from Residence address E-mail Address
2. _____ (Print Name)	_____ Street Number, Street Name / Municipality, and Zip Code _____ Post Office if different from Residence address E-mail Address
3. _____ (Print Name)	_____ Street Number, Street Name / Municipality, and Zip Code _____ Post Office if different from Residence address E-mail Address

ALL SIGNERS **MUST** SIGN AND PRINT THEIR NAME ON THE LINES PROVIDED IN COMPLIANCE WITH N.J.S.A (19:23-7)

NAME	ADDRESS
1. <u>[Signature]</u> (Signature) <u>SHANNON SPILLANE</u> (Print Name)	<u>59A LINCOLN AVE</u> <u>JAMESBURG NJ 08831</u> Residence Address including Post Office
2. <u>[Signature]</u> (Signature) <u>Michelle V. Scott</u> (Print Name)	<u>7 Fernwood Lane</u> <u>Jamesburg, NJ 08831</u> Residence Address including Post Office
3. <u>[Signature]</u> (Signature) <u>ROSEMARIE SPILLANE</u> (Print Name)	<u>29-4 LINCOLN AVE</u> <u>JAMESBURG, NJ - 08831</u> Residence Address including Post Office
4. <u>[Signature]</u> (Signature) <u>BRYAN TAYLOR</u> (Print Name)	<u>9 HILLSIDE AVE</u> <u>JAMESBURG NJ 08831</u> Residence Address including Post Office
5. <u>[Signature]</u> (Signature) <u>JOSEPH J. SCILLIERI</u> (Print Name)	<u>25 BROOKVIEW CR.</u> <u>JAMESBURG NJ 08831</u> Residence Address including Post Office

NAME	ADDRESS
6. <u>[Signature]</u> (Signature) <u>Patricia Bisignano</u> (Print Name)	<u>4 Birchwood Rd</u> <u>Jamesburg NJ 08831</u> Residence Address including Post Office
7. <u>[Signature]</u> (Signature) <u>BARBARA L. CORBETT</u> (Print Name)	<u>23 BROOKVIEW CIRCLE</u> <u>JAMESBURG, NJ 08831</u> Residence Address including Post Office
8. _____ (Signature) _____ (Print Name)	_____ Residence Address including Post Office
9. _____ (Signature) _____ (Print Name)	_____ Residence Address including Post Office
10. _____ (Signature) _____ (Print Name)	_____ Residence Address including Post Office

WITNESS SECTION:

The witness taking the affidavit below must be the person who obtains the names on this set of signatures or several sheets of signatures. The witness must take the affidavit for each set he/she solicits & sign it in the presence of the Notary public, or Attorney. The witness may sign one set of signatures **endorsing** the candidate. Note that if the witness/circulator is not a qualified voter of the political subdivision for which the candidate stands for office, then he/she is permitted to circulate said petition, but is not permitted to sign as petitioner. Although signature sheets are solicited separately, the entire petition must be bound together before submitting.

STATE OF NEW JERSEY
COUNTY OF MIDDLESEX

SS

ROSEMARIE SPILLANE
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES AUG 24 2027
COMMISSION #50066678

I, Joseph J. Scillieri, being duly sworn or affirmed upon his/her oath, depose, and say that
Name of the Witness / Circulator

he/she is the one who gather the signatures of the petition; that said petition is signed by each of the signers thereof in his/her own proper handwriting; that each of the signers is, to the best knowledge and belief of deponent, a legal voter of the Municipality of JAMESBURG, in the County of Middlesex of the State of New Jersey, as stated in said petition, and belongs to the political party named in said petition, and that such a petition is prepared and filed in absolute good faith for the sole purpose of endorsing the person(s) therein named in order to secure their nomination or selection as stated in this petition; and further affirms that he/she is a registered voter in the State of New Jersey, who's party affiliation is of the same political party named in the petition.

Sworn to before me this 21st day

of FEBRUARY 21, 2025

[Signature]
Notary / Attorney.

[Signature]
Witness Signature

**NOMINATION BY PETITION FOR PRIMARY ELECTION
FOR COUNTY, MUNICIPAL, AND COUNTY COMMITTEE OFFICES
19:23-5 – PRIMARY ELECTION
19:23-17 - DESIGNATION**

OFFICE: James Sug
Borough Council TERM OF OFFICE: 3

(IF APPLICABLE) WARD _____ DISTRICT _____

REPUBLICAN

PARTY

A
PATRICIA BISIGNANO
(Candidate Name)

(Candidate Name)

(Candidate Name)

RECEIVED
MUNICIPAL CLERK'S OFFICE

MAR 06 2023

BOROUGH OF JAMESBURG
JAMESBURG, NJ 08831

*Candidates must be listed in the order they wish to appear on the ballot,
or submit an additional letter, signed by all candidates indicating the order.*

CANDIDATE'S REQUEST FOR DESIGNATION ON THE OFFICIAL PRIMARY BALLOT

The above candidate(s), having been endorsed for the office in this petition, does hereby request that there be printed opposite his/her name on the said primary ticket the following designation:

endorsed by JAMESBURG REPUBLICAN MUNICIPAL COMMITTEE
Must not exceed six words (R.S. 19:23-17) (19:49-2)

No person may be a **candidate** for or **appointed** to any local elective office unless he/she is a **registered voter** in the ward or municipality depending upon the office involved and has been a **resident** of the ward or municipality involved for at least **one year prior to the date of election** or the date of appointment. **40A:9-1.13** (or three years for Sheriff. **40A :9-94**)

- For **Local and County Committee offices** this petition shall be filed with your **Municipal Clerk**.
- For **County offices** this petition shall be filed with your **County Clerk**.

CONTACT YOUR MUNICIPAL OR COUNTY CLERK FOR NUMBER OF SIGNATURES REQUIRED (19:23-8)

NOTICE TO ALL CANDIDATES

ALL CANDIDATES ARE REQUIRED BY LAW TO COMPLY WITH THE PROVISIONS OF THE NEW JERSEY CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORTING ACT 19:44A-1 THRU 44. FOR FURTHER INFORMATION, PLEASE CALL (609) 292-8700 OR TOLL FREE WITHIN NJ AT 1-888-313-ELEC (3532).

TO: Municipal Clerk (X) County Clerk () of the County of Middlesex, Municipality of Jamesburg
Of the State of New Jersey.

We, the undersigned, hereby certify that we are qualified voters and that we reside in the above County and Municipality, (For Ward and County Committee Candidates fill in Ward/District) → _____, and that we are members of the Republican Party and intend to affiliate with the political party at the ensuing election.

We endorse the candidate(s) nomination to the office of Jamesburg Council and we request that you print upon the official primary ballot for this party the name(s) of the candidate(s) for such nomination.

We further certify that the said person(s) so endorsed is legally qualified under the laws of this State to be nominated for said office (N.J.S.A. 19:23-7)

CANDIDATE NAME	RESIDENCE & POST OFFICE ADDRESS IF DIFFERENT & E-MAIL
1. <u>A.</u> <u>PATRICIA B. SIGNANO</u> (Print Name)	<u>4 Birchwood Road, Jamesburg 08831</u> Street Number, Street Name / Municipality, and Zip Code <u>gbaby113@gmail.com</u> Post Office if different from Residence address E-mail Address
2. (Print Name)	Street Number, Street Name / Municipality, and Zip Code Post Office if different from Residence address E-mail Address
3. (Print Name)	Street Number, Street Name / Municipality, and Zip Code Post Office if different from Residence address E-mail Address

ALL SIGNERS **MUST** SIGN AND PRINT THEIR NAME ON THE LINES PROVIDED IN COMPLIANCE WITH N.J.S.A (19:23-7)

NAME	ADDRESS
1. <u>[Signature]</u> <u>SHANNON SPILLANE</u> (Print Name)	<u>294 LINCOLN AVE</u> <u>JAMESBURG NJ 08831</u> Residence Address including Post Office
2. <u>[Signature]</u> <u>Michelle V. Scott</u> (Print Name)	<u>7 Fernwood Lane</u> <u>Jamesburg, NJ 08831</u> Residence Address including Post Office
3. <u>[Signature]</u> <u>Brian Taylor</u> (Print Name)	<u>9 KILSIP AVE</u> <u>JAMESBURG NJ 08831</u> Residence Address including Post Office
4. <u>[Signature]</u> <u>LOREMARIE SPILLANE</u> (Print Name)	<u>294 LINCOLN AVE</u> <u>JAMESBURG, NJ, 08831</u> Residence Address including Post Office
5. <u>[Signature]</u> <u>JOSEPH J. SILLIERI</u> (Print Name)	<u>23 BROOKVIEW CR.</u> <u>JAMESBURG NJ 08831</u> Residence Address including Post Office

NAME	ADDRESS
6. <u>Barbara L. Corbett</u> (Signature) <u>BARBARA L. CORBETT</u> (Print Name)	<u>23 Brookview Circle</u> <u>JAMESBURG NJ 08831</u> Residence Address including Post Office
7. _____ (Signature) _____ (Print Name)	_____ Residence Address including Post Office
8. _____ (Signature) _____ (Print Name)	_____ Residence Address including Post Office
9. _____ (Signature) _____ (Print Name)	_____ Residence Address including Post Office
10. _____ (Signature) _____ (Print Name)	_____ Residence Address including Post Office

WITNESS SECTION:

The witness taking the affidavit below must be the person who obtains the names on this set of signatures or several sheets of signatures. The witness must take the affidavit for each set he/she solicits & sign it in the presence of the Notary public, or Attorney. The witness may sign one set of signatures **endorsing** the candidate. Note that if the witness/circulator is not a qualified voter of the political subdivision for which the candidate stands for office, then he/she is permitted to circulate said petition, but is not permitted to sign as petitioner. Although signature sheets are solicited separately, the entire petition must be bound together before submitting.

STATE OF NEW JERSEY
COUNTY OF MIDDLESEX

SS

ROSEMARIE SPILLANE
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES AUG 24 2027
COMMISSION: #50066878

I, Shannon Spillane, being duly sworn or affirmed upon his/her oath, depose, and say that
Name of the Witness/ Circulator

he/she is the one who gather the signatures of the petition; that said petition is signed by each of the signers thereof in his/her own proper handwriting; that each of the signers is, to the best knowledge and belief of deponent, a legal voter of the Municipality of Jamesburg in the County of Middlesex of the State of New Jersey, as stated in said petition, and belongs to the political party named in said petition, and that such a petition is prepared and filed in absolute good faith for the sole purpose of endorsing the person(s) therein named in order to secure their nomination or selection as stated in this petition; and further affirms that he/she is a registered voter in the State of New Jersey, who's party affiliation is of the same political party named in the petition.

Sworn to before me this FEBRUARY 21st day
of FEBRUARY 21, 2025

[Signature]
Notary / Attorney

[Signature]
Witness Signature

**NOMINATION BY PETITION FOR PRIMARY ELECTION
FOR COUNTY, MUNICIPAL, AND COUNTY COMMITTEE OFFICES
19:23-5 – PRIMARY ELECTION
19:23-17 - DESIGNATION**

OFFICE: Borough Council TERM OF OFFICE: unexpired term
2 yrs
(IF APPLICABLE) WARD _____ DISTRICT _____

REPUBLICAN
PARTY

Kim Tirelli
(Candidate Name)

(Candidate Name)

(Candidate Name)

RECEIVED
MUNICIPAL CLERK'S OFFICE

MAR 06 2025

BOROUGH OF JAMESBURG
JAMESBURG, NJ 08831

*Candidates must be listed in the order they wish to appear on the ballot,
or submit an additional letter, signed by all candidates indicating the order.*

CANDIDATE'S REQUEST FOR DESIGNATION ON THE OFFICIAL PRIMARY BALLOT

The above candidate(s), having been endorsed for the office in this petition, does hereby request that there be printed opposite his/her name on the said primary ticket the following designation:

endorsed By JAMESBURG REPUBLICAN MUNICIPAL Committee
Must not exceed six words (R.S. 19:23-17) (19:49-2)

No person may be a **candidate** for or **appointed** to any local elective office unless he/she is a **registered voter** in the ward or municipality depending upon the office involved and has been a **resident** of the ward or municipality involved for at least **one year prior to the date of election** or the date of appointment. **40A:9-1.13** (or three years for Sheriff. **40A :9-94**)

- For **Local and County Committee offices** this petition shall be filed with your **Municipal Clerk**.
- For **County offices** this petition shall be filed with your **County Clerk**.

CONTACT YOUR MUNICIPAL OR COUNTY CLERK FOR NUMBER OF SIGNATURES REQUIRED (19:23-8)

NOTICE TO ALL CANDIDATES

ALL CANDIDATES ARE REQUIRED BY LAW TO COMPLY WITH THE PROVISIONS OF THE NEW JERSEY CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORTING ACT 19:44A-1 THRU 44. FOR FURTHER INFORMATION, PLEASE CALL (609) 292-8700 OR TOLL FREE WITHIN NJ AT 1-888-313-ELEC (3532).

TO: Municipal Clerk () County Clerk () of the County of Middlesex, Municipality of _____
Of the State of New Jersey.

We, the undersigned, hereby certify that we are qualified voters and that we reside in the above County and Municipality, (For Ward and County Committee Candidates fill in Ward/District) → _____, and that we are members of the Republican Party and intend to affiliate with the political party at the ensuing election.

We endorse the candidate(s) nomination to the office of Borough Council and we request that you print upon the official primary ballot for this party the name(s) of the candidate(s) for such nomination.

We further certify that the said person(s) so endorsed is legally qualified under the laws of this State to be nominated for said office (N.J.S.A. 19:23-7)

CANDIDATE NAME	RESIDENCE & POST OFFICE ADDRESS IF DIFFERENT & E-MAIL
1. <u>Kim Tirelli</u> (Print Name)	<u>28 Lake Street, Unit 402, Jamesburg NJ 08831</u> Street Number, Street Name / Municipality, and Zip Code <u>Kimtirelli@yahoo.com</u> Post Office if different from Residence address E-mail Address
2. _____ (Print Name)	_____ Street Number, Street Name / Municipality, and Zip Code _____ Post Office if different from Residence address E-mail Address
3. _____ (Print Name)	_____ Street Number, Street Name / Municipality, and Zip Code _____ Post Office if different from Residence address E-mail Address

ALL SIGNERS **MUST** SIGN AND PRINT THEIR NAME ON THE LINES PROVIDED IN COMPLIANCE WITH N.J.S.A (19:23-7)

NAME	ADDRESS
1. <u>[Signature]</u> (Signature) <u>SHANNON SPILLANE</u> (Print Name)	<u>24A LINCOLN AVE</u> <u>JAMESBURG NJ 08831</u> Residence Address including Post Office
2. <u>Kim Tirelli</u> (Signature) <u>Kim Tirelli</u> (Print Name)	<u>28 Lake Street, Unit 402</u> <u>Jamesburg, NJ 08831</u> Residence Address including Post Office
3. <u>Joseph J. Scillieki</u> (Signature) <u>JOSEPH J. SCILLIEKI</u> (Print Name)	<u>23 BROOKVIEW CR.</u> <u>JAMESBURG NJ 08831</u> Residence Address including Post Office
4. <u>Rosemarie Spillane</u> (Signature) <u>ROSEMARIE SPILLANE</u> (Print Name)	<u>29-A LINCOLN AVE</u> <u>JAMESBURG, NJ 08831</u> Residence Address including Post Office
5. <u>Barbara L. Corbett</u> (Signature) <u>BARBARA L. CORBETT</u> (Print Name)	<u>23 BROOKVIEW CIRCLE</u> <u>JAMESBURG NJ 08831</u> Residence Address including Post Office

NAME	ADDRESS
6. _____ (Signature) _____ (Print Name)	_____ Residence Address including Post Office
7. _____ (Signature) _____ (Print Name)	_____ Residence Address including Post Office
8. _____ (Signature) _____ (Print Name)	_____ Residence Address including Post Office
9. _____ (Signature) _____ (Print Name)	_____ Residence Address including Post Office
10. _____ (Signature) _____ (Print Name)	_____ Residence Address including Post Office

WITNESS SECTION:

The witness taking the affidavit below must be the person who obtains the names on this set of signatures or several sheets of signatures. The witness must take the affidavit for each set he/she solicits & sign it in the presence of the Notary public, or Attorney. The witness may sign one set of signatures **endorsing** the candidate. Note that if the witness/circulator is not a qualified voter of the political subdivision for which the candidate stands for office, then he/she is permitted to circulate said petition, but is not permitted to sign as petitioner. Although signature sheets are solicited separately, the entire petition must be bound together before submitting.

STATE OF NEW JERSEY
COUNTY OF MIDDLESEX

SS

ROSEMARIE SPILLANE
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES AUG 24 2027
COMMISSION #50066878

I, JOSEPH J. SCILLIERI

Name of the Witness / Circulator

, being duly sworn or affirmed upon his/her oath, depose, and say that

he/she is the one who gather the signatures of the petition; that said petition is signed by each of the signers thereof in his/her own proper handwriting; that each of the signers is, to the best knowledge and belief of deponent, a legal voter of the Municipality of JAMESBURG in the County of Middlesex of the State of New Jersey, as stated in said petition, and belongs to the political party named in said petition, and that such a petition is prepared and filed in absolute good faith for the sole purpose of endorsing the person(s) therein named in order to secure their nomination or selection as stated in this petition; and further affirms that he/she is a registered voter in the State of New Jersey, who's party affiliation is of the same political party named in the petition.

Sworn to before me this 5 day

of MARCH, 2025

Rosemarie Spillane
Notary / Attorney.

Joseph J. Scillieri
Witness Signature