

PETITION FOR MEMBER OF THE NEW JERSEY STATE SENATE

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

PETITION OF DIRECT NOMINATION FOR THE GENERAL ELECTION

39th **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 39th 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 _____

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

tosone4njsenate@gmail.com

Candidate Email Address

ALL INFORMATION ABOVE MUST BE COMPLETED PRIOR TO CIRCULATION

(Petition filing deadline - before 4 p.m. on **June 8, 2021**). (N.J.S.A.19:13-9)

SIGNATURE SHEET

Signature	Print Name	Residence Address (<i>Number, Street, City, Zip Code</i>)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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 (*Number, Street, City, Zip Code*)

31.		
32.		
33.		
34.		
35.		
36.		
37.		
38.		
39.		
40.		

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 resident of this State, 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)