COUNTY WIDE/CITY WIDE-REV (1/23)

ZIP

OFFICE USE	•			
DATE FILED	PARTY_	OFFICE CODE_	OFF. DIST.CODE_	

PRINT PLAINLY

COMMONWEALTH OF PENNSYLVANIA

PETITION

TO HAVE NAME OF CANDIDATE PRINTED UPON THE OFFICIAL PRIMARY BALLOT

POST OFFICE

STREET

NAME_

MAILING ADDRESS_

NUMBER

RESIDENCE MUNICIPALITY	WARD	WARD		DISTRICT		
	e, the undersigned, all of whom ar	e qualifie	d electors of			
and are registered and enrolled m	embers of the		Party, a	nd have signed	d no other	
petition inconsistent herewith, her	eby petition the County Board of E	Elections	of Allegheny County	to have the al	oove can-	
didate's name, whose profession,	business or occupation is		,	and whose res	sidence is	
above set forth, printed on the office	cial ballot of the said Party, in the s	aid Coun	ty, for the Primary fo	r the year 20_		
as a candidate for the office of						
TITLE OF OFFICE				YEAR ⁻	ΓERM	
SIGNERS AF	RE CAUTIONED TO AVOID	THE US	E OF DITTO MA	RKS		
SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR		PLACE OF RESIDENCE		DATE OF	
		House No.	Street or Road	Municipality	SIGNING	
1					<u> </u>	
2					1	
3		 			1	
4						
5		1				
6		 				
7		1				
8 9						
10					1	
11						
12						
13					<u> </u>	
14					<u> </u>	
15						

STATEMENT OF CIRCULATOR

I state that I am a qualified elector of the Commonwealth; that I am duly registered <u>and enrolled as a member of the political party designated in this nomination petition</u>; 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. (Underlined Portion Not Applicable to Candidates for Magisterial District Judge.)

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

1Printed Name of Circ	ulator		3Number and Street Address of Circulator			
2Signature of Circulate	or		4City, Borough or Twp.	Zip Code		
	NOTE: THIS STATEMENT MU	ST BE COMPLETED	AFTER ALL SIGNATURES HAV	/E BEEN OBTAINED.		
	WAIVER OF EXP	PENSE ACCOL	JNT REPORTING AFF	IDAVIT		
COMMONWE COUNTY OF	EALTH OF PENNSYLVANIA ALLEGHENY	SS:				
ing to law, did de expenditures in e tions and expend Two Hundred Fif	the undersigned authority in and for the epose and say that as a candidate, he of excess of Two Hundred Fifty Dollars (\$2 ditures as required by law; that, as a car ity Dollars (\$250). (Act No. 1980-127)	r she does not intend (50) during any report ndidate, he or she will	to form a political committee or to ing period, that, as a candidate, h	o receive contributions or make any ne or she will keep records of contribu-		
	day of			Circusture of an didate		
this	aay or	,20		Signature of candidate		
			printed name of candida	phone no. (Daytime)		
	(Official Title)					
My commission	n expires					
(except Co they are ca the origina	onstable – see below), ARE ALSO REC andidates, ON OR BEFORE THE LAST	QUIRED TO FILE the	original coy of the "Statement" was MINATION PETITION. CONSTAB	terests" is attached. ALL CANDIDATES, with the Political Subdivision in which BLE Candidates ARE REQUIRED TO FILI (Not applicable to Judge and Inspector		
THIS PETI INFORMA	TION WILL ALSO NOT BE ACCEPTED TION is attached or a signed UNSWOR	for filing unless a ne	otarized copy of the CANDIDATE LARATION is appended in lieu t	E'S AFFIDAVIT AND ETHICS LAW he affidavit		
			Entered by			

Entry checked by