

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

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 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).

☒ 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.

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.

Residential Address

TURNERSVILLE NJ

City

08012

Zip Code

1007 STANDISH DR.

Post Office Address

TURNERSVILLE NJ

City

08012

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

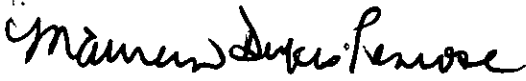
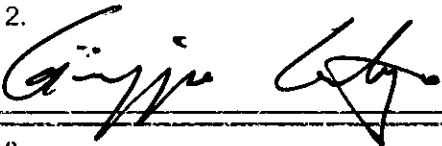
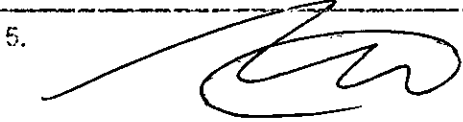
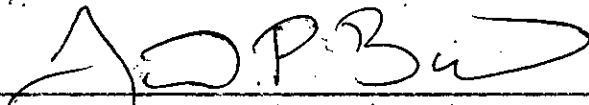
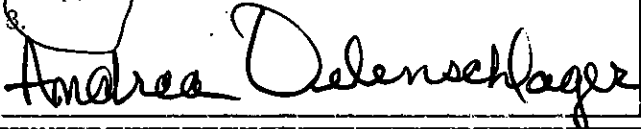
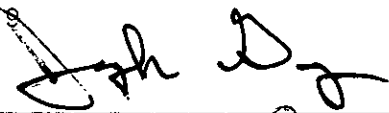
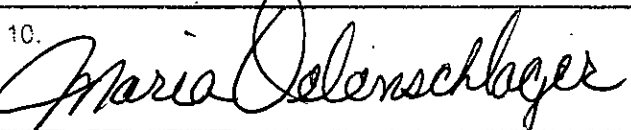
Candidate Email Address

☐ 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)

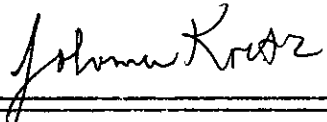
ALL INFORMATION ABOVE MUST BE COMPLETED PRIOR TO CIRCULATION

(Petition filing deadline - before 4 p.m. on June 15, 2023) (N.J.S.A. 19:13-9)

SIGNATURE SHEET

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
1. 	MAUREEN DUKES PERKOS	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 Black Horse 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. 	Anthony Faiella	1001 Black Horse Pike Apt 6 Glendora, NJ 08029
12. 	JOANNA KRATZ	111 Pilgrim Court Turnersville NJ 08012
13. 	HARRY SMITH	113 Pilgrim Court Turnersville NJ 08012
14. 	Dawn Smith	113 Pilgrim CT. Turnersville NJ 08012
15. 	MARK ZAPPASODI	809 Lexington Drive Lexington Drive Turnersville NJ 08012
16. 	DIANE ZAPPASODI	809 Lexington Drive Turnersville NJ 08012
17. 	Maria Mazzeo	110 Hurffville Rd Blackwood, NJ 08012
18. 	Lexco Mazzeo	110 Hurffville Rd 08012 Blackwood, NJ
19.		
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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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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
June 2023
(Day) (Month) (Year)

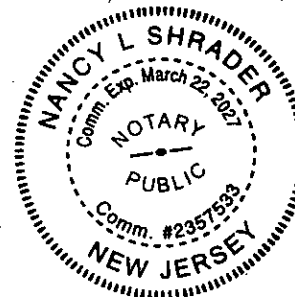
May 2023
(Notary Signature)

03/22/2027
(My Commission Expires)

Maureen Dukes Penrose
(Signature of Circulator/Witness)

1007 STANISH DRIVE
(Residence Address of Circulator/Witness)

Turnersville NJ 08018
(City or Town of Circulator/Witness) (Zip Code)



(Place Notary Stamp in the area above)

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.)

CountySlogan (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 PEROSA 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

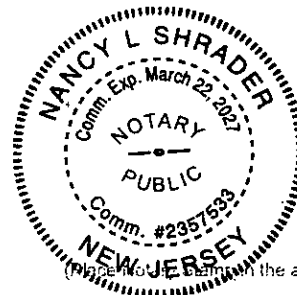
Camden N.J., on
 (List County where Oath was signed and notarized)

Maureen Duke Perosa
 (Signature of General Assembly Candidate)

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

May 28
 (Notary Signature)

03/28/2027
 (My Commission Expires)



(Place Notary Seal 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.

Maureen Duker Penrose
(Signature of General Assembly Candidate)

MAUREEN DUKER 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 Perrose
(Signature of General Assembly Candidate)

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

1007 STANLISH DRIVE
(Residential Address of General Assembly Candidate)

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

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

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 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).

☒ 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.

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.

Residential Address

TURNERSVILLE NJ

City

08012

Zip Code

1007 STANDISH DR.

Post Office Address

TURNERSVILLE NJ

City

08012

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

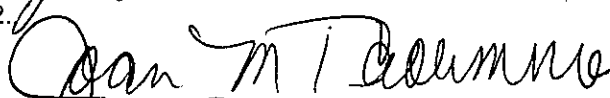
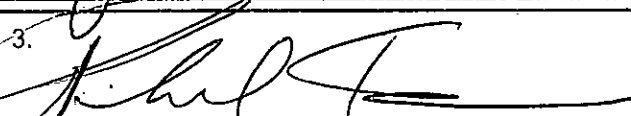
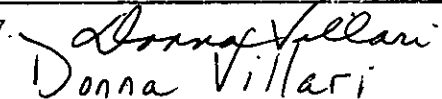
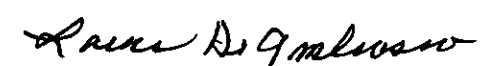
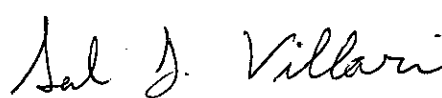
City

Zip Code

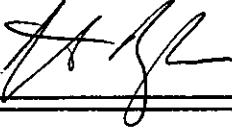
Candidate Email Address

☐ Check box if candidate is to be bracketed on ballot and their name is to appear on the ballot as indicated (N.J.S.A. 19:14-13, 19:14-14, 19:14-15)

SIGNATURE SHEET

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
1. 	JOEY MACK ^{MACK}	1501 OLD BLACK HORSE 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 CLEMONTON NJ 08021
5. 	JESSICA COSTANZO	8 HERON PLACE CLEMONTON NJ 08021
6. 	FRANCESCA COSTANZO	8 HERON PLACE CLEMONTON NJ 08021
7. 	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

SIGNATURE SHEET

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
11. 	STEPHEN BALDONI	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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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

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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 circulator/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

(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

(List County where Affidavit was signed and notarized)

N.J., on

this 15th day of

(Day)

June, 20 23

(Month)

(Year)

PRITI J 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)

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)

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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)

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)

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**

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 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).

☒ 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.

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.

Residential Address

TURNERSVILLE NJ

City

08012

Zip Code

1007 STANDISH DR.

Post Office Address

TURNERSVILLE NJ

City

08012

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

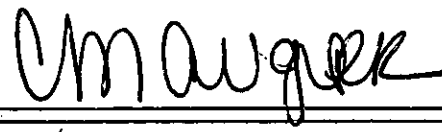
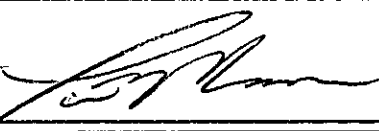
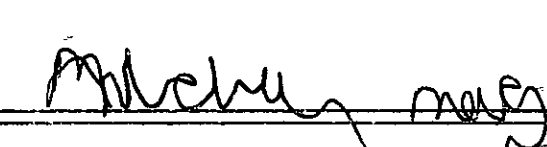
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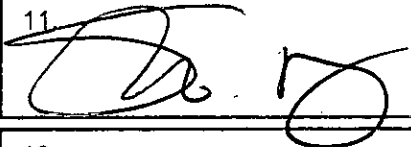
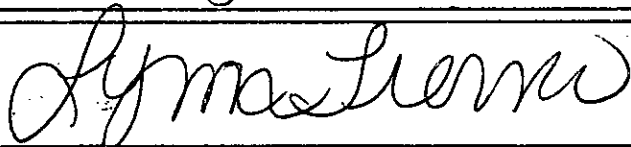
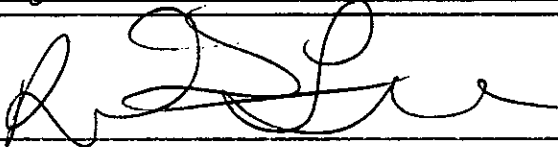
Candidate Email Address

☐ 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)

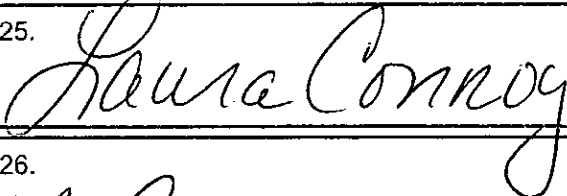
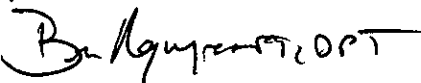
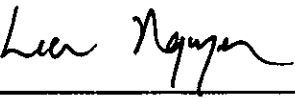
SIGNATURE SHEET

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
1. 	Christine Tierno	11 Roanoke Rd. 08024 Laurel Springs, NJ
2. 	Holly Chambers	2181 Garwood Rd Enal NJ 08081
3. 	Christina Mauser	10 Palomino Trl Sewell, NJ 08080
4. 	Katie Sheldrick.	8 Dunah Rd Sewell, NJ 08080
5. 	Tim Mauser Sr	10 Palomino Trl Sewell NJ 08080
6. 	Michael Constantino-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 1208 Blackwood, NJ 08011
9. 	Tyler Colan	23 Kohamo Ave. ERIE NJ 08061
10. 	William Davis	115 W. LAKE AVE BLACKWOOD NJ 08011

SIGNATURE SHEET

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
11. 	Sharon Morley	10 SHERWOOD TERRACE GLENORA NJ 08029
12. Maria Boccaleri	Maria Boccaleri	1501 Chews Landing Rd. Blackwood, NJ 08012
13. 	Maria Boccaleri	1501 Chews Landing Rd Blackwood NJ 08012
14. Michelle Hager	Michelle Hager	128 Presidential Dr Sicklerville, NJ 08081
15. Adam Hager	Adam Hager	128 Presidential Dr 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		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	20 Woodshire Dr Sicklerville NJ 08081
22. 	Tatiyana Goins	20 Woodshire Dr Sicklerville NJ 08081
23. 	Dave Taitt	430 Highland Ave Blackwood, NJ 08012
24. 	Rebecca Taitt	430 Highland Ave Blackwood, NJ 08012
25. 	Laura Conroy	22 Brandywine way Sicklerville NJ 08081
26. 	Michael Conroy	22 Brandywine Way Sicklerville NJ 08081
27. 	Brian Nguyen	696 Main Road Vineland, NJ 08360
28. 	Lien Nguyen	696 Main Rd Vineland, NJ 08360
29. 	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)
91.		
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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, 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 4th day of
(Day)

June, 2023
(Month) (Year)

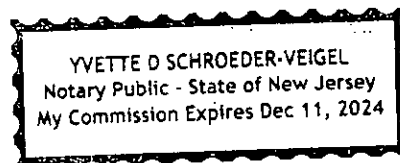
[Signature]
(Notary Signature)

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)



(Place Notary Stamp in the area above)

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

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 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).

☒ 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.

Name of Candidate: MAUREEN DUKES PENROSE

State of New Jersey, Division of Elections

(Name must appear the same on all petition booklets to be filed.)

(Please print or type name)

1007 STANDISH DR.

Residential Address

TURNERSVILLE NJ

City

08012

Zip Code

1007 STANDISH DR.

Post Office Address

TURNERSVILLE NJ

City

08012

Zip Code

mjp1007@Comcast.net

Candidate Email Address

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

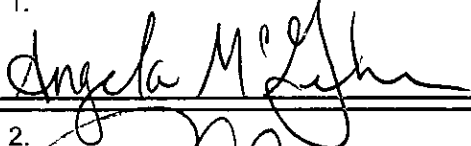
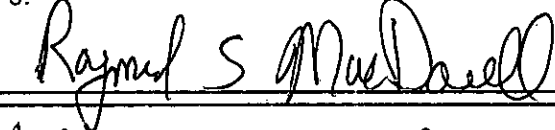
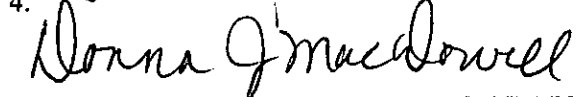
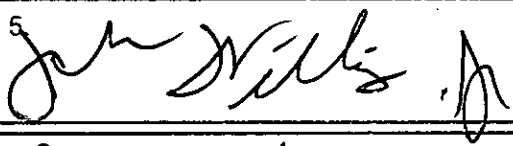
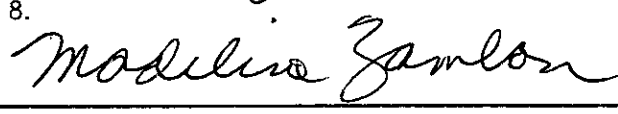
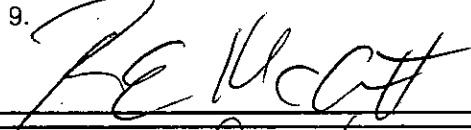
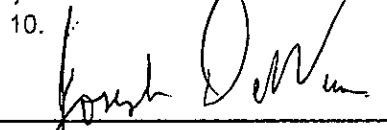
City

Zip Code

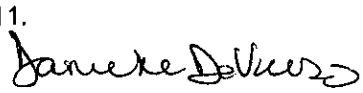
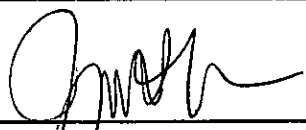
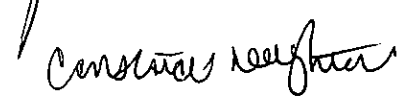
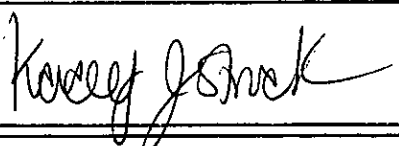
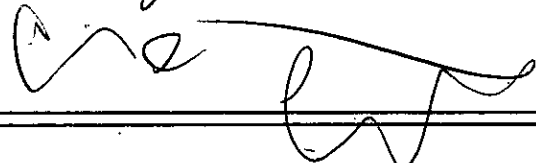
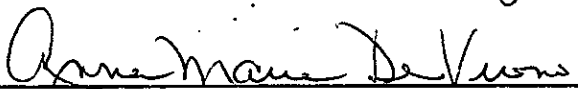
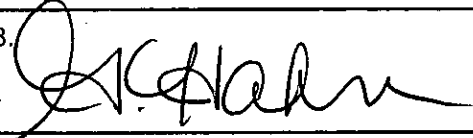
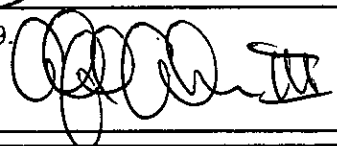
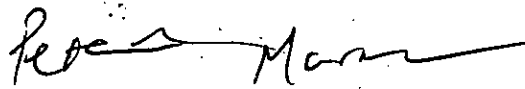
Candidate Email Address

☐ 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. 19:14-11)

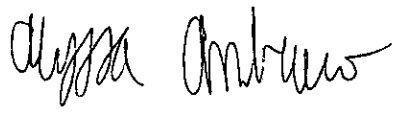
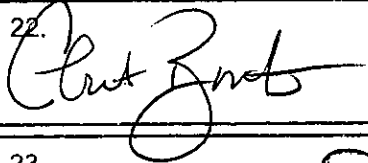
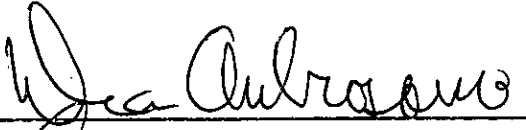
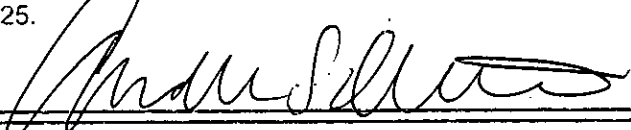
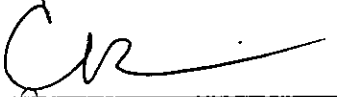
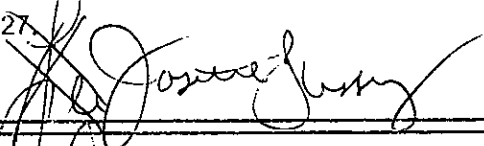
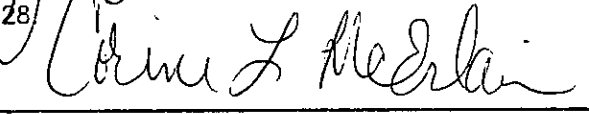
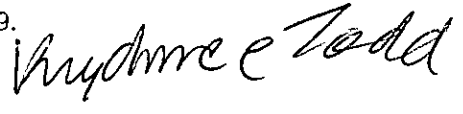
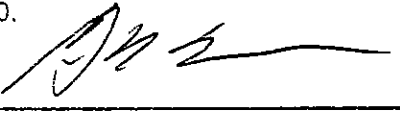
SIGNATURE SHEET

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
1. 	Angela McGeehan	271 Staggerbush Rd Williamstown NJ 08094
2. 	Tim Ahorn	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 Horseshoeville, NJ 08022
6. 	Raymond S MacDowell Jr	441 Egg Harbor Rd Sewell NJ 08080
7. 	ROBERT ZAMBON	11 APPLETREE LANE SEWELL, NJ. 08080
8. 	Madeline Zambon	11 APPLETREE LANE SEWELL, NJ. 08080
9. 	Robert McGeehan II	271 Staggerbush Rd Williamstown, NJ 08094
10. 	Joseph DeVono	1622 Carriage Dr Williamstown NJ 08094

SIGNATURE SHEET

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
11. 	Danielle DeVuono	1687 Carriage Drive Williamstown NJ 08094
12. 	Jami Weber	41 St. Vincent Williamstown
13. 	Constance Naughton	41 St. Vincent Williamstown
14. 	Kerri Weber	113 Cotts Neck Sicklerville NJ 08081
15. 	Kacey Stock	270 Staggerbush Williamstown NJ 08094
16. 	Chad Stock	270 Staggerbush Rd Williamstown NJ 08094
17. 	ANNA MARIE DeVuono	526 Barbados Dr Williamstown NJ 08094
18. 	Gina Hahn	202 Shady Ln. Turnersville, NJ 08012
19. 	Alfred Ambrosio	103 Rolling Ave Dr Washington Twp NJ 08028
20. 	Peter Muraca	103 Rolling Ave Dr Washington Twp NJ 08028

SIGNATURE SHEET

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
21. 	ALYSSA AMBROSANO	103 ROLLING ACRE DRIVE WASHINGTON TOWNSHIP NJ
22. 	CHRISTA BONINFANTE	42 HADDOCK DRIVE SEWELL NJ 08080
23. 	Damian Boninfante	42 Haddock Dr Sewell NJ 08080
24. 	Donna Ambrosano	103 Rolling Acre Dr Washington Twp NJ 08022
25. 	Andrea Salstrom	7 Plum Tree Drive Sewell, NJ 08080
26. 	Chris Salstrom	7 Plum Tree Dr Sewell, NJ 08080
27. 	Josette Tussey	315 Bucknell Ave Turnersville NJ 08012
28. 	Corine McErlain	25 Silver Birch Rd Turnersville, NJ 08012
29. 	Kaydence Todd	36 Longwood Drive, Sicklerville, NJ, 08081
30. 	Gavin Esser	1740 Flanagan Ave Williamstown NJ 08094

SIGNATURE SHEET

Signature	Print Name	Residence Address (Number, Street, City, Zip Code)
31. <i>Christa Kulis</i>	<i>Christie Kulis</i>	<i>8 Moray Lane Sewell NJ 08080</i>
32. <i>Antonina Kulis</i>	<i>Antonina Kulis</i>	<i>8 Moray Lane Sewell NJ 08080</i>
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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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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,
(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

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

this 4th day of
(Day)

June, 2023
(Month) (Year)

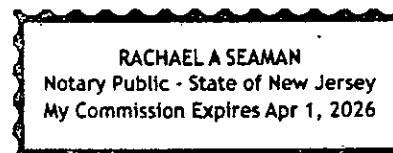
Rachael A. Seaman
(Notary Signature)

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)



(Place Notary Stamp in the area above)

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 :
County of : ss. *See top petition*

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)

OATH OF ALLEGIANCE

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Legal voter by the day the petition is filed

State of New Jersey

:

: ss.

County of

:

See top petition

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.

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)