



The Commonwealth of Massachusetts

STATE PRIMARY

NOMINATION PAPER

DATE and TIME received by Board of Registrars

INSTRUCTIONS TO ALL CANDIDATES

All candidate information (gray areas) must be filled in on every nomination paper prior to circulation. Residence must include the candidate's street number and street name, and the city or town or some clearly identifiable reference to the city or town. Certified signatures on nomination papers without the required information cannot be counted.

Contact the Office of Campaign and Political Finance (One Ashburton Place, Room 411, Boston, MA 02108, 617-979-8300) about campaign finance reporting requirements for state offices. Federal candidates contact the Federal Election Commission.

See the "Candidate's Guide" provided with this nomination paper for the number of signatures required or contact the Elections Division, Office of the Secretary of the Commonwealth.

DEADLINES FOR ALL OFFICES EXCEPT FEDERAL

Nomination papers must be submitted to the Board of Registrars of Voters or Election Commissioners for the certification of names by **5 p.m., April 30, 2024.**

Nomination papers with certified names must be filed with the Secretary of the Commonwealth by **5 p.m., May 28, 2024.**

DEADLINES FOR FEDERAL OFFICES

Nomination papers must be submitted to the Board of Registrars of Voters or Election Commissioners for the certification of names by **5 p.m., May 7, 2024.**

Nomination papers with certified names must be filed with the Secretary of the Commonwealth by **5 p.m., June 4, 2024.**

REQUIREMENTS

For the papers to be valid, a candidate must file the following with the Secretary of the Commonwealth, Elections Division, One Ashburton Place, Room 1705, Boston, MA 02108, 617-727-2828 or 1-800-462-8683, by the filing deadline:

- an enrollment certificate (see box to right) signed by at least three registrars and completed on at least **ONE** nomination paper; and
- the candidate's written acceptance (see opposite, above) on at least **ONE** paper; and
- for all candidates **EXCEPT** federal: a receipt from the State Ethics Commission (One Ashburton Place, Room 619, Boston, MA 02108, 617-371-9500) showing that the candidate has filed a statement of financial interest with them.

CANDIDATE'S STATEMENT OF PUBLIC OFFICE

A candidate may make a statement below, in not more than eight words, of public offices held by the candidate. See the "Candidate's Guide" for definition of "public office."

TYPE OR PRINT:

PARTY Republican Party

NAME OF CANDIDATE Robert J. Antonellis

RESIDENCE 81 Wareham St. Medford, MA 02155
street number street name city or town zip code

OFFICE U.S. Senate
title of office

DISTRICT State of Massachusetts
exact title of district

I ACCEPT THE NOMINATION

_____ written signature (sign on at least one nomination paper)

ENROLLMENT CERTIFICATE

We certify that _____ candidate's name

is a registered voter at _____ candidate's street address

and has been enrolled in the _____ Party from February 27, 2024 (for federal candidates from March 5, 2024) through the date of this certificate, or is a newly registered voter in that party; and that the candidate has not been enrolled in any other party during the year preceding the filing deadline.

At least three registrars' names must be signed or stamped below.

_____, 2024

_____ Registrars of Voters or Election Commissioners of _____ city or town

CANDIDATE INFORMATION

SIGNER INFORMATION

INSTRUCTIONS TO SIGNERS

For your signature to be valid, you must be a registered voter in the city or town named below and your signature should be written substantially as registered. Sign only one nomination paper for each candidate.

If you are prevented by physical disability from writing, you may authorize some person to write your name and residence in your presence.

SIGNERS' STATEMENT

We are qualified voters of the commonwealth and of the district for which the nomination is made; we are either enrolled in the party whose nomination the candidate seeks or not enrolled in any party, and in accordance with the provisions of law, we make the above nomination to be voted for at the primary to be held on:

Tuesday, September 3, 2024

	CHECK	I. SIGNATURE to be made in person with name substantially as registered (except in case of physical disability as stated above)	II. NOW REGISTERED AT (street, number and apartment number, if any) (city or town will be the same as stated below)	WARD	PCT.
1					
2					
3					
4					

City or Town

ONLY REGISTERED VOTERS OF

MAY SIGN THIS SHEET.

ATTENTION VOTERS: Before signing, read signer information on other side.

CANDIDATE

Robert J. Antonellis

ATTENTION REGISTRARS: Before certifying signatures, see instructions to registrars below.

	CHECK	I. SIGNATURE to be made in person with name substantially as registered (except in case of physical disability as stated on other side)	II. NOW REGISTERED AT (street, number and apartment number, if any) (city or town will be the same as stated below)	WARD	PCT.
5					
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WARNING - criminal penalty for unlawfully signing, altering, defacing, mutilating, destroying or suppressing this petition: fine of up to \$1,000 or imprisonment for up to one year

INSTRUCTIONS TO REGISTRARS

- REGISTRAR INFORMATION**
- Time-stamp or write the date and time these papers are received.
 - Inform the candidate if the district designation is incorrect and allow the candidate to correct it *before certifying names*.
 - Fill in and sign the "Enrollment Certificate" **on at least one of the candidate's papers** if the candidate is registered in your community.
 - Check this against the name of each qualified voter to be certified. For names not certified use the code at the right. Draw a line through any blank spaces not containing signatures.
 - Each sheet must be certified by at least three registrars. A facsimile stamp is acceptable.
- N** - no such registered voter at that address, or address is illegible.
 - S** - unable to identify signature as that of voter because of form of signature, or signature is illegible.
 - D, R, L** - enrolled in another party.
 - W** - wrong district or community.
 - T** - already signed nomination papers for this candidate.

<p>CERTIFICATION OF NAMES</p> <p>We certify that _____ <small>number of names (use numbers and words)</small></p> <p>above signatures checked thus <input checked="" type="checkbox"/> are the names of qualified voters from this city or town as well as the district for which this nomination is made.</p> <p>_____ date</p>	<p>At least three registrars' names must be signed or stamped below.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Registrars of Voters or Election Commissioners of _____ <small>city or town</small></p>
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City or Town

ONLY REGISTERED VOTERS OF _____ MAY SIGN THIS SHEET.