DSBE-PBCA (rev. 2/24)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
Bureau of Elections

PB

POLITICAL BODY CANDIDATE'S AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____

Name: _____,_____,_____,_____
Last Name First Name Middle Name or Initial Suffix

Residential Address: _____

City: _____ State: _____ Zip Code: _____

Municipality (City, Boro, or Township): _____ Gender: F ☐ M ☐ NB ☐

Mailing Address (if different from residential): _____

City: _____ State: _____ Zip Code: _____

Election District of Candidate (district where registered to vote): _____

Office for which you are seeking nomination: _____

Email address: _____

Name as it is to appear on the Ballot: _____

CANDIDATE'S AFFIDAVIT - I do swear (or affirm) that my residence, my election district and the name of the office for which I desire to be a candidate are as specified below, that I am eligible for said office, and 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 my name has not been presented as a candidate by nomination petitions for any public office to be voted for at the ensuing primary election, nor have I been nominated by any other nomination papers for any such office; that if I am a candidate for election at a general or municipal election I shall not be a registered and enrolled member of a political party at any time during the period of thirty (30) days prior to the primary up to and including the day of the following general or municipal election, or if I am a candidate for election at a special election I am not a registered and enrolled member of a political party; that I am not a candidate for an office which I already hold, the term of which is not set to expire in the same year as the office subject to this affidavit.

Sworn (or affirmed) and subscribed before me this

_____day of_____20_____

_____
Signature of Officer Administering Affirmation

_____
Official Title

My commission expires_____

I swear (or affirm) to the above parts as required by the laws applicable to the office I seek.

_____
Signature of Candidate

_____
Telephone Number

_____
County of Residence

OFFICE USE ONLY

☐☐ COUNTY CODE $_____ AMOUNT RECEIVED F ☐ ☐ M

☐☐☐ OFFICE ☐☐☐ DISTRICT ☐☐☐ POLITICAL PARTY ☐☐☐☐☐☐ NUMBER OF PAPERS

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ COMMENTS

	CHECKER	INPUT	VERIFY