

PETITION FOR MEMBER OF THE UNITED STATES HOUSE OF REPRESENTATIVES

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

PETITION OF DIRECT NOMINATION FOR THE GENERAL ELECTION

5th CONGRESSIONAL DISTRICT

To the Honorable Secretary of State: (N.J.S.A. 19:13-3)

For Division of Elections Use:

Total Number of Signatures on this Petition _____

Total Number of Signatures on all Petitions _____

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

- 1) I reside in the State of New Jersey in the 5th Congressional 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).

Name of Candidate: James Tosone

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

(Please print or type name)

690 Kennedy Drive

Residential Address

Township of Washington

City

07676

Zip Code

690 Kennedy Drive

Post Office Address

Township of Washington

City

07676

Zip Code

tosone4congress@gmail.com

(Candidate Email Address)

ALL INFORMATION ABOVE MUST BE COMPLETED PRIOR TO CIRCULATION

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

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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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)

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. Bergen Libertarian Party

2. Passaic Libertarian Party

3. Sussex Libertarian Party

4. _____

5. _____

6. _____

NOTE: There are up to six counties in a congressional district, so enough lines are provided above for the purpose of identifying slogans in each county where the nominee is a candidate

OATH OF ALLEGIANCE
Candidate Need Only Sign This Page Once for All Petitions

QUALIFICATIONS FOR CANDIDATE FOR THE OFFICE OF MEMBER OF THE UNITED STATES HOUSE OF REPRESENTATIVES

Shall have attained the age of 25 years by the day of the swearing into office
United States Citizen for 7 years by the day of the swearing into office
Resident of New Jersey as of the day of the General Election

State of New Jersey :
County of : : ss.

I, James Tosone, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the
(Print Name of House of Representative Candidate)
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.

Subscribed and sworn before me at:

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

(Signature of House of Representative Candidate)

This _____ day of _____, 20____
(Day) (Month) (Year)

(Signature of Notary or Attorney at Law of New Jersey)

(Print Name of Notary or Attorney at Law of New Jersey)

(Commission Expiration Date of Notary)

(Place Notary Stamp in the area above)

AFFIRMATION OF ALLEGIANCE
Candidate Need Only Sign This Page Once for All Petitions

QUALIFICATIONS FOR CANDIDATE FOR THE OFFICE OF MEMBER OF THE UNITED STATES HOUSE OF REPRESENTATIVES

Shall have attained the age of 25 years by the day of the swearing into office
United States Citizen for 7 years by the day of the swearing into office
Resident of New Jersey as of the day of the General Election

State of New Jersey :
County of : : ss.

I, James Tosone, do solemnly, sincerely and truly declare and affirm that I will support the Constitution of the United States and the
(Print Name of House of Representative Candidate)
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.

Subscribed and affirmed before me at:

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

(Signature of House of Representative Candidate)

This _____ day of _____, 20____
(Day) (Month) (Year)

(Signature of Notary or Attorney at Law of New Jersey)

(Print Name of Notary or Attorney at Law of New Jersey)

(Commission Expiration Date of Notary)

(Place Notary Stamp in the area above)

DECLARATION OF ALLEGIANCE
Candidate Need Only Sign This Page Once for All Petitions

QUALIFICATIONS FOR CANDIDATE FOR THE OFFICE OF MEMBER OF THE UNITED STATES HOUSE OF REPRESENTATIVES

Shall have attained the age of 25 years by the day of the swearing into office
United States Citizen for 7 years by the day of the swearing into office
Resident of New Jersey as of the day of the General Election

State of New Jersey :
County of : : ss.

I, James Tosone, do declare, in the presence of Almighty God, the witness of the truth of what I say, that I will support the
(Print Name of House of Representative Candidate)
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.

Subscribed and declared before me at:

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

(Signature of House of Representative Candidate)

This _____ day of _____, 20____
(Day) (Month) (Year)

(Signature of Notary or Attorney at Law of New Jersey)

(Print Name of Notary or Attorney at Law of New Jersey)

(Commission Expiration Date of Notary)

(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 House of RepresentativeCandidate)

James Tosone

(Printed or Typewritten Name of House of RepresentativeCandidate)

690 Kennedy Drive

(Residence Address of House of RepresentativeCandidate)

Township of Washington 07676

(City or Town & Zip Code of House of RepresentativeCandidate)

Candidate Must Sign an Oath of Allegiance, Affirmation of Allegiance or Declaration of Allegiance and Certificate of Acceptance