# **Commonwealth of Pennsylvania 2021 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.

Wi	thdrawal of any such candidates.	
1.	Name of Political Body	
2.	County of Signers	

**OFFICIAL USE ONLY** 

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

C. COMMITTEE TO FILL VACANCIES		PLACE OF RESIDENCE	
NAME OF COMMITTEE MEMBER	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		
J. O. O. L. D. L. L. D. O. L. L. D. O. L. L. L. D. L.		House No.	Street or Road	City, Boro or Twp.	SIGNING
1.					
2.					
3.					
4.					
5.					
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17.					
18.					
19.					
20.					

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## D. SIGNATURES OF ELECTORS (Continued)

SIGNATURE OF ELECTOR	NATURE OF ELECTOR PRINTED NAME PLACE OF RESIDENCE		DENCE	DATE OF	
	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	SIGNING
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
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43.					
44.					
45.					
47.					
48.					
49.					
50.					

# E. STATEMENT OF CIRCULATOR

E. STATEMENT OF CIRCULATOR					
that their residences are correc	ctly stated therein; that they a	ers to the foregoing nomination pap all reside in the county specified be ers are qualified electors of the elec	ow; that each signed on the dat	e set opposite his or her name;	
, , , , ,	•	e Commonwealth of Pennsylvania, aws of the Commonwealth of Penr	• • •	ersy arising out of my activities	
		_County			
County of Paper	r 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:			
			MM/DD/YY		
Address of Circulator:	Number	Street			
-	City, Boro or Twp.	State	Zip Code		
NOTE	: THIS STATEMENT MUST	BE COMPLETED AFTER ALL SIG	GNATURES HAVE BEEN OBT.	AINED.	