

Commonwealth of Pennsylvania 2019 NOMINATION PAPER

OFFICIAL USE ONLY

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

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

C. COMMITTEE TO FILL VACANCIES (Required)

Must name 3, 4 or 5 committee members

| | PLACE OF RESIDENCE | | |
|----|--------------------|----------------|--------------------|
| | 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 | | | DATE OF SIGNING |
|----------------------|-------------------------|--------------------|----------------|--------------------|-----------------|
| | | House No. | Street or Road | City, Boro or Twp. | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. | | | | | |
| 13. | | | | | |
| 14. | | | | | |
| 15. | | | | | |
| 16. | | | | | |
| 17. | | | | | |
| 18. | | | | | |
| 19. | | | | | |
| 20. | | | | | |

D. SIGNATURES OF ELECTORS (Continued)

| SIGNATURE OF ELECTOR | PRINTED NAME OF ELECTOR | PLACE OF RESIDENCE | | | DATE OF SIGNING |
|----------------------|-------------------------|--------------------|----------------|--------------------|-----------------|
| | | House No. | Street or Road | City, Boro or Twp. | |
| 21. | | | | | |
| 22. | | | | | |
| 23. | | | | | |
| 24. | | | | | |
| 25. | | | | | |
| 26. | | | | | |
| 27. | | | | | |
| 28. | | | | | |
| 29. | | | | | |
| 30. | | | | | |
| 31. | | | | | |
| 32. | | | | | |
| 33. | | | | | |
| 34. | | | | | |
| 35. | | | | | |
| 36. | | | | | |
| 37. | | | | | |
| 38. | | | | | |
| 39. | | | | | |
| 40. | | | | | |
| 41. | | | | | |
| 42. | | | | | |
| 43. | | | | | |
| 44. | | | | | |
| 45. | | | | | |
| 46. | | | | | |
| 47. | | | | | |
| 48. | | | | | |
| 49. | | | | | |
| 50. | | | | | |

E. STATEMENT OF CIRCULATOR

I state that my residence is as set forth below; that the signers to the foregoing nomination paper signed the same with full knowledge of the contents thereof; that their residences are correctly stated therein; that they all reside in the county specified below; 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 of the electoral districts designated in this nomination paper.

By signing below, I agree to submit to the jurisdiction of the Commonwealth of Pennsylvania, regarding any case or controversy arising out of my activities while circulating papers, which shall be governed by the laws of the Commonwealth of Pennsylvania.

_____ County
 County of Paper Signers Residence

I, _____, 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: _____
 MM/DD/YY

Address of Circulator: _____
 Number Street

 City, Boro or Twp. State Zip Code

NOTE: THIS STATEMENT MUST BE COMPLETED AFTER ALL SIGNATURES HAVE BEEN OBTAINED.