

TO: MUNICIPAL CLERK

County Committee, a Republican candidate in the 2022 Primary Election, is hereby authorized to use the designation "Regular Republican Organization of Ocean County" on the nominating petition and on the official ballot.

"Regular Republican Organization of Ocean County" is the name of a corporation formed under the provisions of Title 15 of the Revised Statutes of New Jersey, 1937.

Dated: 3/10, 2022.

By: Gal P. Mills
President
Regular Republican Organization of Ocean County

PETITION NOMINATING CANDIDATE FOR COUNTY COMMITTEE BY PRIMARY ELECTION

(FILE WITH MUNICIPAL CLERK NOT LATER THAN 4 PM
ON THE 64TH DAY PRECEDING THE PRIMARY ELECTION DATE)

SIGNATURES REQUIRED:

IN MUNICIPALITIES EXCEEDING 14,000 POPULATION - 50 SIGNATURES
IN MUNICIPALITIES LESS THAN 14,000 POPULATION WITH 2 OR MORE ELECTION DISTRICTS - 25 SIGNATURES
IN MUNICIPALITIES WITHIN A SINGLE ELECTION DISTRICT - 10 SIGNATURES
OR AS PRESCRIBED BY N.J.S.A.-19:23-8

COMPLETE ALL INFORMATION ON THIS PAGE PRIOR TO CIRCULATION

To: Municipal Clerk

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

- 1) I reside in the State of New Jersey in the municipality of Lakehurst County of Ocean
- 2) I am a qualified voter therein
- 3) I am a member of the Republican Party
- 4) I intend to affiliate with the said Party at the ensuing Election
- 5) I endorse the person hereinafter mentioned as candidate for the nomination for the office of:

County Committee

(Print Name of Office)

- 6) I request that you cause to be printed upon the Official Primary Ballot of the said Party the name of said person as the candidate for such nomination:

(Please Print or Type)

Name(s) of Candidate(s)	Residence and Post Office Address	Email Address	City	Zip Code
<u>Eileen Robbins</u>	<u>407 Maple St - Lakehurst, NJ, 08733</u>	<u>Eileen_Robbins@comcast.net</u>	<u>Lakehurst</u>	<u>08733</u>

CANDIDATES' REQUEST FOR DESIGNATION ON THE OFFICIAL PRIMARY BALLOT

The candidate(s) herein having been endorsed for the Office mentioned in this petition, do hereby request that there be printed opposite the name(s) of candidate(s) on the said Primary Ballot the following designation: (**Designation must not exceed six words** and must be in accord with R.S.19:23-17. If slogan includes the name of an individual other than the candidate or incorporated association of this State, written consent must be attached.)

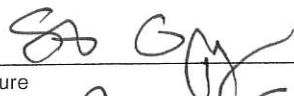
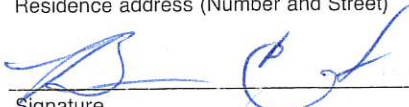
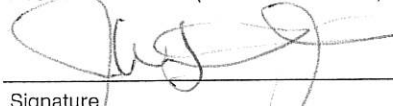
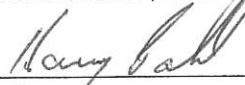
SLOGAN

Regular Republican Organization of Ocean County

(MUST NOT EXCEED SIX WORDS)

SIGNATURE SHEET

Signature and residence address of registered voter:

1.  STEVEN O'GRADY
 Signature Print Name
316 Church St LAKEHURST
 Residence address (Number and Street) (City)
2.  BRIAN D. MRO
 Signature Print Name
300 Poplar St LAKEHURST
 Residence address (Number and Street) (City)
3.  Robert McCarthy
 Signature Print Name
8 Locust Street Lakehurst
 Residence address (Number and Street) (City)
4.  JAMES W. DUGAN JR
 Signature Print Name
412 Maple St Lakehurst.
 Residence address (Number and Street) (City)
5.  Bernadette Dugan
 Signature Print Name
27 Pine Street Lakehurst, NJ 08733-3014
 Residence address (Number and Street) (City)
6.  Harry Robbins
 Signature Print Name
407 Maple St Lakehurst, NJ 08733
 Residence address (Number and Street) (City)
7. _____
 Signature Print Name

 Residence address (Number and Street) (City)
8. _____
 Signature Print Name

 Residence address (Number and Street) (City)
9. _____
 Signature Print Name

 Residence address (Number and Street) (City)
10. _____
 Signature Print Name

 Residence address (Number and Street) (City)

SIGNATURE SHEET

Signature and residence address of registered voter:

11.	_____ Signature	_____ Print Name
	_____ Residence address (Number and Street)	_____ (City)
12.	_____ Signature	_____ Print Name
	_____ Residence address (Number and Street)	_____ (City)
13.	_____ Signature	_____ Print Name
	_____ Residence address (Number and Street)	_____ (City)
14.	_____ Signature	_____ Print Name
	_____ Residence address (Number and Street)	_____ (City)
15.	_____ Signature	_____ Print Name
	_____ Residence address (Number and Street)	_____ (City)
16.	_____ Signature	_____ Print Name
	_____ Residence address (Number and Street)	_____ (City)
17.	_____ Signature	_____ Print Name
	_____ Residence address (Number and Street)	_____ (City)
18.	_____ Signature	_____ Print Name
	_____ Residence address (Number and Street)	_____ (City)
19.	_____ Signature	_____ Print Name
	_____ Residence address (Number and Street)	_____ (City)
20.	_____ Signature	_____ Print Name
	_____ Residence address (Number and Street)	_____ (City)

AFFIDAVIT OF PERSON WHO CIRCULATES THIS PETITION AND WITNESSES SIGNATURES.

The witness taking the affidavit below must be the person who obtained the names on this set of signatures or several sets of signatures. The witness must take the affidavit for each set he/she solicits and sign in the presence of a person authorized to administer affidavits (e.g., notary public), but may sign only one signature sheet endorsing the candidate. *Note that if the circulator/witness is not a qualified voter of the 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 (pursuant to court order dated March 31, 2014).*

State of New Jersey :
County of Ocean : ss.

I, SILEEN ROBBINS, being duly sworn, upon my oath say that such petition was
(Print Name of Circulator/Witness)

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

Subscribed and sworn to before me at

Borough of Lakewood, NJ.,

this 21st day of

March, 20 22

Sileen Robbins
(Signature of Circulator/Witness)

407 Maple St.
(Street Address of Circulator/Witness)

Lakewood St. 08733
(City or Town) (Zip Code)

Maryanne Capasso
MARYANNE CAPASSO
NOTARY PUBLIC
STATE OF NEW JERSEY
ID # 2466300
MY COMMISSION EXPIRES MAR. 23, 2027

TOTAL NUMBER OF SIGNATURES ON THIS PETITION 6

TOTAL NUMBER OF SIGNATURES ON ALL PETITIONS 6

OATH OF ALLEGIANCE

State of New Jersey :
County of Ocean : ss.

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

Eileen Robbins
Signature of Candidate

Sworn and subscribed to before me this

21st day of March 20 22.

Maryanne Gano
MARYANNE GANO
(Notary/Attorney)
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES (Candidate need only sign this page once for all petitions.)

CERTIFICATE OF ACCEPTANCE TO BE SIGNED BY CANDIDATE

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

RESIDENCY REQUIREMENTS FOR ELECTIVE OFFICE

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

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

Eileen Robbins
(Signature of Candidate)
Eileen Robbins
(Printed or Typewritten name of Candidate)
407 Maple St
(Residence Address)
Lakehurst 08133
(City or Town) (Zip Code)

"NOTICE: ALL CANDIDATES ARE REQUIRED BY LAW TO COMPLY WITH THE PROVISIONS OF THE NEW JERSEY CAMPAIGN CONTRIBUTIONS AND EXPENDITURES REPORTING ACT. FOR FURTHER INFORMATION, PLEASE CALL THE ELECTION LAW ENFORCEMENT COMMISSION AT (609) 292-8700."

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

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County Committee

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(Please Print or Type)

Name(s) of Candidate(s) Residence and Post Office Address Email Address City Zip Code

Harry Robbins 407 Maple St. eileen_robbins@comcast.net LAKEHURST 08733

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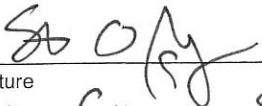
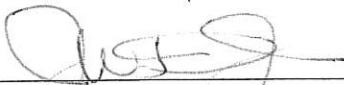
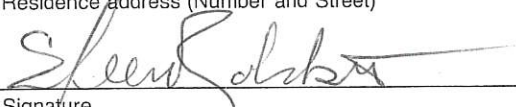
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Signature Print Name
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Signature Print Name
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Signature Print Name
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Residence address (Number and Street) (City)
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I, Harry Robbins, being duly sworn, upon my oath say that such petition was
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Harry Robbins

(Signature of Circulator/Witness)

407 Maple St

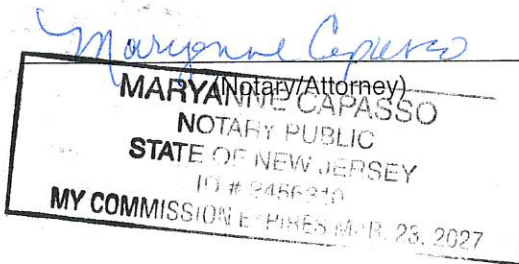
(Street Address of Circulator/Witness)

LAKEHURST

(City or Town)

08733

(Zip Code)



TOTAL NUMBER OF SIGNATURES ON THIS PETITION

6

TOTAL NUMBER OF SIGNATURES ON ALL PETITIONS

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OATH OF ALLEGIANCE

State of New Jersey :
County of Ocean : ss.

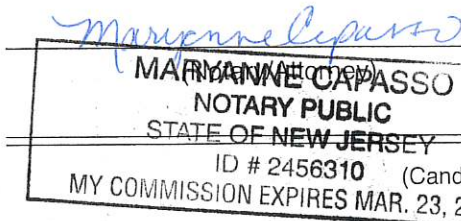
I, Harry Robbins, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey; that I will bear true faith and allegiance to the same and to the Governments established in the United States and in this State, under the authority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

Harry Robbins

Signature of Candidate

Sworn and subscribed to before me this

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Harry Robbins

(Signature of Candidate)

Harry Robbins

(Printed or Typewritten name of Candidate)

407 Maple St

(Residence Address)

Lakehurst

(City or Town)

08733

(Zip Code)

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