

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
Bureau of Commissions, Elections and Legislation



POLITICAL BODY CANDIDATE'S AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA

SS:

COUNTY OF \_\_\_\_\_

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.

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

Sworn (or affirmed) and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_\_.

Office/District

Signature of Candidate

Printed Name of Candidate

Name as it is to appear on the Ballot

Street Address/Post Office/Zip Code

City/Borough/Township

County

Election District of Candidate
(District Where Registered To Vote)

(SEAL)

(Signature of Person Administering Oath)

My Commission Expires \_\_\_\_\_

Telephone Number

OFFICE USE ONLY

Form fields for COUNTY CODE, AMOUNT RECEIVED, OFFICE, DISTRICT, POLITICAL PARTY, NUMBER OF PAPERS, and gender options F and M.

Comments field with a grid of boxes for text entry.

CHECKER

INPUT

VERIFY