2023 GENERAL ELECTION – N.J. GENERAL ASSEMBLY

PETITION FOR MEMBER OF THE NEW JERSEY GENERAL ASSEMBLY

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

PETITION OF DIRECT NOMINATION FOR THE GENERAL ELECTION

4th LEGISLATIVE DISTRICT

For Division of Elections Use:

Total Number of Signatures on this Petition 18

Total Number of Signatures on all Petitions 91

To the Honorable Secretary of State: (N.J.S.A. 19:13-3)

☑ **By checking this box, I acknowledge that I have confirmed my legislative district at the following link: https://www.apportionmentcommission.org/adoption2022map.asp. I further acknowledge the legislative district listed above is the district I intend on being a candidate in as a result of re-districting.**

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

1) I reside in the State of New Jersey in the 4th 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).

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

1007 STANDISH DR. | TURNERSVILLE NJ | 08012
Residential Address | City | Zip Code

1007 STANDISH DR. | TURNERSVILLE NJ | 08012
Post Office Address | City | Zip Code

mjp1007@comcast.net
Candidate Email Address

State of New Jersey, Division of Elections
JUN 06 2023
Received

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

Residential Address | City | Zip Code

Post Office Address | City | Zip Code

Candidate Email Address

☐ **Check box if candidates listed above are to be bracketed on ballot and their names shall appear on the ballot as indicated.** (N.J.S.A. 19:14-10, N.J.S.A. 19:14-12)

ALL INFORMATION ABOVE MUST BE COMPLETED PRIOR TO CIRCULATION

(Petition filing deadline - before 4 p.m. on [illegible] 2023) (N.J.S.A.19:13-9)

SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street, City, Zip Code*)
1.	MAUREEN DUKES PERROSE	1007 STANDISH DRIVE TURNERSVILLE NJ 08012
2.	GIUSEPPE COSTANZO	8 HERON PLACE CLEMENTON NJ 08021
3.	Theresa E. Dukes	110 Pilgrim Court TURNERSVILLE NJ 08012
4.	Cheryl A. McWilliams	47 JONES LANE SICKLERVILLE NJ 08081
5.	James A Nevins	47 Jones lane Sicklerville NJ 08081
6.	Melissa Nevins	47 Jones lane Sicklerville, NJ 08081
7.	James P Barnes	5200 Route 42 Turnersville NJ 08012
8.	Andrea Oelenschlager	141 Hewitt Avenue Williamstown, NJ 08094
9.	Joseph Guy	1001 Blackhorse Pike Apt #1 Glendora, N.J. 08029
10.	Maria Oelenschlager	1001 Black Horse Pike Ste A Glendora, NJ 08029

SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street, City, Zip Code*)
11. A. Fiella	Anthony Fiella	1001 Black Horse Pike Apt 6 Glendora, NJ 08029
12. Johnna Kratz	Joanna Kratz	111 Pilgrim Court Turnersville NJ 08012
13. Harry Smith	Harry Smith	113 Pilgrim Court Turnersville NJ 08012
14. Dawn Smith	Dawn Smith	113 Pilgrim Ct. Turnersville NJ 08012
15. Mark Zappasodi	Mark Zappasodi	809 ~~Lexington Dr~~ Lexington Drive Turnersville NJ 08012
16. Diane Zappasodi	Diane Zappasodi	809 Lexington Drive Turnersville NJ 08012
17. Maria Mazzeo	Maria Mazzeo	110 Hurffville Rd Blackwood, NJ 08012
18. Rocco Mazzeo	Rocco Mazzeo	110 Hurffville Rd 08012 Blackwood, NJ
19.		
20.		

ALL INFORMATION IS REQUIRED TO BE COMPLETED

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	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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ALL INFORMATION IS REQUIRED TO BE COMPLETED

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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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 Camden :

I, Maureen Dukes Penrose, being duly sworn, upon my oath say that I personally circulated the petition and saw all the
(Print Name of Circulator/Witness)
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

Camden N.J., on
(List County where Affidavit was signed and notarized)

this 5th day of 6/5/23 Form #1
(Day)

June, 2023
(Month) (Year)

(Notary Signature)

03/22/2027
(My Commission Expires)

Maureen Dukes Penrose
(Signature of Circulator/Witness)

1007 STANDISH DRIVE
(Residence Address of Circulator/Witness)

TURNERSVILLE NJ 08012
(City or Town of Circulator/Witness) (Zip Code)

NANCY L SHRADER
Comm. Exp. March 22, 2027
NOTARY PUBLIC
Comm. #2357533
NEW JERSEY

(Place Notary Stamp in the area above)

ALL INFORMATION IS REQUIRED TO BE COMPLETED

CANDIDATE'S REQUEST FOR SLOGAN ON THE OFFICIAL GENERAL ELECTION BALLOT

The candidate named in this petition requests that there be printed on the general election ballot the following slogan: (Slogan must not exceed three words and must be in accord with N.J.S.A. 19:13-4. If slogan includes the name of any person other than the candidate or any incorporated association of this State, written consent of such person or incorporated association of this State must be attached.)

	County	**Slogan** (Please Print or Type)
1.	Gloucester	Conservatives ~~for~~ South Jersey
2.	Camden	Conservatives ~~for~~ South Jersey
3.	Atlantic	Conservatives South Jersey
4.		

NOTE: *There are up to four counties in a legislative district, so enough lines are provided above for the purpose of identifying slogans in each county where the nominee is a candidate.*

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.

OATH OF ALLEGIANCE

Candidate Need Only Sign This Page Once for All Petitions

QUALIFICATIONS FOR CANDIDATE FOR THE OFFICE OF MEMBER OF THE GENERAL ASSEMBLY:

Shall have attained the age of 21 years by the day of the swearing into office
United States Citizen
Resident of New Jersey for two years as of the day of the General Election
Resident of the legislative district for one year as of the day of the General Election
Legal voter by the day the petition is filed

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

I, Maureen Duke Penrose do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution
(Print Name of General Assembly Candidate)
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.

Sworn and subscribed to before me in

Camden N.J., on
(List County where Oath was signed and notarized)

Maureen Duke Penrose
(Signature of General Assembly Candidate)

this 5 day of June, 2023
(Day) (Month) (Year)

(Notary Signature)

03/22/2027
(My Commission Expires)

NANCY L SHRADER
Comm. Exp. March 22, 2027
NOTARY PUBLIC
Comm. #2357533
NEW JERSEY

(Place Notary Seal in the area above)

ALL INFORMATION IS REQUIRED TO BE COMPLETED

CERTIFICATE OF ACCEPTANCE TO BE SIGNED BY CANDIDATE

(N.J.S.A. 19: 13-8)

I, the undersigned, hereby certify that I accept the nomination herein and that I am a resident of and a legal voter in the jurisdiction of the office for which the nomination is being made.

Maureen Dukes Penrose
(Signature of General Assembly Candidate)

MAUREEN DUKES PENROSE
(Printed or Typewritten Name of General Assembly Candidate)

1007 STANDISH DRIVE
(Residence Address of General Assembly Candidate)

TURNERSVILLE NJ 08012
(City or Town & Zip Code of General Assembly Candidate)

Candidate Must Sign an Oath of Allegiance and Certificate of Acceptance

Pursuant to N.J.S.A. 19:13-8, however, no candidate so named shall sign such acceptance if he has signed an acceptance for the primary nomination or any other petition of nomination under this chapter for such office. In addition, no candidate named in a petition for the office of Member of the New Jersey General Assembly shall sign an acceptance if the candidate has signed an acceptance for the primary nomination or any other petition of nomination for the office of Member of the New Jersey General Assembly in another legislative district in the same calendar year.

DISCLOSURE STATEMENT OF CRIMINAL CONVICTION

Pursuant to P.L. 2004, chapter 26 the following statement **must be completed and filed** with the Nomination Petition

Please Check Applicable Box

I, the undersigned, hereby certify that in accordance with N.J.S.A. 19:23-15:

☒ I have not been convicted of any offense graded by Title 2C of the New Jersey Statutes as a crime of the first, second, third or fourth degree, or an offense in any jurisdiction which, if committed in this State, would constitute such a crime.

☐ I have been convicted of an offense graded by Title 2C of the New Jersey Statutes as a crime of the first, second, third or fourth degree, or any offense in any jurisdiction which, if committed in this State, would constitute such a crime as follows:

1. Crime of conviction: _____
2. Date of conviction: _____
3. Place of conviction: _____
4. Penalties imposed for the conviction: _____

**As an alternative, you may submit with the statement a copy of an official document that provides the above information. If you have been convicted of more than one criminal offense, such information about each conviction shall be provided. Records of expunged conviction(s) pursuant to chapter 52 of Title 2C of the New Jersey Statutes shall not be subject to disclosure.*

I certify the foregoing is a true and accurate statement.

Maureen Duke Penrose
(Signature of General Assembly Candidate)

MAUREEN DUKE PENROSE
(Printed or Typewritten Name of General Assembly Candidate)

1007 STANDISH DRIVE
(Residential Address of General Assembly Candidate)

TUNERSVILLE NJ 08012
(City or Town of General Assembly Candidate) (Zip Code)

ALL INFORMATION IS REQUIRED TO BE COMPLETED

(2)

PETITION FOR MEMBER OF THE NEW JERSEY GENERAL ASSEMBLY

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

PETITION OF DIRECT NOMINATION FOR THE GENERAL ELECTION

4th LEGISLATIVE DISTRICT

For Division of Elections Use:

Total Number of Signatures on this Petition 12

Total Number of Signatures on all Petitions _____.

To the Honorable Secretary of State: (N.J.S.A. 19:13-3)

☑ **By checking this box, I acknowledge that I have confirmed my legislative district at the following link: https://www.apportionmentcommission.org/adoption2022map.asp. I further acknowledge the legislative district listed above is the district I intend on being a candidate in as a result of re-districting.**

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

1) I reside in the State of New Jersey in the 4th 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).

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

1007 STANDISH DR. | TURNERSVILLE NJ | 08012
Residential Address | City | Zip Code

1007 STANDISH DR. | TURNERSVILLE NJ | 08012
Post Office Address | City | Zip Code

mjp1007@comcast.net
Candidate Email Address

State of New Jersey, Division of Elections
JUN 06 2023
Received

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

Residential Address | City | Zip Code

Post Office Address | City | Zip Code

Candidate Email Address

☐ Check box if candidate does not wish to be bracketed on ballot and their party appear on the ballot as indicated. (N.J.S.A. 19:14-1)

SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street, City, Zip Code*)
1.	JOEY ~~MACK~~ MACK	1501 OLD BLACKHORSE PIKE
2.	JOAN TAORMINA	23 FOX HOLLOW LANE SEWELL, NJ 08080
3.	PHIL TAORMINA	23 FOX HOLLOW LANE SEWELL, NJ 08080
4.	SUSANNA COSTANZO	8 HERON PLACE CLEMENTON NJ 08021
5.	JESSICA COSTANZO	8 HERON PLACE CLEMENTON NJ 08021
6.	FRANCESCA COSTANZO	8 HERON PLACE CLEMENTON NJ 08021
7. Donna Villari	Donna Villari	39 Equitation Way Sewell, NJ 08080
8.	Joanne DiAmbrosio	307 Surrey Ct. Sewell NJ 08080
9.	Louis DiAmbrosio	307 Surrey Ct Sewell NJ 08080
10.	Salvatore Villari	39 Equitation Way Sewell, NJ 08080

ALL INFORMATION IS REQUIRED TO BE COMPLETED

SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street, City, Zip Code*)
11.	STEPHEN BALDWIN	226 FORREST DRIVE TURNERSVILLE, N.J. 08012
12.	ANTHONY VILLARI	144 WEST COLLINS COURT BLACKWOOD NJ. 08012
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SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street*, City, Zip Code)
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ALL INFORMATION IS REQUIRED TO BE COMPLETED

SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street,* City, Zip Code)
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ALL INFORMATION IS REQUIRED TO BE COMPLETED

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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ALL INFORMATION IS REQUIRED TO BE COMPLETED

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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ALL INFORMATION IS REQUIRED TO BE COMPLETED

SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street*, City, Zip Code)
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ALL INFORMATION IS REQUIRED TO BE COMPLETED

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 CAMDEN :

I, GIUSEPPE COSTANZO, being duly sworn, upon my oath say that I personally circulated the petition and saw all the
(Print Name of Circulator/Witness)

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

Camden N.J., on
(List County where Affidavit was signed and notarized)

this 15th day of
(Day)

June, 20 23
(Month) (Year)

P Patel
(Notary Signature)

12/29/2026
(My Commission Expires)

Giuseppe Costanzo
(Signature of Circulator/Witness)

8 HERON PLACE
(Residence Address of Circulator/Witness)

CLEMENTON NJ 08021
(City or Town of Circulator/Witness) (Zip Code)

PRITI J PATEL
Notary Public
State of New Jersey
My Commission Expires Dec. 29, 2026
I.D.# 2486019

(Place Notary Stamp in the area above)

ALL INFORMATION IS REQUIRED TO BE COMPLETED

CANDIDATE'S REQUEST FOR SLOGAN ON THE OFFICIAL GENERAL ELECTION BALLOT

The candidate named in this petition requests that there be printed on the general election ballot the following slogan: (Slogan must not exceed three words and must be in accord with N.J.S.A. 19:13-4. If slogan includes the name of any person other than the candidate or any incorporated association of this State, written consent of such person or incorporated association of this State must be attached.)

County	**Slogan** (Please Print or Type)
1.	See top petition
2.	
3.	
4.	

NOTE: *There are up to four counties in a legislative district, so enough lines are provided above for the purpose of identifying slogans in each county where the nominee is a candidate.*

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.

OATH OF ALLEGIANCE

Candidate Need Only Sign This Page Once for All Petitions

QUALIFICATIONS FOR CANDIDATE FOR THE OFFICE OF MEMBER OF THE GENERAL ASSEMBLY:

Shall have attained the age of 21 years by the day of the swearing into office
United States Citizen
Resident of New Jersey for two years as of the day of the General Election
Resident of the legislative district for one year as of the day of the General Election
Legal voter by the day the petition is filed

State of New Jersey :

: ss.

County of :

I, _____, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution
(Print Name of General Assembly Candidate)
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.

Sworn and subscribed to before me in

_____ N.J., on _____
(List County where Oath was signed and notarized) (Signature of General Assembly Candidate)

this _____ day of _____, 20____
(Day) (Month) (Year)

_____
(Notary Signature)

_____
(My Commission Expires) (Place Notary Stamp in the area above)

CERTIFICATE OF ACCEPTANCE TO BE SIGNED BY CANDIDATE

(N.J.S.A. 19: 13-8)

I, the undersigned, hereby certify that I accept the nomination herein and that I am a resident of and a legal voter in the jurisdiction of the office for which the nomination is being made.

_____
(Signature of General Assembly Candidate)

_____
(Printed or Typewritten Name of General Assembly Candidate)

_____
(Residence Address of General Assembly Candidate)

_____
(City or Town & Zip Code of General Assembly Candidate)

Candidate Must Sign an Oath of Allegiance and Certificate of Acceptance

Pursuant to N.J.S.A. 19:13-8, however, no candidate so named shall sign such acceptance if he has signed an acceptance for the primary nomination or any other petition of nomination under this chapter for such office. In addition, no candidate named in a petition for the office of Member of the New Jersey General Assembly shall sign an acceptance if the candidate has signed an acceptance for the primary nomination or any other petition of nomination for the office of Member of the New Jersey General Assembly in another legislative district in the same calendar year.

CERTIFICATE OF ACCEPTANCE TO BE SIGNED BY CANDIDATE

(N.J.S.A. 19: 13-8)

I, the undersigned, hereby certify that I accept the nomination herein and that I am a resident of and a legal voter in the jurisdiction of the office for which the nomination is being made.

_____
(Signature of General Assembly Candidate)

_____
(Printed or Typewritten Name of General Assembly Candidate)

_____
(Residence Address of General Assembly Candidate)

_____
(City or Town & Zip Code of General Assembly Candidate)

Candidate Must Sign an Oath of Allegiance and Certificate of Acceptance

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DISCLOSURE STATEMENT OF CRIMINAL CONVICTION

Pursuant to P.L. 2004, chapter 26 the following statement **must be completed and filed** with the Nomination Petition

Please Check Applicable Box

I, the undersigned, hereby certify that in accordance with N.J.S.A. 19:23-15:

☐ I have not been convicted of any offense graded by Title 2C of the New Jersey Statutes as a crime of the first, second, third or fourth degree, or an offense in any jurisdiction which, if committed in this State, would constitute such a crime.

☐ I have been convicted of an offense graded by Title 2C of the New Jersey Statutes as a crime of the first, second, third or fourth degree, or any offense in any jurisdiction which, if committed in this State, would constitute such a crime as follows:

1. Crime of conviction: _____
2. Date of conviction: _____
3. Place of conviction: _____
4. Penalties imposed for the conviction: _____

**As an alternative, you may submit with the statement a copy of an official document that provides the above information. If you have been convicted of more than one criminal offense, such information about each conviction shall be provided. Records of expunged conviction(s) pursuant to chapter 52 of Title 2C of the New Jersey Statutes shall not be subject to disclosure.*

I certify the foregoing is a true and accurate statement.

_____
(Signature of General Assembly Candidate)

_____
(Printed or Typewritten Name of General Assembly Candidate)

_____
(Residential Address of General Assembly Candidate)

_____
(City or Town of General Assembly Candidate) (Zip Code)

ALL INFORMATION IS REQUIRED TO BE COMPLETED

DISCLOSURE STATEMENT OF CRIMINAL CONVICTION

Pursuant to P.L. 2004, chapter 26 the following statement **must be completed and filed** with the Nomination Petition

Please Check Applicable Box

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2. Date of conviction: _____
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I certify the foregoing is a true and accurate statement.

_____
(Signature of General Assembly Candidate)

_____
(Printed or Typewritten Name of General Assembly Candidate)

_____
(Residential Address of General Assembly Candidate)

_____
(City or Town of General Assembly Candidate) (Zip Code)

ALL INFORMATION IS REQUIRED TO BE COMPLETED

(3)

2023 GENERAL ELECTION – N.J. GENERAL ASSEMBLY

PETITION FOR MEMBER OF THE NEW JERSEY GENERAL ASSEMBLY

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

PETITION OF DIRECT NOMINATION FOR THE GENERAL ELECTION

4th LEGISLATIVE DISTRICT

For Division of Elections Use:

Total Number of Signatures on this Petition 29

Total Number of Signatures on all Petitions _____

To the Honorable Secretary of State: (N.J.S.A. 19:13-3)

☑ **By checking this box, I acknowledge that I have confirmed my legislative district at the following link: https://www.apportionmentcommission.org/adoption2022map.asp. I further acknowledge the legislative district listed above is the district I intend on being a candidate in as a result of re-districting.**

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

1) I reside in the State of New Jersey in the 4th 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).

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

1007 STANDISH DR. | TURNERSVILLE NJ | 08012
Residential Address | City | Zip Code

1007 STANDISH DR. | TURNERSVILLE NJ | 08012
Post Office Address | City | Zip Code

mjp1007@comcast.net
Candidate Email Address

State of New Jersey, Division of Elections
JUN 06 2023
Received

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

Residential Address | City | Zip Code

Post Office Address | City | Zip Code

Candidate Email Address

☐ Check box if candidates listed above are to be bracketed on ballot and their names shall appear on the ballot as indicated. (N.J.S.A. 19:14-10, N.J.S.A. 19:14-12)

SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street*, City, Zip Code)
1.	Christine Tierno	11 Roanoke Rd. 08021 Laurel Springs, NJ
2.	Holly Chambers	2181 Garwood Rd Erial NJ 08081
3.	Christina Mauser	10 Palomino Trl Sewell, NJ 08080
4.	Katie Sheldrick.	8 Dunard Sewell, NJ 08080
5.	Tim Mauser Sr	10 Palomino Trl Sewell NJ 08080
6.	Michael Costantino-Mauser	10 Palomino Trl Sewell, NJ 08080
7.	Taylor Sheldrick.	8 Duncan Rd Sewell NJ 08080
8.	Joe Birney Jr	195 Fries Mill Rd Apt 1205 Blackwood, NJ 08012
9.	Tyler Colan	23 Kohomo Ave. Erial NJ 08081
10.	William Davis	115 W. Lake Ave Blackwood NJ 08012

ALL INFORMATION IS REQUIRED TO BE COMPLETED

SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street, City, Zip Code*)
11.	Sharon Morley	10 Sherwood Terrace Glendora NJ 08029
12. Maria Boccaleri	Maria Boccaleri	1501 Chews Landing Rd. Blackwood, NJ 08012
13.	Dan Boccaleri	1501 chews landing rd Blackwood NJ 08012
14. Michelle Hedgson	Michelle Hedgson	128 Presidential Dr Sicklerville NJ 08081
15. Adam Haberle	Adam Haberle	128 Presidential Dr S. Sicklerville NJ 08081
16. Michele Morley	Michele Morley	10 Sherwood Terrace Glendora NJ 08029
17. Anthony Tierno		734 Upton Way Somerdale, NJ 08083
18. Nancy Tierno	Nancy Tierno	734 Upton Way Somerdale, NJ 08083
19. Lynn Tierno	Lynn Tierno	734 Upton Way Somerdale, NJ 08083
20. Rick Tierno		975 Sherbrook Terr. Somerdale, NJ 08083

SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street*, City, Zip Code)
21. Carrie Goins	Carrie Goins	20 Woodshire Dr Sicklerville NJ 08081
22. Tatiyana Goins	Tatiyana Goins	20 Woodshire Dr Sicklerville NJ 08081
23. Dave Taitt	Dave Taitt	430 Highland Ave Blackwood, NJ 08012
24. Rebecca Taitt	Rebecca Taitt	430 Highland Ave Blackwood, NJ 08012
25. Laura Conroy	Laura Conroy	22 Brandywine Way Sicklerville NJ 08081
26. Michael Conroy	Michael Conroy	22 Brandywine Way Sicklerville NJ 08081
27. Brian Nguyen	Brian Nguyen	696 Main Road Vineland, NJ 08360
28. Lien Nguyen	Lien Nguyen	696 Main Rd Vineland, NJ 08360
29. Cuc Nguyen	Cuc Nguyen	696 MAIN RD Vineland, NJ 08360
30.		

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 (*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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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 Camden :

I, Christine Tierno (Print Name of Circulator/Witness), 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 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

Camden N.J., on
(List County where Affidavit was signed and notarized)

this 4th day of
(Day)

June, 2023
(Month) (Year)

(Notary Signature)

Dec. 11, 2024
(My Commission Expires)

Christine Tierno
Christine Tierno
(Signature of Circulator/Witness)

11 Roanoke Rd.
(Residence Address of Circulator/Witness)

Laurel Springs, NJ 08021
(City or Town of Circulator/Witness) (Zip Code)

YVETTE D SCHROEDER-VEIGEL
Notary Public - State of New Jersey
My Commission Expires Dec 11, 2024

(Place Notary Stamp in the area above)

ALL INFORMATION IS REQUIRED TO BE COMPLETED

(4)

2023 GENERAL ELECTION – N.J. GENERAL ASSEMBLY

PETITION FOR MEMBER OF THE NEW JERSEY GENERAL ASSEMBLY

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

PETITION OF DIRECT NOMINATION FOR THE GENERAL ELECTION

4th LEGISLATIVE DISTRICT

For Division of Elections Use:

Total Number of Signatures on this Petition 32

Total Number of Signatures on all Petitions _____

To the Honorable Secretary of State: (N.J.S.A. 19:13-3)

☑ **By checking this box, I acknowledge that I have confirmed my legislative district at the following link: https://www.apportionmentcommission.org/adoption2022map.asp. I further acknowledge the legislative district listed above is the district I intend on being a candidate in as a result of re-districting.**

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

1) I reside in the State of New Jersey in the 4th 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).

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

State of New Jersey, Division of Elections
JUN 06 2023
Received

1007 STANDISH DR. TURNERSVILLE NJ 08012
Residential Address City Zip Code

1007 STANDISH DR. TURNERSVILLE NJ 08012
Post Office Address City Zip Code

MJP1007@Comcast.net
Candidate Email Address

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

Residential Address City Zip Code

Post Office Address City Zip Code

Candidate Email Address

☐ Check box if candidates listed above are to be bracketed on ballot and their names shall appear on the ballot as indicated. (N.J.S.A. 19:14-10, N.J.S.A. 19:14-11)

SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street, City, Zip Code*)
1.	Angela McGeehan	271 Staggerbush Rd Williamstown NJ 08094
2.	Tim Athorn	1 Lincoln Dr Laurel Springs NJ 08021
3.	Raymond S MacDowell	441 Egg Harbor Rd Sewell NJ 08080
4.	Donna J. MacDowell	441 Egg Harbor Rd Sewell NJ 08080
5.	John Willis, Jr	861 Whitman Dr Turnersville, NJ 08012
6.	Raymond S MacDowell Jr	441 Egg Harbor Rd Sewell NJ 08080
7.	Robert Zamboni	11 Appletree Lane Sewell, NJ. 08080
8.	Madeline Zamboni	11 Appletree Lane Sewell, NJ. 08080
9.	Robert McGeehan II	271 Staggerbush Rd Williamstown, NJ 08094
10.	Joseph DeVuono	1622 Carriage Dr Williamstown NJ 08094

ALL INFORMATION IS REQUIRED TO BE COMPLETED

SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street, City, Zip Code*)
11.	Danielle DeVenco	1622 Carriage Drive Williamstown NJ 08094
12.	Jami Weber	41 St. Vincent Williamstown
13.	Constance Naughton	41 St. Vincent Williamstown
14.	Kerri Weber	113 Colts Neck Sicklerville NJ 08081
15.	Kacey Strock	270 Staggerbush Williamstown NJ 08094
16.	Chad Strock	270 Staggerbush Rd Williamstown NJ 08094
17.	ANNA MARIE DeVenco	526 Barbados Dr Williamstown NJ 08094
18.	Gina Hahn	202 Shady Ln. Turnersville, NJ 08012
19.	Alfred Ambrosano	103 Rolling Acre Dr Washington Twp NJ 08028
20.	Peter Muraca	103 Rolling Acre Dr Washington Twp, NJ, 08028

ALL INFORMATION IS REQUIRED TO BE COMPLETED

SIGNATURE SHEET

	Signature	Print Name	Residence Address (*Number, Street, City, Zip Code*)
21.	Alyssa Ambrosano	ALYSSA AMBROSANO	103 ROLLING ACRE DRIVE WASHINGTON TOWNSHIP NJ
22.	Christa Bonifatte	CHRISTA BONINFATE	42 Haddock Drive Sewell NJ 08080
23.	D – P	Damian Boninfante	42 Haddock Dr Sewell NJ 08080
24.	Donna Ambrosano	Donna Ambrosano	103 Rolling Acre Dr Washington Twp NJ 08025
25.	Andrea Salstrom	Andrea Salstrom	7 Plum Tree Drive Sewell, NJ 08080
26.	CR	Chris Salstrom	7 Plum Tree Dr Sewell, NJ 08080
27.	Josette Tussey	Josette Tussey	315 Bucknell Ave Turnersville NJ 08012
28.	Corine L McErlain	Corine McErlain	25 Silver birch road Turnersville, NJ 08012
29.	Raydence Todd	Raydence Todd	36 Longwood Drive, Sicklerville, NJ. 08081
30.	GM	Gavin Esser	1746 Flanagan Ave Williamstown NJ 08094

ALL INFORMATION IS REQUIRED TO BE COMPLETED

SIGNATURE SHEET

Signature	Print Name	Residence Address (*Number, Street, City, Zip Code*)
31. Christie Kulis	Christie Kulis	8 Moray lane Sewell NJ 08080
32. Antonina Kulis	Antonina Kulis	8 Moray Lane Sewell NJ 08080
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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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ALL INFORMATION IS REQUIRED TO BE COMPLETED

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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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 Gloucester :

I, Angela McGeehan, being duly sworn, upon my oath say that I personally circulated the petition and saw all the
(Print Name of Circulator/Witness)
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

Gloucester County N.J., on
(List County where Affidavit was signed and notarized)

this 4th day of
(Day)

June, 20 23
(Month) (Year)

Rachael A. Seaman
(Notary Signature)

04.01.2026
(My Commission Expires)

Angela McGeehan
(Signature of Circulator/Witness)

271 Staggerbush Rd
(Residence Address of Circulator/Witness)

Williamstown NJ 08094
(City or Town of Circulator/Witness) (Zip Code)

RACHAEL A SEAMAN
Notary Public - State of New Jersey
My Commission Expires Apr 1, 2026

(Place Notary Stamp in the area above)

ALL INFORMATION IS REQUIRED TO BE COMPLETED

CANDIDATE'S REQUEST FOR SLOGAN ON THE OFFICIAL GENERAL ELECTION BALLOT

The candidate named in this petition requests that there be printed on the general election ballot the following slogan: (Slogan must not exceed three words and must be in accord with N.J.S.A. 19:13-4. If slogan includes the name of any person other than the candidate or any incorporated association of this State, written consent of such person or incorporated association of this State must be attached.)

	County	**Slogan** (Please Print or Type)
1.		See top petition
2.		
3.		
4.		

NOTE: *There are up to four counties in a legislative district, so enough lines are provided above for the purpose of identifying slogans in each county where the nominee is a candidate.*

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.

ALL INFORMATION IS REQUIRED TO BE COMPLETED

OATH OF ALLEGIANCE

Candidate Need Only Sign This Page Once for All Petitions

QUALIFICATIONS FOR CANDIDATE FOR THE OFFICE OF MEMBER OF THE GENERAL ASSEMBLY:

Shall have attained the age of 21 years by the day of the swearing into office
United States Citizen
Resident of New Jersey for two years as of the day of the General Election
Resident of the legislative district for one year as of the day of the General Election
Legal voter by the day the petition is filed

State of New Jersey :

: ss. See top petition

County of :

I, _____, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution
(Print Name of General Assembly Candidate)
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.

Sworn and subscribed to before me in

_____ N.J., on _____
(List County where Oath was signed and notarized) (Signature of General Assembly Candidate)

this _____ day of _____, 20____
(Day) (Month) (Year)

_____
(Notary Signature)

_____
(My Commission Expires) (Place Notary Stamp in the area above)

ALL INFORMATION IS REQUIRED TO BE COMPLETED

OATH OF ALLEGIANCE

Candidate Need Only Sign This Page Once for All Petitions

QUALIFICATIONS FOR CANDIDATE FOR THE OFFICE OF MEMBER OF THE GENERAL ASSEMBLY:

Shall have attained the age of 21 years by the day of the swearing into office
United States Citizen
Resident of New Jersey for two years as of the day of the General Election
Resident of the legislative district for one year as of the day of the General Election
Legal voter by the day the petition is filed

See top petition

State of New Jersey :

: ss.

County of :

I, _____, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution
(Print Name of General Assembly Candidate)
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.

Sworn and subscribed to before me in

_____ N.J., on _____
(List County where Oath was signed and notarized) (Signature of General Assembly Candidate)

this _____ day of _____, 20____
(Day) (Month) (Year)

_____
(Notary Signature)

_____
(My Commission Expires)

(Place Notary Stamp in the area above)

ALL INFORMATION IS REQUIRED TO BE COMPLETED

CERTIFICATE OF ACCEPTANCE TO BE SIGNED BY CANDIDATE

(N.J.S.A. 19: 13-8)

I, the undersigned, hereby certify that I accept the nomination herein and that I am a resident of and a legal voter in the jurisdiction of the office for which the nomination is being made.

Stop petition

(Signature of General Assembly Candidate)

(Printed or Typewritten Name of General Assembly Candidate)

(Residence Address of General Assembly Candidate)

(City or Town & Zip Code of General Assembly Candidate)

Candidate Must Sign an Oath of Allegiance and Certificate of Acceptance

Pursuant to N.J.S.A. 19:13-8, however, no candidate so named shall sign such acceptance if he has signed an acceptance for the primary nomination or any other petition of nomination under this chapter for such office. In addition, no candidate named in a petition for the office of Member of the New Jersey General Assembly shall sign an acceptance if the candidate has signed an acceptance for the primary nomination or any other petition of nomination for the office of Member of the New Jersey General Assembly in another legislative district in the same calendar year.

DISCLOSURE STATEMENT OF CRIMINAL CONVICTION

Pursuant to P.L. 2004, chapter 26 the following statement **must be completed and filed** with the Nomination Petition

Please Check Applicable Box

I, the undersigned, hereby certify that in accordance with N.J.S.A. 19:23-15:

☐ I have not been convicted of any offense graded by Title 2C of the New Jersey Statutes as a crime of the first, second, third or fourth degree, or an offense in any jurisdiction which, if committed in this State, would constitute such a crime.

☐ I have been convicted of an offense graded by Title 2C of the New Jersey Statutes as a crime of the first, second, third or fourth degree, or any offense in any jurisdiction which, if committed in this State, would constitute such a crime as follows:

1. Crime of conviction: _____
2. Date of conviction: _____
3. Place of conviction: _____
4. Penalties imposed for the conviction: _____

**As an alternative, you may submit with the statement a copy of an official document that provides the above information. If you have been convicted of more than one criminal offense, such information about each conviction shall be provided. Records of expunged conviction(s) pursuant to chapter 52 of Title 2C of the New Jersey Statutes shall not be subject to disclosure.*

I certify the foregoing is a true and accurate statement.

See top petition

_____
(Signature of General Assembly Candidate)

_____
(Printed or Typewritten Name of General Assembly Candidate)

_____
(Residential Address of General Assembly Candidate)

_____
(City or Town of General Assembly Candidate) (Zip Code)

ALL INFORMATION IS REQUIRED TO BE COMPLETED