

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 Primary Election

We, the undersigned, all of whom are qualified electors of \_\_\_\_\_ County and

\_\_\_\_\_ and are registered and  
(ELECTORAL DISTRICT IN WHICH THE NOMINATION OR ELECTION IS TO BE MADE)

Enrolled members of the \_\_\_\_\_ Party or Policy, hereby

petition the County Board of Elections of \_\_\_\_\_ County

to have the name of \_\_\_\_\_  
(TYPEWRITE, PRINT OR WRITE PLAINLY THE ABOVE NAME AS YOU WISH IT TO APPEAR ON THE OFFICIAL BALLOT)

whose Profession, Business or Occupation is \_\_\_\_\_ Place of

Residence is \_\_\_\_\_  
(WITH STREET, NUMBER (WHERE POSSIBLE) AND ZIP CODE)

printed upon the Official Ballot of the aforesaid Party in said District, for the Municipal Primary for the year 20 \_\_\_\_\_

as a candidate for the Office of \_\_\_\_\_  
(TITLE OF OFFICE) (TERM OF OFFICE)

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

### STATEMENT OF CIRCULATOR

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.

<b>CANDIDATE'S AFFIDAVIT</b>	<b>LEHIGH COUNTY BOARD OF ELECTIONS</b> 17 S 7th St ALLENTOWN, PA 18101	OFFICE USE ONLY
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Type or Print Firmly in Ink

Name: \_\_\_\_\_  
Last Name
First Name
Middle Name or Initial
Suffix

Residential Address: \_\_\_\_\_  
Street Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Municipality (City, Boro, or Township): \_\_\_\_\_

Mailing Address (if different from residential): \_\_\_\_\_  
Street Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Voting Precinct Name (including Ward & Division, if applicable): \_\_\_\_\_

Office for which you are seeking nomination: \_\_\_\_\_ District Number (if applicable): \_\_\_\_\_

Email address: \_\_\_\_\_

Name as it is to appear on the Ballot: \_\_\_\_\_

**CANDIDATE AFFIDAVIT** - I do swear (or affirm) that my residence, my election district and the title of the office for which I desire to be a candidate are as specified above, that I am eligible for said office, that I will not knowingly violate any election law or any law regulating and limiting nomination and election expenses, and prohibiting corrupt practices in connection therewith; that I am aware of the provisions of Section 1626 of the Pennsylvania Election Code requiring pre-election and post-election reporting of campaign contributions and expenditures; and that unless I am a candidate for the office of school board in a district where that office is elective or the office of magisterial district judge, my name has not been presented as a candidate by nomination petitions of any other party for the same office; that I am not a candidate for an office which I already hold, the term of which is not set to expire in the same year as the office subject to this affidavit.

I swear (or affirm) to the above part(s) as required by the law(s) applicable to the office I am seeking.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Signature of Candidate

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Telephone Number

SEAL

\_\_\_\_\_  
City, Borough or Township

OFFICE USE ONLY

	\$ _____																		
	AMOUNT RECEIVED																		
<table border="1" style="width:100%; height: 20px;"> <tr><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table> OFFICE					<table border="1" style="width:100%; height: 20px;"> <tr><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table> DISTRICT					<table border="1" style="width:100%; height: 20px;"> <tr><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table> POLITICAL PARTY					<table border="1" style="width:100%; height: 20px;"> <tr><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table> NUMBER OF PETITIONS				

COMMENTS: \_\_\_\_\_

CHECKER	INPUT	VERIFY
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