2022 Executive Board Election Nomination Form

INSTRUCTIONS: Refer to NJDSC Bylaws and election Rules for candidate qualifications. Nominators must be current qualified voting members of the NJDSC. All Sections must be completed in full. Nominator signatures must be notarized.

SECTION 1 – NOMINEE INFORMATION

<table>
<thead>
<tr>
<th>CANDIDATE NAME(S)</th>
<th>CANDIDATE POSITION(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Chair, Vice Chair, Secretary, Treasurer)</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

ARE THE CANDIDATE(S) AWARE OF THIS NOMINATION?  
[  ] Yes    [  ] No    [  ] Not Sure

ARE THE CANDIDATE(S) RUNNING AS A SLATE?  
[  ] Yes    [  ] No    [  ] Not Sure

[NOMINATION FORM CONTINUES ON NEXT PAGE]
SECTION 2 – NOMINATOR

By signing below, I acknowledge that I am a qualified voting member of the New Jersey Democratic State Committee, and that I seek to nominate the individual(s) identified above for the Executive Committee position identified above.

Print Name: ____________________________
Signature: ____________________________
Phone: ________________________________
Email: ________________________________
Date: ________________________________

Notary: (Affix Seal Here).
Sworn and subscribed to me on this _
day of ______, 20__.
Notary Name: __________________________
Date: __________________
Signature: ____________________________
Commission Expires: __________________

SECTION 3 – SECOND NOMINATORS

By signing below, I acknowledge that I am a qualified voting member of the New Jersey Democratic State Committee, and that I seek to second the nomination of the individual(s) identified above for the position identified above.

Print Name: ____________________________
Signature: ____________________________
Phone: ________________________________
Email: ________________________________
Date: ________________________________

Notary: (Affix Seal Here).
Sworn and subscribed to me on this _
day of ______, 20__.
Notary Name: __________________________
Date: __________________
Signature: ____________________________
Commission Expires: __________________

[NOMINATION FORM CONTINUES ON NEXT PAGE        PAGE 2 OF 3]
By signing below, I acknowledge that I am a qualified voting member of the New Jersey Democratic State Committee, and that I seek to second the nomination of the individual(s) identified above for the position identified above.

Print Name: ____________________________
Signature: ____________________________
Phone: ________________________________
Email: ________________________________
Date: _________________________________

Notary: (Affix Seal Here).
Sworn and subscribed to me on this ___
day of ______, 20__.

Notary Name: _________________________
Date: __________________________
Signature: ____________________________
Commission Expires: ________________

[END OF NOMINATION FORM]