

# PETITION FOR MEMBER OF THE NEW JERSEY GENERAL ASSEMBLY

**250** Signatures Required (N.J.S.A. 19:13-5; as amended by P.L. 2025, c. 20)

## PETITION OF DIRECT NOMINATION FOR THE GENERAL ELECTION

10th 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 10th 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).

**For Division of Elections Use:**

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

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

**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:** Shayne Aquino

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

(Please print or type name)

1614 Jumper Drive

Toms River

08755

Residential Address

City

Zip Code

1614 Jumper Drive

Toms River

08755

Post Office Address

City

Zip Code

shayne\_aquino@njlp.org

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. 19:14-12)

**ALL INFORMATION ABOVE MUST BE COMPLETED PRIOR TO CIRCULATION**  
(Petition filing deadline - before 4 p.m. on **June 10, 2025**). (N.J.S.A.19:13-9; P.L. 2024, c. 107)



**SIGNATURE SHEET**

Signature	Print Name	Residence Address ( <i>Number, Street, City, Zip Code</i> )
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

**SIGNATURE SHEET**

Signature	Print Name	Residence Address ( <i>Number, Street, City, Zip Code</i> )
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		

**SIGNATURE SHEET**

Signature	Print Name	Residence Address ( <i>Number, Street, City, Zip Code</i> )
31.		
32.		
33.		
34.		
35.		
36.		
37.		
38.		
39.		
40.		

**SIGNATURE SHEET**

Signature	Print Name	Residence Address ( <i>Number, Street, City, Zip Code</i> )
41.		
42.		
43.		
44.		
45.		
46.		
47.		
48.		
49.		
50.		

**SIGNATURE SHEET**

Signature	Print Name	Residence Address ( <i>Number, Street, City, Zip Code</i> )
51.		
52.		
53.		
54.		
55.		
56.		
57.		
58.		
59.		
60.		

**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 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.

(Print Name of Circulator/Witness)

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)