Commonwealth of Pennsylvania 2022 NOMINATION PAPER

NOTE: You must fill in all information in A, B & C before you begin collecting for signatures.

A. PREAMBLE

TO THE SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom are qualified electors of Pennsylvania, of the County, and of the electoral district(s) designated below, hereby nominate the persons designated in "B" below as candidates representing the political body named herein, and also appoint the persons designated in "C" below as the committee authorized to fill any vacancy caused by the death or withdrawal of any such candidates.

1. Name of Political Body _

(No more than 3 words)

2. County of Signers ___

B. CANDIDATE INFORMATION

			PLACE OF RES		
OFFICE TITLE	DISTRICT	NAME OF CANDIDATE	House No. Street or Road	City, Boro or Twp.	OCCUPATION

PLACE OF RESIDENCE

C. COMMITTEE TO FILL VACANCIES (Required)

Must name 3, 4 or 5 committee members	House No.	Street or Road	City, Boro or Twp.
1.			
2.			
3.			
4.			
5.			

D. SIGNATURES OF ELECTORS

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR		PLACE OF RESIDENCE		
		House No.	Street or Road	City, Boro or Twp.	SIGNING
1.					
2.					
3.					
4.					
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18.					
19.					
20.					

D. SIGNATURES OF ELECTORS (Continued)

SIGNATURE OF ELECTOR	PRINTED NAME		PLACE OF RESIDENCE		
	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	SIGNING
21.					
22.					
23.					
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50.					

E. STATEMENT OF CIRCULATOR

that their residences are correct	tly stated therein; that they a	all reside in the county specified b	aper signed the same with full knowledge of the contents there elow; that each signed on the date set opposite his or her nam ectoral districts designated in this nomination paper.		
,		e Commonwealth of Pennsylvania aws of the Commonwealth of Per	a, regarding any case or controversy arising out of my activition nnsylvania.	es	
		County			
County of Paper	Signers' Residence				
I, Printed Name of Circulator		, state that I am the person whom I represent myself to be herein, and I state that the information set forth in this section is true and accurate and made subject to the criminal penalties imposed by law for violation of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).			
Signature:		Date:			
5			MM/DD/YY		
Address of Circulator: _	Number	Street			
_	City, Boro or Twp.	State	Zip Code		
NOTE:	THIS STATEMENT MUST	BE COMPLETED AFTER ALL S	GIGNATURES HAVE BEEN OBTAINED.		