

**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 Franklin County and \_\_\_\_\_

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

\_\_\_\_\_ Party or Policy, hereby petition the County Board of Elections of

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

whose Profession, Business or Occupation is \_\_\_\_\_ and whose

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 2023 as a candidate

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

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
1					
2					
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5					
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25					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
26					
27					
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40					

**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 nomination 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; and 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 below. (Underlined portion not applicable to a circulator for the office of 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 statement is made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

\_\_\_\_\_ (COUNTY OF PETITION – SIGNERS’ RESIDENCE) \_\_\_\_\_ (SIGNATURE OF CIRCULATOR)  
 \_\_\_\_\_ (NUMBER AND STREET ADDRESS OF CIRCULATOR) \_\_\_\_\_ (PRINTED NAME OF CIRCULATOR)  
 \_\_\_\_\_ (CITY, BOROUGH OR TOWNSHIP) (ZIP CODE) \_\_\_\_\_ (DATE SIGNED)

**WAIVER OF EXPENSE ACCOUNT REPORTING AFFIDAVIT**

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority in and for the said State and County, personally appeared the undersigned, who, being duly sworn according to law, did depose and say that as a candidate, he or she does not intend to form a political committee or to receive contributions or make expenditures in excess of Two Hundred Fifty Dollars (\$250.00) during any reporting period, that, as a candidate, he or she will keep records of contributions and expenditures as required by law, that, as a candidate, he or she will file reports as required by law if contributions or expenditures exceed Two Hundred Fifty Dollars (\$250.00). (Act No. 1980-127)

Sworn (or affirmed) and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_ (OFFICIAL TITLE)

\_\_\_\_\_ (SIGNATURE OF CANDIDATE)

\_\_\_\_\_ (PRINTED NAME OF CANDIDATE)

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_ (STREET ADDRESS) (POST OFFICE)

\_\_\_\_\_ (CITY, BOROUGH OR TOWNSHIP)