# !! IMPORTANT NOTICE!! Guidelines for Printing or Downloading of Petition Packet

#### **NOMINATION PETITION-**

BEFORE DOWNLOADING OR PRINTING THE NOMINATION PETITION, PLEASE READ THE FOLLOWING INSTRUCTIONS VERY CAREFULLY. FAILURE TO REPRODUCE THE NOMINATION PETITION FORMS CORRECTLY MAY RESULT IN THE REJECTION OF THOSE FORMS.

- 1. NOMINATION PETITION MUST BE PRINTED DUPLEX (TWO-SIDED, FRONT AND BACK, HEAD TO HEAD) ON PLAIN WHITE 8 ½" X 11" (LETTER SIZE) PAPER. THIS REQUIREMENT CANNOT BE SATISFIED BY PRINTING EACH SIDE OF THE NOMINATION PETITION ON A SEPARATE SHEET OF 8 1/2" x 11" PAPER AND AFFIXING THE TWO SHEETS TOGETHER.
- 2. PLEASE READ ALL INSTRUCTIONS PROVIDED WITH THE NOMINATION PETITION PRIOR TO CIRCULATION.

IF YOU HAVE ANY QUESTIONS OR ARE UNSURE WHETHER YOU HAVE CORRECTLY REPRODUCED ANY OF THE FORMS, PLEASE CONTACT THE LEHIGH COUNTY ELECTIONS OFFICE AT 610-782-3194

<u>CANDIDATES AFFIDAVIT/WAIVER OF EXPENSE-</u> MUST BE PRINTED DUPLEX (TWO-SIDED, FRONT AND BACK, HEAD TO HEAD) ON PLAIN WIDTE 8 ½" X 11" (LETTER SIZE) PAPER. THIS REQUIREMENT CANNOT BE SATISFIED BY PRINTING EACH SIDE OF THE NOMINATION PETITION ON A SEPARATE SHEET OF 8 ½" x 11" PAPER AND AFFIXING THE TWO SHEETS TOGETHER. (MUST ACCOMPANY THE PETITION AT TIME OF FILING)

<u>STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS</u> -MUST ACCOMPANY THE PETITION AT TIME OF FILING

#### INSTRUCTIONS FOR CIRCULATING NOMINATION PETITIONS

"THINGS YOU WILL NEED CHECKLIST" WHEN FILING YOUR NOMINATION PETITION

IF YOU WOULD LIKE A RECEIPT FOR YOUR NOMINATION PETITIONS, PLEASE BRING THIS COMPLETED FORM WITH YOU WHEN YOU FILE. THANK YOU

Name:
Office:
District:
Filing Fee (if applicable):



Lehigh County Voter Registration Lehigh County Government Center 17 S 7<sup>th</sup> St, Ground Floor, Room 58 Allentown, PA 18101-2401 (610)782-3194

## THINGS YOU WILL NEED CHECKLIST WHEN FILING YOUR PETITION

CONTROL Description of AMERICA, SHAPPING, AND SHAPPING, AMERICA, SHAPPING, SHAPPING, AMERICA, SHAPPING, SHAPP	All Filing Fees are to be paid in Fiscal 1 <sup>st</sup> Floor, Room 119. Prior to attempt to file in Voter Office. Cash, certified check or money order payable to the County of Lehigh. (if applicable) No Personal checks will be accepted
COS DONNE CONTRACTOR	A completed and Notarized Candidate's Affidavit/Wavier of Expense
	A Nomination Petition with Statement of Circulator signed and the required number of signatures
TO AND THE STATE OF THE STATE O	A copy of your State Ethics Commission Statement of Financial Interests Completed
DF 300 MCC (CAN ST NAME OF ST	Non-incumbent Tax Collectors ONLY criminal history information

## ELECTION BOARD OF LEHIGH COUNTY, PA. Main Office (610)782-3194

#### INSTRUCTIONS TO CANDIDATES AND CIRCULATORS OF NOMINATION PETITIONS - 2023

First day to circulate and file petitions	February 14
Last day to circulate and file petitions	March 7
Last day to file objections to petition	March 14
Casting of lots for ballot position	March 15
Last day for candidates who filed petitions to withdraw	March 22
Last day to register to vote before the Primary	May 1
Municipal Primary	
Municipal Election	November 7

- 1. The petitions were last revised in 2021. If you obtained your petition from any source other than the Voter Registration Office, be sure that you have petitions has the statement of circulator. No notarization is needed. **Any other version will NOT be accepted.**
- 2. <u>ALL CANDIDATES</u> must sign and submit one CANDIDATE'S AFFIDAVIT per nomination petition/packet. The CANDIDATE'S AFFIDAVIT is printed on a separate form and can be obtained from the Elections Office. This must be notarized. (One per party/per office)
- **ALL CANDIDATES** for county and local public office must file the Statement of Financial Interests with the governing authority of the political subdivision in which he/she is a candidate on or before the last day for filing a petition to appear on the ballot for election. A copy of the Statement must be attached to the petition to appear on the ballot.
- 4. <u>TAX COLLECTORS</u>- Non-incumbents filing a nomination petition for the position of Tax Collector must include their criminal history information from the PSP through the Criminal History Record Acy with their petition, the information must be from within the year prior from the filing of the petition. Petitions will not be accepted without this report. For additional information, visit the Pennsylvania State Collectors Association web page: <a href="http://pstca.org/page16.html">http://pstca.org/page16.html</a>
- **5. Do not use ditto marks** anywhere on any petition.
- **6.** The Election Board of Lehigh County urges each candidate to file his/her nomination petition personally in order to obtain the proper forms for filing the necessary expense account reports.
- **7.** Each signer may sign petitions for as many candidates for each office as he/she is permitted to vote for, and no more.
- 8. No nomination petition requiring a filing fee will be accepted for filing unless it is accompanied by a filing fee receipt, received from the County Fiscal Officer. These fees must be paid by cash, certified check, or money order payable to the County of Lehigh in the office of the Fiscal Department, Room 119, on the first floor of the Lehigh County Government Center, before filing your petition in the Voter Registration Office.
- 9. Petitions for County, City, Township and Borough and local Party offices are to be filed with the Lehigh County Election Board, in the office of Voter Registration, located on the ground floor of the Lehigh County Government Center, 17 S. Seventh St., Allentown, on or before 4:00 p.m. on March 7, 2023.
- 10. Type or <u>clearly print</u> the name of the candidate on the face of the petition <u>EXACTLY</u> as you wish it to appear on the official ballot. Avoid the use of nick-names in the name of a candidate. If a married woman is proposed as a candidate, her first name should be used on the petition; e.g., Mary Jones and not Mrs. John Jones. If any discrepancy between the name on the petition & the name on the candidate's affidavit as to appear on the ballot, the ballot will reflect the petition.
- 11. Make certain that each signer of a petition is a registered and enrolled member of the party referred to in the petition and registered at said address on petition.

- 12. <u>Each signer must personally insert their own information</u> concerning signature, printed name, residence and date of signing. Each signer should list his/her address exactly as it appears on his/her registration affidavit. The date of signing may be expressed in words or numbers; e.g., March 6, 2013 or 3/6/13. Given name of a married woman must be used by signer; e.g., Mary Jones, not Mrs. John Jones.
- 13. Be sure the proper <u>office title</u> and <u>term of office</u> are set forth in your petition.
- 14. Different petitions must be used for signers who reside in different counties; e.g., Bethlehem City Offices and Bethlehem Area School District, Catasauqua Area School District and Northern Lehigh School District.

Petitions may consist of several sheets. If more than one sheet is used and intended to be constituted as one petition, they shall be bound together when offered for filing, and each sheet shall be numbered consecutively, beginning with number one (1), at the foot of each page. If petitions are copied, the affidavits **MUST** be copied on to the back of each sheet. The <u>candidate's affidavit</u> must be completed on only one of these sheets, however, the <u>statement of circulator</u> must be completed on all sheets, where ever it appears, whether on a single sheet petition or on a multiple sheet petition. All statements must be signed **AFTER** all the signatures are obtained.

- 15. Candidates for Judge of the Court of Common Pleas, District Judge and School Director are permitted to cross-file. Separate petitions must be filed for each Party if the candidate is cross-filing. The statement of circulator must be executed on each petition. Candidates should file petitions as early as possible, and at least several days before the last date fixed for filing, so that the petitions can be examined, and if corrections, additions or alterations are found necessary, there may be time to make the required changes.
- 16. Be sure that all affidavits are notarized and that a notary stamp is present.

#### SPECIAL ATTENTION:

Drawing lots for position on the ballot will be held March 15, 2023, at 10:00 a.m. In Conference Room 43b in the lower level of the Lehigh County Government Center.

#### **EXPENSE ACCOUNT REPORTING LAW**

Candidates at the local level who do not operate with the assistance of a committee and who do not intend to receive or expend more than \$250 in a reporting period may complete the affidavit on the petition which will alleviate the necessity of filing pre and post election reports. Candidates exceeding \$250 in receipts or expenditures in a reporting period or who operate with the assistance of a committee will be required to file pre and post election reports.

Only one waiver of expense account report affidavit needs to be filed per candidate for a specific race. For example, if you are cross filing for school director, only one is needed. If you are running for school director **AND** district judge, you will need two.

Postmarks will be acceptable as proof of timely filing of campaign expense information where information is postmarked no later than the day prior to the filing deadline. (See filing deadlines on calendar)

<u>PLEASE NOTE</u> - Filing fees for petitions filed with the Election Board of Lehigh County must be paid by cash, certified check, or money order, payable to the County of Lehigh, in the office of The Fiscal Department, Room 119, on the first floor of the Lehigh County Government Center. Filing fees, once paid, **WILL NOT** be refunded in the event the withdrawal of a candidate, or for any reason whatsoever.

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 v	whom are qualified electors of			Co	ounty and
				and are regist	tered and
(ELECTORAL DIS	STRICT IN WHICH THE NOMINATION OR ELE	CTION IS TO BE	MADE)		
Enrolled members of the				Party or Polic	y, hereby
petition the County Board of	Elections of				_ County
to have the name of	EWRITE, PRINT OR WRITE PLAINLY THE ABO		VI WAY YE TO LEDGE LE OVERWE		
					D1 C
whose Profession, Business	or Occupation is				_ Place of
Residence is	(WITH STREET, NUMBER (WHERE POSS				
	(WITH STREET, NUMBER (WHERE POSS	SIBLE) AND ZIP C	ODE)		
printed upon the Official Bal	llot of the aforesaid Party in said	District, for	the Municipal Primary	for the year 20	
as a candidate for the Office	of				
	(TITLE	E OF OFFICE)	(TERN	M OF OFFICE)	
	1		PLACE OF RESIDE	ENCE.	DATE OF
SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	SIGNING
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Page \_\_\_\_\_ of \_\_\_\_

			PLACE OF RESIDE	NCE	DATE OF
SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	SIGNING
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	9
2Printed Name of Circulator	
Printed Name of Circulator	
3	
Signature of Circulator	
4	
4	ator
5	
City, Borough or Twp.	Zip Code

Page	o.f	
Page	ot	

### CANDIDATE'S AFFIDAVIT

#### LEHIGH COUNTY BOARD OF ELECTIONS 17 S. 7th St. Allentown, PA 18101

OFFICE USE ONLY

ту	ype or Print Firmly in Ink	OFFIGE GGE ONE
Name:, _ Last Name	First Name	Middle Name or Initial Suffix
Residential Address:	THOCHAINE	Middle Name of findal Gamx
Street Add	dress	
Dity:	State: Z	Zip Code:
Municipality (City, Boro, or Township):		
Mailing Address (if different from residential):		
	Street Address	
City:	State: Z	Tip Code:
oting 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:		
that I am not a candidate for an office which I already hold this affidavit.  Sworn to and subscribed before me this day of 20  Signature of Notary	I swear (o by the law	or affirm) to the above part(s) as required w(s) applicable to the office I am seeking.  Signature of Candidate
My commission expires		orginatare or carranaate
SEAL		Telephone Number
		City, Borough or Township
	OFFICE USE ONLY	
Φ.		
	BER OF ITIONS	
COMMENTS:		
CHECKER	INPUT VER	RIFY Rev 2/13

## WAIVER OF EXPENSE ACCOUNT REPORT AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA SS:	
COUNTY OF	
Before me, the undersigned authority in and for the sai undersigned, who, being duly sworn according to law, did do not intend to form a political committee or to receive contribundred and Fifty Dollars (\$250.00) during any reporting records of contributions and expenditures as required by law as required by law if contributions or expenditures exceed TV (Act No. 1980-127)	epose and say that as a candidate, he or she does butions or make expenditures in excess of Two period, that, as a candidate, he or she will keep v, that, as a candidate, he or she will file reports
Sworn (or affirmed) and subscribed before me this	
day of, 20	
Signature of Notary	Signature of Candidate
	Printed Name of Candidate
My Commission Expires:	Street Address/Post Office/Zip Code
(SEAL)	City, Borough or Township
Election District of Candidate	



# COMMONWEALTH OF PENNSYLVANIA STATE ETHICS COMMISSION

Finance Building 613 North Street, Room 309 Harrisburg, PA 17120-0400 (717) 783-1610 or Toll Free 1-800-932-0936 www.ethics.pa.gov



# STATE ETHICS COMMISSION STATEMENT OF FINANCIAL INTERESTS

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK IS NOT COMPLETED OR IF <u>SIGNATURE OR DATE</u> IS MISSING.

SIGN THE FORM USING THE CURRENT DATE. DO NOT BACK DATE SIGNATURE.

THOSE INDIVIDUALS WHO HOLD MORE THAN ONE OFFICE AND/OR POSITION MUST FILE A COPY OF THEIR FORM AT EACH FILING LOCATION.

FILERS MAY USE THE ONLINE FILING SYSTEM AT THE STATE ETHICS COMMISSION'S WEBSITE: WWW.ETHICS.PA.GOV. A PAPER COPY MAY STILL BE REQUIRED TO BE SUBMITTED TO YOUR FILING LOCATION. FILERS SHOULD CHECK WITH THEIR FILING LOCATION FOR REQUIREMENTS.

#### THIS FORM MUST BE COMPLETED AND FILED BY:

- A <u>Candidates</u> Persons seeking elected state, county and local public offices, including first-time candidates, incumbents seeking re-election, and write-in candidates who do not decline nomination/election within 30 days of official certification of same.
- **B** Nominees Persons nominated for public office subject to confirmation.
- C <u>Public Officials</u> Persons serving as current state/county/local public officials (elected or appointed). The term includes persons serving as alternates/designees. The term excludes members of purely advisory boards.
- **D** <u>Public Employees</u> Individuals employed by the Commonwealth or a political subdivision who are responsible for taking or recommending official action of a non-ministerial nature with regard to: contracting or procurement; administering or monitoring grants or subsidies; planning or zoning; inspecting, licensing, regulating or auditing any person; or any other activity where the official action has an economic impact of greater than a de minimis nature on the interests of any person. The term does not include individuals whose activities are limited to teaching.

A former public official or former public employee must file the year after termination of service with the governmental body.

E Solicitors - Persons elected or appointed to the office of solicitor for political subdivision(s).

**IMPORTANT:** Please read all instructions carefully prior to completion of form. Also, **review the filing chart** (**Page 4**) **for proper filing location.** Any questions may be directed to the State Ethics Commission at (717) 783-1610 or Toll Free at 1-800-932-0936.

This Form is required to be filed pursuant to the provisions of the Public Official and Employee Ethics Act "Ethics Act," 65 Pa C.S. § 1101 et. seq.

(1 of 4) SEC-1 (Rev. 01/21)

#### STATEMENT OF FINANCIAL INTERESTS INSTRUCTIONS

Please print neatly in capital letters. If you require more space than has been provided, please attach an 8 1/2" x 11" piece of paper to the form. Blocks 01 through 06 are for current information.

- <u>Block 01</u> Please fill in your last name, first name, middle initial and suffix (if applicable) in the boxes provided. Public office candidates should use the exact name used on official nomination petition or papers.
- Block 02 List an office (business or governmental) or home address and daytime telephone number.
- <u>Block 03</u> Please check the box or boxes to indicate your status. See definitions on page 1. If you are correcting a prior filing, please check the box designating an amended form.
- Please check the appropriate box (seeking, hold, held) for each position you list in the blocks below. List all public position(s) which you are seeking, currently hold, or have held in the <u>prior</u> calendar year. Please be sure to include job titles and official titles such as "member" or "commissioner" (even if serving as an alternate/designee).
- Block 05 Please list all political subdivision(s) agency(ies) as to which you: (1) are presently seeking a public position or public office as a candidate (incumbent or non-incumbent) or nominee; (2) presently hold a public position or public office; and/or (3) previously held a public position or public office during all or any portion of the calendar year listed in block 07. (The term "political subdivision" includes a county, city, borough, incorporated town, township, school district, vocational school, county institution, district, and any authority, entity or body organized by the aforementioned).
- Block 06 Please list your current occupation or profession. This information may be the same as stated in block 04.
- Block 07 List the calendar year for which you are filing this form. Like tax returns, these forms disclose financial information for a <u>prior</u> calendar year. For example, for the form due May 1, 2021, block 07 would read "2020." The information in blocks 08 through 15 should represent financial interests for the calendar year listed.
- Block 08 REAL ESTATE INTERESTS: This block contains the address of any property which was involved in transactions (leasing, purchasing, or condemnation proceedings of real estate interests) with the Commonwealth or any other governmental body within the Commonwealth. If you have no direct or indirect interests in such a property, then check "NONE."
- Block 09 CREDITORS: This block contains the name and address of any creditor and the interest rate of any debt over \$6,500 regardless of whether such debt is held solely by you or jointly by you and any other individual, including your spouse, where each obligor is fully responsible for the obligation. A joint obligation with other persons for which the filer is responsible only for a proportional share that is less than the reporting threshold, is not required to be reported. Do not report a mortgage or equity loan on your home (or secondary home), or loans or credit between you and your spouse, child, parent or sibling. Car loans, credit cards, personal loans and lines of credit must be listed on the form if the balance owed was in excess of \$6,500 at any time during the calendar year. If you do not have any reportable creditor, then check "NONE."
- Block 10

  DIRECT OR INDIRECT SOURCES OF INCOME: List the name and address of each source of \$1,300 or more of gross income - including but not limited to gross income from the public position - regardless of whether such income is received solely by you or jointly by you and another individual, such as a spouse. "Income" includes any money or thing of value received or to be received as a claim on future services or in recognition of services rendered in the past, whether in the form of a payment, fee, salary, expense, allowance, forbearance, forgiveness, interest, dividend, royalty, rent, capital gain, reward, severance payment, proceeds from the sale of a financial interest in a corporation, professional corporation, partnership or other entity resulting from termination/withdrawal therefrom upon assumption of public office or employment or any other form of recompense or combination thereof. The term refers to gross income and includes prize winnings and tax-exempt income but does not include gifts, governmentally-mandated payments or benefits, retirement, pension or annuity payments funded totally by contributions of the public official or employee, or miscellaneous incidental income of minor dependent children. If you do not have ANY reportable source of income, then check "NONE."
- \*GIFTS: For each source of gifts(s) valued at \$250 or more in the aggregate, list the following information: the name and address of the source; the circumstances, including a description of each gift; and the value of the gift(s). **Do not report** political contributions otherwise reportable as required by law, gift(s) from friends or family members (the term "friend" does not include a registered lobbyist or employee of a registered lobbyist), or any commercially-reasonable loan made in the ordinary course of business. The Commission has held that a person cannot be deemed a "friend" if that person and/or a business with which that person is associated is regulated by or has contracts with the public official's governmental body. If you did not receive any reportable gift, then check "NONE."
- \*TRANSPORTATION, LODGING OR HOSPITALITY EXPENSES: List the name and address of each source and the amount of each payment/reimbursement by the source for transportation, lodging or hospitality that you received in connection with your public position if the aggregate amount of
  such payments/reimbursements by the source exceeds \$650 for the calendar year for which you are reporting. Do not report reimbursements made by a
  governmental body or by an organization/association of public officials/employees of political subdivisions that you serve in an official capacity. If you do
  not have any reportable expense payments/reimbursements, then check "NONE."
- Block 13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS ENTITY: List both the name and address of the business entity for any office that you hold (Example: President, Vice President, Secretary, Treasurer), any directorship that you hold (through service on a governing board such as a board of directors), and any employment that you have in any capacity whatsoever as to any business entity. This block focuses solely on your status as an officer, director or employee, regardless of income. If you do not have any office, directorship or employment in any business entity to report, then check "NONE."
- **Block 14** FINANCIAL INTERESTS: List the name and address and interest held in any business for profit of which you own more than 5% of the equity or more than 5% of the assets of economic interest in indebtedness. If you do not have any such financial interest to report, then check "NONE."
- Block 15 TRANSFERRED BUSINESS INTERESTS: List the name and address of any business in which you transferred a financial interest (as defined in block 14 above) to a member of your immediate family (parent, spouse, child, brother or sister), as well as the interest held, relationship to the individual, and date of transfer. If you did not transfer any such business interest, then check "NONE."
- Signature Please sign the form and enter the <u>current</u> date. Back dating the form is a violation of law and could result in the initiation of civil, administrative and/or criminal penalties.

\*Please note the Commission has long held that the receipt of things of value, such as gifts, transportation, lodging and hospitality from vendors, those regulated, and others, may form the basis for a conflict of interest under Section 1103(a) of the Ethics Act.

(2 of 4) SEC-1 (Rev. 01/21)

COMMONWEALTH OF PENNSYLVANIA SEC-1 (Rev. 01/21)

#### STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 •TOLL FREE 1-800-932-0936

												LEAS	EPR	INI	NEAII	_ Y												
01	LAST NA	AME											_		FIRST I	NAME	<u> </u>								М	S	JFFIX	_
	ADDRESS	Seffice	(huain			nmon	tal\ a	r bom		-		City							Sta	to	7in	Code		Area C	ode.		one	
2	ADDRES	5 Office	(DUSIII	255 OI	gover	minen	tai) O	ii iioii	ie			City							Sta	ile	Ζiþ	Code	; ,	4rea C (	)	FII	one	
NC	TE: IF YOU	ARE IN	CLUDII	NG AT	TACHI	MENTS	S, DO	NOT	INCL	UDE /	ANYT	HING	THA	BE	ARS YO	OUR S	OCIAL	SEC	CURIT	Y NU	MBER	OR	FINAN	ICIAL	ACCOL	INT N	JMBE	RS.
	0747110	<u> </u>											1 (0															
3	STATUS												,		truction:		,									Check box if		
	A 📙	Candid	•	cluding	write-i	n)	C		ublic		•	,	D				loyee (		,	Е	it	you	k this b are fili	ng		are an an ori	endin	
	В	Nomine	ee				С	<u> Р</u>	ublic	Officia	al (Fo	rmer)	D		Public	Emp	loyee (	Form	ner)		a	is a s	olicito	r		an on	Jinai i	ıııııç
)4	PUBLIC F	POSITIO	N OR F	UBLIC	OFFI	ICE (ad	dmini	strator	r, men	nber,	Comr	nissio	ner, jo	b title	e, etc.)	<u></u>	seeking	3			hold		Ш	held				
Α																												
			'										•				seeking	<b>1</b>			hold			held				
3																		_										
Ĺ																												
)5	GOVERNI	MENTAL	ENTIT	<b>f</b> in whi	ich you	are/we	ere an	Officia	al, Emp	ployee	, Can	didate	or Nor	ninee	e (e.g., d	ept, a	gency, a	utho	rity, boı	ough,	board	, com	nmissio	n, cour	nty, scho	ol distri	ct, twp	, etc
۱ [																												
L																												
3																												
6	OCCUPA	TION OF	DDOI	ESSI	ON /Th	ic may	, ho ti	ho car	20.00	block	. 4)			07	YEAR	SE	E INST	BIIC	TIONS									_
6	OCCUPA	TION OF	CFROI	LOOK	JN (111	iis iiiay	, ne ii	iie sai	ne as	DIOCK	. +)			"			in block				ıts	[	2	0				
															disclos	ure fo	or the ca	alenc	dar yea	ır liste	ed here	e: [		U				
8	REAL ES	TATE IN	TERES	STS (S	ee inst	ruction	ns on	page	2) <b>If</b>	f NON	IE, ch	eck th	his bo	ж. [														
0	DIRECT O	R INDIR	ECT S	OURCI	ES OF	INCO	<b>VIE</b> in	cludin	g (but	not lir	mited t	to) all e	emplo	ymer	nt. (See	instru	ctions o	n pa			NE, k this l	box.	<del>- </del>	(OF	FICIAL	USE	ONLY	)
	Name:										_	Add	lress:										_					
												_																
1	GIFTS (S Source of G		ctions	on pag	je 2)	If NO	NE, c	heck	this b	ox.														Vali	ue of Gift			
Γ																												
L	Address of So	ource of G	ift														Circun	netani	ces (inc	ludina	doccri	L	of Gift			. L		
	Address of Co	Jui 00 01 0															Ollouit	iotari	000 (1110	iddiilig	ucoon	Juoni	or one					
2	TRANSPO			DGING	s, HOS	SPITAL	LITY	(See	instru	ctions	on p	age 2)	If N	IONE	E, chec	k this	box.						,	√alue				
Γ	Source (Na	me and Ad	adress)										Π	T														
L																										. L		
3	OFFICE, I Business					YME	NT IN	ANY	BUSI	NESS	S (Se	e instr	ructio	ns on	page 2	2) <b>If</b> I	NONE,	che	ck this	box	. 🔲		ı		n Held (i yee, etc.)		er, dire	ctor,
	Name:										_	Addre	ess:															
14	FINANCIA Name and A				LEGA	AL EN	TITY	IN BU	ISINE	SS F	OR PI	ROFIT	(See	inst	ructions	on p	age 2)	If N	NONE,	ched	k this	box	í. 🗌	Interes	st Held (i.	e., 5%,	10%, e	tc.)
5	BUSINES	S INTER	ESTS	TRAN	SFERF	RED T	о імі	MEDIA	ATE F	AMIL	Y ME	MBEF	R (Se	e ins	truction	s on p	page 2)	If	NONE	, che	ck thi	s bo	x. [					
	Business (N	lame and	Address	i)																			est Held ionship					
Γha	Transferee				ho for-	goine	infor	notio-	ic tri	0.004	oorr	oot to t	ho ha	ct of	soid sa	reen!s	knowi	odac	info	matic		Date	Transfe	erred	ation ha	ina m	ndo o	hica
	undersigne e penalties																									ing ma	iae su	pjec
	Sig	nature _																	Ent	er Cu	rrent [	Date						_
	TH	IS FOR	M IS	CONS	IDER	ED D	EFIC	IENT	IF A	NY E	BLOC	KAE	BOVE	IS I	иот с	ОМР	LETE	D. I	MAKE	AC	OPY	FOF	R YOL	JR RE	CORE	S.		

## WHO MUST FILE, WHERE TO FILE, AND WHEN TO FILE

	WHO MUST FILE	ORIGINAL COPY	ADDITIONAL FILINGS*	WHEN TO FILE				
<b>A</b> .	STATUS BLOCK A - CANDIDATES Statewide State Senate State House Supreme Court Superior Court Common Pleas Court Traffic Court Municipal Court Commonwealth Court	State Ethics Commission	Append to nomination petition when filed with the State Bureau of Elections 210 North Office Building Harrisburg, PA 17120-0029	ON OR BEFORE				
	Constables / Deputy Constables	State Ethics Commission		THE LAST DAY FOR FILING				
	Countywide City Borough Township Municipality (home rule charter)	File with the Clerk/ Secretary in the Municipality in which you are a candidate	Append to nomination petition	A PETITION TO APPEAR ON THE BALLOT FOR ELECTION				
	Magisterial District Judges	District is located Elections						
	School Director	File in the School District where you are a candidate						
-	Announced Write-in  Unannounced Write-in Winners of Nominations	For state office file with  State Ethics Commission.  For county or local office file with governing authority	No additional	Within 30 days of official certification of having been nominated or elected unless such person declines the nomination or office				
	Unannounced Write-in Winners of Elections	of political subdivision.	copy required	within that time frame.				
В.	STATUS BLOCK B - NOMINEE State Level	State Ethics Commission	File with the Official or Body vested with the power of	10 days before official or body approves or rejects				
	County/Local Level	Governing authority of political subdivision	confirmation	the nomination.				
C.	STATUS BLOCK C - PUBLIC OFFICIAL  Commonwealth Public Officials such as:  Members of Boards and Commissions (including alternates/designees); Heads of executive, legislative and independent agencies, boards and commissions; and persons appointed to positions designated as offices.	State Ethics Commission	File with <u>each</u> Agency, Board, Commission, Department, or Government Body in which employed or to which appointed. (make additional copies if needed)					
	State House Member State Senate Member	State Ethics Commission	File with the House Chief Clerk or Senate Secretary (whichever applies)					
	Local Public Officials serving in/as: Counties; Boroughs; Townships; Home Rule Municipalities; Municipal Authorities; School Districts Incumbent Judges and Magisterial District Judges who are not candidates file a Statement of Financial Interests for Judicial Officers with the Administrative Office of Pennsylvania Courts (AOPC).	File only with the governing authority of the respective local political subdivision	Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required)	FILE <b>NO LATER THAN MAY 1</b> OF EACH YEAR A POSITION				
9	Constables / Deputy Constables	State Ethics Commission		IS HELD AND OF THE YEAR AFTER LEAVING SUCH				
D.	STATUS BLOCK D - PUBLIC EMPLOYEE Commonwealth PUBLIC EMPLOYEE (Executive, Leg. & Independent Agencies)	File only with your Employer		A POSITION.				
	County City Borough Township Municipal (home rule) Municipal Authority School District	File only with your political subdivision	No additional copy required					
E.	STATUS BLOCK E - SOLICITOR	File with the governing authority of <u>each</u> political subdivision for which you are Solicitor	Additional copy is not required to be filed (unless serving in multiple capacities, then file with <u>each</u> entity as required)					

<sup>\*</sup> FILER IS RESPONSIBLE FOR MAKING ANY ADDITIONAL COPIES.