

# PETITION FOR ELECTORS OF PRESIDENT AND VICE PRESIDENT

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

## PETITION OF DIRECT NOMINATION FOR THE GENERAL ELECTION

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;
- 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).

**For Division of Elections Use:**

Total Number of Signatures on this Petition \_\_\_\_\_

Total Number of Signatures on all Petitions \_\_\_\_\_

### NAMES OF CANDIDATES:

The candidates for whom the electors are to vote are:  
(Names should appear the same on **ALL** petitions to be filed.)

Chase Oliver

\_\_\_\_\_ for President

Mike ter Maat

and \_\_\_\_\_ for Vice President

info@votechaseoliver.com

\_\_\_\_\_  
(Candidate Email Address)

info@votechaseoliver.com

\_\_\_\_\_  
(Candidate Email Address)

**ALL INFORMATION ABOVE MUST BE COMPLETED PRIOR TO CIRCULATION**

**Petition filing deadline - Before 4 p.m. on July 29, 2024 (N.J.S.A.19:13-9)**

### SIGNATURE SHEET

Signature	Print Name	Residence Address ( <i>Number, Street, City, Zip Code</i> )
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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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**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 :

I, \_\_\_\_\_, being duly sworn, upon my oath say that the petition is made in good faith, that I personally circulated  
(Print Name of Circulator/Witness)  
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

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

\_\_\_\_\_  
(Signature of Circulator/Witness)

this \_\_\_\_\_ day of  
(Day)

\_\_\_\_\_  
(Residence Address of Circulator/Witness)

\_\_\_\_\_, 20\_\_\_\_\_  
(Month) (Year)

\_\_\_\_\_  
(City or Town of Circulator/Witness) (Zip Code)

\_\_\_\_\_  
(Notary Signature)

\_\_\_\_\_  
(My Commission Expires)

(Place Notary Stamp in the area above)