

NOTICE

THIS PACKAGE, CORRECTLY AND

COMPLETELY FILLED OUT

MUST BE RETURNED TO THE

BOARD

OR

TO THE MUNICIPAL CLERK

NO LATER THAN 5:00 P.M.

Friday, January 14, 2022

Completed Petitions may be mailed to the following address:

Clifford Fauske, Clerk
Board of Fire Commissioners
Fire District Number Two
3031 Route 27, Suite #3
Franklin Park, New Jersey 08823

Petitions may also be hand delivered to the BOFC Offices between the hours of 9 and 3, Monday through Friday. Please call the BOFC offices at 732-422-6744 ext 102 in advance of hand delivering a petition. All petitions, either mailed or hand delivered must be received by 3:00 p.m. on Friday, January 14, 2022.

**NOMINATING PETITION FOR FIRE COMMISSIONER
OF BOARD OF FIRE COMMISSIONERS
DISTRICT NUMBER TWO**

To: Clifford Fauske, Clerk of the Board of Fire Commissioners of Fire District Number Two, in the Township of Franklin in the County of Somerset that:

We, the undersigned hereby certify that we reside in, and are qualified legal voters of Fire District Number Two, in the Township of Franklin, in the County of Somerset, New Jersey; that we endorse the candidate named in this petition for Fire Commissioner in and for Fire District Number Two, and that said person's name _____ residing at _____ be printed upon the official ballot to be used at the ensuing election for Fire Commissioner.

We further certify that the person so nominated is legally qualified under the laws of this state to serve as a Fire Commissioner.

SIGNATURE OF PETITIONERS

NAME ADDRESS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

SIGNATURE OF PETITIONERS

NAME ADDRESS

8. _____

9. _____

10. _____

11. _____

12. _____

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15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

21. _____

22. _____

23. _____

24. _____

25. _____

I, the undersigned, a signatory of this petition, do verify upon my oath that the signers of this petition are legally qualified to sign this petition and that they did so in my presence.

Sworn and subscribed to before me this _____ day of _____, 2022.

Signature of Notary Public

CONSENT OF CANDIDATE

I, THE UNDERSIGNED, PURSUANT TO SECTION N.J.S 40A:14-71, DO HEREBY CERTIFY THAT I AM QUALIFIED TO BE ELECTED AS A FIRE COMMISSIONER IN FIRE DISTRICT NUMBER TWO, FRANKLIN TOWNSHIP, SOMERSET COUNTY, NEW JERSEY, AND THAT I CONSENT TO SERVE AS A FIRE COMMISSIONER, IF ELECTED.

_____ L.S.



CANDIDATE - SWORN STATEMENT

FORM A-1

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
Website: www.elec.nj.gov

Amendment

Candidate Name		Office Sought			▼
Candidate Committee Name					▼
Street Address					
City	State	Zip Code	*Day Telephone	*Evening Telephone	
	NJ				
Committee Email (Optional)		Committee Website (Optional)			
Election Type: (Select One)	<input type="radio"/> Primary	<input type="radio"/> May Municipal	<input type="radio"/> Fire District	Election Date	
	<input type="radio"/> General	<input type="radio"/> Run-Off	<input type="radio"/> Special	▼	
County	Legal Name of Election District or Municipality		Political Party		
▼			▼	▼	

I, the undersigned, do hereby certify as follows:

1. The total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person, or committee shall be zero, or shall not, in the aggregate, exceed \$5,800 for this election.
2. I am aware that in the event the total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person or committee shall, in the aggregate, exceed \$5,800, I am required to file a "Report of Contributions and Expenditures," Form R-1, on each subsequent reporting date.
3. I am aware that if I receive a contribution in excess of \$300 in the aggregate from one source in an election or acurrency (cash) contribution in any amount, I am required to report the contribution to the Commission on "Supplemental Contributor Information," Form C-1, including the identity of the source and the aggregate total of contributions therefrom, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer.
4. I am aware that if I receive a contribution in excess of \$1,900 in the aggregate from one source starting with the 13th day before the election up to, and including, the day of the election, I am required to notify the Commission in writing on the "Supplemental Contributor Information," Form C-1, within 48 hours of receipt of the contribution and to identify the source and the aggregate amount received therefrom during the period, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer.
5. I am aware that if I make, incur, or authorize an expenditure of money or other thing of value in excess of \$1,900 in the aggregate to support or defeat a candidate or public question, starting with the 13th day before the election up to and including the day of the election, I am required to notify the Commission in writing within 48 hours of the expenditure on the "Supplemental Expenditure Information," Form E-1.
6. I am aware that I, as a candidate, am required to designate a campaign treasurer and a campaign depository and that I am required to file with the Commission a "Certificate of Organization and Designation of Campaign Treasurer and Depository," Form D-1, no later than 10 days after receipt of any contribution on behalf of my candidacy or 10 days after making any expenditure on behalf of my candidacy, whichever comes first.

CANDIDATE CERTIFICATION : I certify that the statements on this document are true. I am aware that if any of the statements are willfully false, I may be subject to punishment.

Registration Number _____ PIN _____
Candidate _____ Date _____

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.