

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 THEY CAN VOTE FOR, AND NO MORE.

COMMONWEALTH OF PENNSYLVANIA

PETITION

To have name of Candidate printed upon the Official Ballot for the General Primary

We, the undersigned, all of whom are qualified electors of _____ County and of _____, and are registered
(MUNICIPALITY AND ELECTION DISTRICT IN WHICH THE NOMINATION OR ELECTION IS TO BE MADE)

and enrolled members of the _____ Party or Policy, hereby petition the County Board of Elections of _____ County to have the name of

_____, whose
(TYPEWRITE, PRINT OR WRITE PLAINLY THE ABOVE NAME AS YOU WISH IT TO APPEAR ON THE OFFICIAL BALLOT)

Profession, Business or Occupation is _____, Place of Residence is _____,
(WITH STREET NUMBER (WHERE POSSIBLE), NAME AND ZIP CODE)

be printed upon the Official Ballot of the Aforesaid Party in the said District, for the General Primary for the year _____, as a candidate for the Office of:

_____ for a _____ year term.
(TITLE OF OFFICE)

SIGNERS ARE CAUTIONED TO AVOID THE USE OF DITTO MARKS

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		HOUSE NO.	STREET or ROAD	MUNICIPALITY	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

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; 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 the political district designated in this petition, and that they are residents in the County specified 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).

(SIGNATURE of CIRCULATOR)

(PRINTED NAME of CIRCULATOR)

(STREET ADDRESS, POST OFFICE, AND ZIP CODE of CIRCULATOR)

(STATE AND COUNTY of CIRCULATOR'S RESIDENCE)

(TELEPHONE AND EMAIL ADDRESS of CIRCULATOR)

CANDIDATE'S AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA COUNTY OF _____ SS:

Before me, the undersigned authority in and for said State and County, personally appeared the undersigned, who, being duly sworn according to law, did depose and say that his or her residence is as set forth below; that he or she is a qualified elector duly registered and enrolled as a member of the political party and of the political district referred to in this petition; and that the name of the office for which he or she consents to be a candidate is:

(TITLE OF OFFICE and LENGTH OF TERM)

that he or she is eligible for said office; and that he or she will not knowingly violate any election law, nor will he or she knowingly engage in corrupt practices in connection therewith.

Sworn to and subscribed before me

this _____ day of _____, 20_____

NOTARY STAMP

(SIGNATURE of CANDIDATE)

(PRINTED NAME of CANDIDATE)

(STREET ADDRESS, POST OFFICE, and ZIP CODE of CANDIDATE)

(MUNICIPALITY and ELECTION DISTRICT of CANDIDATE)

(TELEPHONE NUMBER and E-MAIL ADDRESS of CANDIDATE)

(SIGNATURE of NOTARY)

This nomination petition is to be used by candidates for a LOCAL PARTY OFFICE ONLY (i.e., Democratic Committeeperson, Republican Committeeperson). Please complete the section below to indicate how your name should appear on the ballot.

Party _____
Title of Office _____
Election District _____

Term _____ years

For Office Use Only

Petition to Have the Name of _____
(WRITE YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON BALLOT)

As Candidate Printed on the Official Ballot of the Above Named Party, District, and Office for the May 19, 2026, General Primary Ballot.



Bureau of Elections

717-787-5280

**CANDIDATE DECLARATION to be attached to CANDIDATE'S AFFIDAVIT
where notarized statement is not available**

CANDIDATE DECLARATION - I declare that my residence, my election district and the title of the office for which I desire to be a candidate are as contained in the attached document, 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; that unless I am a candidate for Judge of a Court of Common Pleas, the Philadelphia Municipal Court or 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 if I am a candidate for any office of a political party I am a registered and enrolled member of such party; that if I am a candidate for Committee Delegate or Alternate Delegate to the National Convention the name of the candidate to whom I am committed is as indicated on my nomination petition and that my signature on the Delegate's Statement was affixed to each page of my nomination petition prior to circulation of same; that I am not a candidate for an office which I already hold, the term of which is not set to expire on the same year as the office subject to the accompanying affidavit.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing is true and correct.

Signed on the _____ (date) day of _____ (month), _____ (year), at
_____ (county or other location, and state), _____ (country).

(printed name)

(signature)