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 w	Co	County and			
	TRICT IN WHICH THE NOMINATION OR ELE	CTION IS TO DE	MADE	and are regis	tered and
	TRICT IN WHICH THE NOMINATION OF ELE			Party or Polic	v hereby
					y, nereby
petition the County Board of	Elections of				_ County
to have the name of	WRITE, PRINT OR WRITE PLAINLY THE ABC	OVE NAME AS YO	DU WISH IT TO APPEAR ON THE O	FFICIAL BALLOT)	
	or Occupation is				_ Place of
Residence is	(WITH STREET, NUMBER (WHERE POSS				
	lot of the aforesaid Party in said			or the year 20	
as a candidate for the Office	of				
	(TITL)	E OF OFFICE)	(TERM O	OF OFFICE)	
			PLACE OF RESIDEN		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					

		PLACE OF RESIDENCE			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).

County of Petition-Signers' Residence

Printed Name of Circulator

3 _____ Signature of Circulator

Number and Street Address of Circulator

5 City, Borough or Twp.

Zip Code

CANDIDATE'S AFFIDAVIT	LEHIGH COUNTY BOARD OF ELECTIONS 17 S. 7th St. Allentown, PA 18101			
	Type or Print Firmly in Ink	OFFICE USE ONLY		
Name:				
Last Nam		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		Zip Code:		
Oity	State	2ip code		
Voting Precinct Name (including Ward & Divisior	n, if applicable):			
Office for which you are seeking nomination:	District Number (if applicable):			
Email address:				
Name as it is to appear on the Ballot:				
expenditures; and that unless I am a can magisterial district judge, my name has no	didate for the office of school board in a distr t been presented as a candidate by nomination ch I already hold, the term of which is not set to	ction reporting of campaign contributions and ict where that office is elective or the office of petitions of any other party for the same office; expire in the same year as the office subject to		
Sworn to and subscribed before me this		wear (or affirm) to the above part(s) as required the law(s) applicable to the office I am seeking.		
day of 20				
Signature of Notary		Signature of Candidate		
My commission expires	-	Telephone Number		
SEAL				
		City, Borough or Township		
	OFFICE USE ONLY			
\$				
COMMENTS:				
CHECKE	R INPUT	VERIFY Rev 2/13		