

STATEMENT OF INABILITY TO PAY FILING FEES

I hereby certify that I am unable to pay the filing fee for the office I am seeking.

I verify that this statement is true and correct. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities.

Candidate's Signature

Date

Candidate's Name (please print)

Office Sought

District

Political Party/Minor Political Party/Political Body

Candidate's County of Residence

Candidate's Address

Candidate's Telephone Number (optional)

Candidate's E-mail Address (optional)