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

OFFICE: County Committee **TERM OF OFFICE:** 4

(IF APPLICABLE) **WARD** _____ **DISTRICT** 7

Democratic

PARTY

James Cairns

(Candidate Name)

(Candidate Name)

(Candidate Name)

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

CANDIDATE'S REQUEST FOR DESIGNATION ON THE OFFICIAL PRIMARY BALLOT

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

Middlesex County Democratic Organization

Must not exceed six words (R.S. 19:23-17) (19:49-2)

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

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

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

NOTICE TO ALL CANDIDATES

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

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

We, the undersigned, hereby certify that we are qualified voters and that we reside in the above County and Municipality, (For Ward and County Committee Candidates fill in Ward/District) → District # 7, and that we are members of the Democratic **Party** and intend to affiliate with the political party at the ensuing election.

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

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

CANDIDATE NAME	RESIDENCE & POST OFFICE ADDRESS IF DIFFERENT & E-MAIL
1. James Cairns (Print Name)	641 Roosevelt Ave / Carteret, NJ 07008 Street Number, Street Name / Municipality, and Zip Code Post Office if different from Residence address / E-mail Address
2. (Print Name)	Street Number, Street Name / Municipality, and Zip Code Post Office if different from Residence address / E-mail Address
3. (Print Name)	Street Number, Street Name / Municipality, and Zip Code Post Office if different from Residence address / E-mail Address

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

NAME	ADDRESS
1. (Signature) James K. Cairns (Print Name) James K. Cairns II	641 Roosevelt Ave Carteret, NJ 07008 Residence Address Including Post Office
2. (Signature) (Print Name) Ellen Skiba	252 Washington Ave Carteret, NJ 07008 Residence Address Including Post Office
3. (Signature) (Print Name)	Residence Address Including Post Office
4. (Signature) (Print Name)	Residence Address Including Post Office
5. (Signature) (Print Name)	Residence Address Including Post Office

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

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

STATE OF NEW JERSEY
COUNTY OF MIDDLESEX } SS

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

Sworn to before me this 23rd day of March, 2023

Notary / Attorney

JOSEPH W. NORRIS
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 6/6/2025

Peter Aglialoro
Witness Signature

Each Candidate must complete a separate Oath of allegiance and Certificate of acceptance form.

CANDIDATE OATH OF ALLEGIANCE

STATE OF NEW JERSEY
COUNTY OF MIDDLESEX } SS

I, James Cairns (Print Candidate's Name), do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey; that I will bear true faith and allegiance to the same and to the governments established in the United States and in this State, under the authority of the people; and that I will faithfully, impartially and justly perform all the duties of the office of County Committeeperson, according to the best of my ability (So help me God)*.

Sworn and subscribed to before me

This 23rd day

of March A.D. 2022

Notary / Attorney

JOSEPH W. NORRIS
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 5/8/2025

(Signature of Candidate)

Address 641 Roosevelt Avenue

Post Office Carteret, NJ 07008

*Person taking oath has the option of including "So help me God", if he/she so desires.

CERTIFICATE OF ACCEPTANCE

I hereby certify that I am a member of the Democratic Party and that I am legally qualified for the office for which I have been endorsed in the foregoing petition; that I consent to stand as a candidate for nomination at the ensuing primary election, and that if nominated I agree to accept the nomination, and that I am a resident and legal voter in

District # 7
(Municipality- Ward and District)

Candidate's Signature.

FOR COUNTY OFFICES

We do further certify that the names and Post Office addresses of the three members named as a committee on Vacancies are as follows (19:23-12).

PRINT NAME	ADDRESS	POST OFFICE
1. (Print Name)		
2. (Print Name)		
3. (Print Name)		

The signers to petitions for County office may name three persons in their petition as committee on vacancies.