

Signatures must be procured within the legal period for securing same; and this Petition must be filed in the office of the County Board of Elections on or before the last day prescribed by law. EACH SIGNER MAY SIGN PETITIONS FOR AS MANY CANDIDATES FOR EACH OFFICE AS HE CAN VOTE FOR, AND NO MORE.

COMMONWEALTH OF PENNSYLVANIA

PETITION

To have name of Candidate printed upon the Official Ballot for the General Primary

We, the undersigned, all of whom are qualified electors of _____ County and of _____, and are registered
(ELECTORAL DISTRICT IN WHICH THE NOMINATION OR ELECTION IS TO BE MADE)

and enrolled members of the _____ Party or Policy, hereby petition the County Board of Elections of _____ County to have the name of

_____, whose
(TYPEWRITE, PRINT OR WRITE PLAINLY THE ABOVE NAME AS YOU WISH IT TO APPEAR ON THE OFFICIAL BALLOT)

Profession, Business or Occupation is _____, Place of Residence is _____,
(WITH STREET, NUMBER (WHERE POSSIBLE) AND ZIP CODE)

be printed upon the Official Ballot of the Aforesaid Party in the said District, for the General Primary for the year _____, as a candidate for the Office of:

_____ for a _____ year term.
(TITLE OF OFFICE)

SIGNERS ARE CAUTIONED TO AVOID THE USE OF DITTO MARKS

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		HOUSE NO.	STREET or ROAD	MUNICIPALITY	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 _____
County of Petition-Signers' Residence

2 _____
Printed Name of Circulator

3 _____
Signature of Circulator

4 _____
Number and Street Address of Circulator

5 _____
City, Borough or Twp. Zip Code

NOTE: THIS STATEMENT MUST BE COMPLETED AFTER ALL SIGNATURES HAVE BEEN OBTAINED.

CANDIDATE'S AFFIDAVIT

COUNTY OF _____

SS:

COMMONWEALTH OF PENNSYLVANIA

Before me, the undersigned authority in and for said State and County, personally appeared the undersigned, who, being duly sworn according to law, did depose and say that his or her residence is as set forth below; that he or she is a qualified elector duly registered and enrolled as a member of the political party and of the political district referred to in this petition; that the name of the office for which he or she consents to be a candidate is:

(TITLE OF OFFICE and LENGTH OF TERM)

that he or she is eligible for said office; that he or she will not knowingly violate any election law, and prohibiting corrupt practices in connection therewith.

Sworn to and subscribed before me

this _____ day of _____, 20_____

NOTARY STAMP

(SIGNATURE of CANDIDATE)

(PRINTED NAME of CANDIDATE)

(STREET ADDRESS, POST OFFICE and ZIP CODE of CANDIDATE)

(MUNICIPALITY and ELECTION DISTRICT of CANDIDATE)

(SIGNATURE of NOTARY)

(TELEPHONE NUMBER and E-MAIL ADDRESS of CANDIDATE)

This nomination petition is to be used by candidates for a COUNTY PARTY OFFICE ONLY (i.e. Republican Committeeperson or Democratic Committeeperson) and may not be used by candidates for Public Office or for Election Office.

Party _____
Office of _____
Election District _____
Term _____ years

PETITION

To Have Name of

(Write or print name plainly as you wish it to appear on ballot)
As Candidate Printed on the Official Ballot of the Above Named Party, District and Office for the GENERAL PRIMARY for the Year 20_____