



# **COMMISSIONERS OF FIRE DISTRICT No. 1**

FRANKLIN TOWNSHIP • SOMERSET COUNTY • NEW JERSEY  
FEDERAL TAX EXEMPTION NO. 22-3057239

OFFICE (732) 356-4446

FAX (732) 356-4447

**\*MAILING ADDRESS**

*P.O. Box 5163  
Somerset, NJ 08875-5163*

**\*SHIPPING ADDRESS**

*370 Campus Drive  
Somerset, NJ 08873*

## **"NOTICE"**

**THIS PACKAGE, CORRECT AND COMPLETELY FILLED OUT, MUST BE RETURNED TO THE  
CLERK NO LATER THAN 2:00 P.M.**

**JANUARY 6, 2023**

**RETURN TO:**

**P. SHIMALLA  
P.O. Box 5163  
370 CAMPUS DRIVE  
SUITE 102  
SOMERSET, NJ**

**FILE: NOTCOMMISSIONERPACKET**



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## **“NOTICE”**

All candidates for the Board of Fire Commissioners, Fire District No. 1, Franklin Township, Somerset County, New Jersey, are required by law to comply with the provisions of the “New Jersey, Campaign Contributions and Reporting Act”; P.L. 1973, c. 83 (c.19:44A-1 et seq.)

For further information, please call the Election Law Enforcement Commission at 609-292-8700.

**FILE: NOTICE**



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## CERTIFICATE OF QUALIFICATION

I the undersigned, pursuant to section 40A:14-71 of the New Jersey State Statutes, do hereby swear that I am qualified to be elected a member of the Board of Fire Commissioners in Fire District No. 1, Franklin Township, Somerset County, New Jersey, and that I consent to stand as a candidate for election, and that if elected, I agree to accept and qualify as a member of such body.

---

(print name)

---

(legal signature)

---

(date)

FILE: CERT

**PETITION FOR MEMBER OF BOARD OF FIRE COMMISSIONERS**, Fire District No. 1, Franklin Township, Somerset County, New Jersey.

We, the undersigned, being residents and qualified voters of Fire District No. 1, Franklin Township, Somerset County, New Jersey, endorse the candidate named in this petition for member of the Board of Fire Commissioners.

Name of Candidate: \_\_\_\_\_

Address: \_\_\_\_\_

We hereby request that the candidate's name be placed on the official ballot. We also state that the candidate named is duly qualified to be elected a member of the Board of Fire Commissioners pursuant to 40A:14-71 of the New Jersey Statutes, and its amendments.

|    | <u>Sign</u> | <u>Print Name</u> | <u>Print Address</u> |
|----|-------------|-------------------|----------------------|
| 1  | _____       | _____             | _____                |
| 2  | _____       | _____             | _____                |
| 3  | _____       | _____             | _____                |
| 4  | _____       | _____             | _____                |
| 5  | _____       | _____             | _____                |
| 6  | _____       | _____             | _____                |
| 7  | _____       | _____             | _____                |
| 8  | _____       | _____             | _____                |
| 9  | _____       | _____             | _____                |
| 10 | _____       | _____             | _____                |

I, the undersigned do hereby swear to the effect that the above signers did sign in their own proper handwriting, and to the best of my knowledge and belief, are qualified to vote at the ensuing election, I further state that this petition is prepared and filed in absolute good faith for the sole purpose of endorsing the candidate \_\_\_\_\_ in order to secure his election as a member of the Board of Fire Commissioners.

Sworn to and subscribed before me this )  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. )  
\_\_\_\_\_)  
(signature of Notary Public) )  
(affix seal here)

\_\_\_\_\_  
(Signature of Candidate)

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We, the undersigned, being residents and qualified voters of Fire District No. 1, Franklin Township, Somerset County, New Jersey, endorse the candidate named in this petition for member of the Board of Fire Commissioners.

Name of Candidate: \_\_\_\_\_

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|----|-------------|-------------------|----------------------|
| 1  | _____       | _____             | _____                |
| 2  | _____       | _____             | _____                |
| 3  | _____       | _____             | _____                |
| 4  | _____       | _____             | _____                |
| 5  | _____       | _____             | _____                |
| 6  | _____       | _____             | _____                |
| 7  | _____       | _____             | _____                |
| 8  | _____       | _____             | _____                |
| 9  | _____       | _____             | _____                |
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Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
\_\_\_\_\_  
(signature of Notary Public)  
(affix seal here)

\_\_\_\_\_  
(Signature of Candidate)



CANDIDATE – SWORN STATEMENT

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)
www.elec.state.nj.us

FORM A-1

FOR STATE USE ONLY

PLEASE TYPE OR PRINT

Candidate Name

Candidate Committee Name

Address (Number and Street, City, State, Zip Code)

\*(Area) Day Telephone

\*(Area) Evening Telephone

County

Legal Name of Election District or Municipality

Election Date

Political Party, if any

Office Sought

Election Type: (CHECK ONE)

Primary General May Municipal Run-Off Fire District Special

Amendment

Yes No

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 \$4,500 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 \$4,500, 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 a currency (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 \$1,400 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 \$1,400 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 Form E-1, "Supplemental Expenditure Information."
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.

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.

Candidate Signature

Date