

**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CUMBERLAND 21

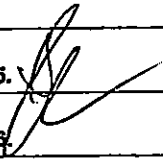
PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Scott W Grob	31	Woburn Abbey Ave	Camp Hill	1-27-24
	Lisa M Grob	31	Woburn Abbey Ave	Camp Hill	1-27-24
	Stephanie K Grove	33	Woburn Abbey Ave	Camp Hill	1-27-24
	Mary Anne Berkley	28	Woburn Abbey Ave	Camp Hill	1-27-24
	Joseph E Upkoff	29	Woburn Abbey Ave	Camp Hill	1-27-24
	Patricia C Shroy	3605	Kent Dr	Mechanicsburg	2-1-24
	Nancy L Emmerich	3605	Kent Dr	Mechanicsburg	2-1-24
	Amber M Little	4930 Apt 206	Starboard Circle	Mechanicsburg	2/1/24
	Linda Costa	32	Woburn Abbey Ave	CAMP HILL	2/3/24
	Richard Campomizzi	3P	Woburn Abbey Ave	CAMP HILL	2/3/24
	Krista Campomizzi	36	Woburn Abbey Ave	Camp Hill	2/3/24
	Neah Campomizzi	874	King	Leisberry	2/3/24
	Madal A Shroy	3605	Kent Dr	Mechanicsburg	2/3/24
	DENISEL BAYARDO	109	Woburn Abbey Ave	Camp Hill	2/3/24



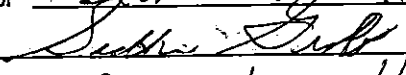
	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
15.		Jason D. Grab	209	Herman Ave	Lemayne	2/9/24
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1-5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors; duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence CUMBERLAND COUNTY
- 2 Printed Name of Circulator Scott W. Grab
- 3 Signature of Circulator 
- 4 Number and Street of Circulator 37 Woburn Abbey Ave
- 5 City, Borough or Twp. EAST PENNSBORO Twp Zip Code 17011

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CUMBERLAND 21

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Deborah L. Austin	500	Walton	Lemoyne	1/23/24
	John J. GBS	557	S. 3 RD	Lemoyne	1/23/24
	Craig Bessel	1720	Parkshire Pl	Enda, PA	1/23/24
	John S. LENCIONI	61	CREEK BANK DRIVE	Silver Spring Twp	1/31/24
	Andrew Norton	21	West St	Shippensburg PA	1/31/24
	Richard L. Snyder	338	W. Main St	Mechanicsburg, PA	1/31/24
	Rebecca Morehead	1706	Centerville Rd	Newville PA	1/31/24
	Steven Morehead	1706	Centerville Rd	Newville PA	1/31/24
	JAMES EVANS	157	B STREET	CARLISLE PA	1/31/24
	Charles R. Beckman	650	Walton St	Lemoyne PA.	2/4/24
	Daniel J. VanLenter	561	Walton St.	Lemoyne PA	2/4/24
	Patrizia Shinn	621	Walton St	Lemoyne PA	2/4/24
	STAXI STAMBAUGH	601	WALTON ST	LEMOYNE PA	2/4/24
	Detsy Flich	601	Walton St	Lemoyne PA	2-4-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	DANIEL S. COLLEDGE	630	WALTON	LEMOYNE	2-4-24
	JANICE A. MCGEE	630	WALTON ST.	LEMOYNE	2/4/24
	John E. Messmer	700	Walton St	Lemoynae	2/9/24
	Claire Messmer	700	Walton	Lemoynae	2/4/24
	PATRICIA FLUSKER	553	S3 RD	Lemoynae	2/7/24
	JOYCE M. RYAN	547	S 3 RD	LEMOYNE	2/7/24
	William Kennihan	549	S 3 RD	Lemoynae	2/7/24
	Susan Kennihan	549	S.3rd	Lemoynae	2/7/24
	Melinda D. Cobb	551	S. 3rd St.	Lemoynae	2/7/24
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Cumberland
 2 Printed Name of Circulator Deborah Austin
 3 Signature of Circulator
 4 Number and Street of Circulator 520 Walton Street
 5 City, Borough or Twp. Lemoynae Zip Code 17043

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CUMBERLAND 21

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	KAREN Cochran	384	Alvin Ave	Upper Allen	1/23/24
	Krista Cochran	2721	S. Rosegarden	Upper Allen	1/23/24
	Sonya Cowman	2721	S. ROSEGARDEN	UPPER ALLEN	1/23/24
	Rebecca Musser	116	Windush Ln	Upper Allen	1/24/24
	Noel Kelley	428	E Elmwood	Upper Allen	1/28/24
	Michael Kelley	428	E Elmwood	Upper Allen	01.28.24
	James Cochran	384	Alvin Ave	Upper Allen	2/6/24
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Cumberland
 2 Printed Name of Circulator KAREN Cochran
 3 Signature of Circulator Karen Cochran
 4 Number and Street of Circulator 384 Alyon Ave
 5 City, Borough or Twp. Upper Merion Zip Code 17055

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CUMBERLAND 21

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Stacey Swain	488	Coventry Dr.	Upper Allen	1-23-2024
	TOBY SWAIN	488	Coventry Dr.	Upper Allen	1-23-24
	David Bryden	2121	Arbor Ct	Upper Allen	1/26/24
	PHYLLIS MATTHEY ^{JOHNSON}	3524	GREEN ST.	HAMPDEN TWP	1/28/24
	JEFFREY DOREMS	5	NICHOLS	DICKINSON TOWNSHIP	1/27/24
	Michael S Rykush	1179	Fleming Dr	Upper Allen	1/27/24
	Kathleen A Miolo	132	Center Dr	Lower Allen	1/29/24
	Duane R Day	487	Coventry Dr.	Upper Allen	1/29/24
	Lori A. Day	487	Coventry Dr.	Upper Allen	1/29/24
	John Anderson	491	Coventry Dr.	Upper Allen	1/30/24
	Sheila Anderson	491	Coventry Dr.	Upper Allen	1/30/24
	Nancy Crown	244	Melbourne Ln	Upper Allen	1/31/24
	Linda Krasovic	2301	Mil Rd	Upper Allen	1/31/24
	John V. Krasovic	2301	Mil Rd	Upper Allen	1/31/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Karen Hartman</i>	Karen Hartman	2169	Centerbury Dr.	Upper Allen	1/31/24
<i>Jean Nergst</i>	Jean A. Nergst	443	Stonewedge Ln	Upper Allen	1/31/24
<i>Karen W. Stauffer</i>	Karen D. Stauffer	401	Reservoir Rd	Upper Allen Township	1/31/24
<i>Marsha Blessing</i>	Marsha Blessing	1125	Floribunda Ln	Upper Allen	1/31/24
<i>Kyle L. Miller</i>	Kyle L. Miller	36	W. Coopers St	Mechanicstown	1/31/24
<i>Marykate Marryza</i>	Marykate Marryza	1	Maybank Ln	Silver Spring	2/1/24
<i>Ryan D. Hartman</i>	Ryan D. Hartman	2169	Centerbury Dr	Upper Allen	2-8-2024

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Cumberland

2 Printed Name of Circulator Stacey Swain

3 Signature of Circulator *Stacey Swain*

4 Number and Street of Circulator 488 Coventry Drive

5 City, Borough or Twp. Upper Allen Zip Code 17055

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CUMBERLAND 21

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Christine McIlhenny	126	Cumberland	North Middleton	1/24/24
	Paul E. McIlhenny	126	Cumberland	N. Middleton	1/24/24
	Paul J. McIlhenny	126	Cumberland Dr.	N. Middleton	1/24/24
	Heather McIlhenny	126	Cumberland	North Middleton	1/25/24
	Laura McIlhenny	126	Cumberland	North Middleton	1/25/24
	Megan McIlhenny	126	Cumberland Drive	North Middleton	1/25/24
	Suzanne Bowser	16	Meade Dr.	North Middleton	2/1/24
	Terri Reisinger	2215	Circle Rd.	North Middleton	2/9/24
	Robert Reisinger	2215	Circle Rd.	North Middleton	2/9/24
	Brittany Macdonald	2205	Douglas Dr.	N. Middleton	2/9/24
	JARED MACDONALD	2205	Douglas Dr.	N. Middleton	2/9/24
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Cumberland
 2 Printed Name of Circulator Christine McIlhenny
 3 Signature of Circulator Christine McIlhenny
 4 Number and Street of Circulator 126 Cumberland Dr.
 5 City, Borough or Twp. North Middleton Zip Code 17013

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the Instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CUMBERLAND 21

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Karen Small	275	Beeches Run	Monroe	1/25/2024
	Paul Feaser	1385	Leidigh Dr.	Monroe	1/25/2024
	Rebecca Feaser	1385	Leidigh Drive	Monroe	1/25/2024
	TERRY L. FEASER	1385	Leidigh DR	MONROE	1/25/2024
	Brian J Johnson	1387	Leidigh Dr	Monroe	1/25/2024
	Cole T Johnson	425	Criswell Dr	Monroe	1/25/2024
	Bryce J Johnson	1387	Leidigh Dr	Monroe	1/25/2024
	Lindsey A. Johnson	1387	Leidigh Dr.	Monroe	1/26/24
	Laurie Johnson	1387	Leidigh Dr.	Monroe	1-26-24
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1-5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904, (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Cumberland

2 Printed Name of Circulator Laurie A. Johnson

3 Signature of Circulator Laurie A. Johnson

4 Number and Street of Circulator 1387 Leidigh Drive

5 City, Borough or Twp. Boiling Springs Zip Code 17007

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>[Signature]</i>	Woj Cieślukowski	1540	Braewood	Swoyano	2/6/24
<i>[Signature]</i>	Deborah L Cieślukowski	1540	Braewood	Swatara	2/6/24
<i>[Signature]</i>	Gene Chiloso	4704	GREAT OAK Lane	Susq + hamp Twp	2/7/24
<i>[Signature]</i>	Joseph Neild	44	Kingneck	Lower Paxton	2/10/24
<i>[Signature]</i>	LAURA E. GOSS	17	BROMLEY CT	Derry HENSHAY	2/10/24
<i>[Signature]</i>	Charles R Goss	17	Brandon ct	H Derry HENSHAY	2/10/24
<i>[Signature]</i>	Suzanne M Boyer	565	Indian Run Dr	Derry	2/10/24
<i>[Signature]</i>	JAMES M LANBERTA	7054	CREEK RUN RD	LOWER PAXTON	2/10/24
<i>[Signature]</i>	Morgem Wagner	327	Bryn Mbrn Roadcap Road	Upper Paxton	2/10/24
<i>[Signature]</i>	Brett W MAUSER	179	Green Acres Ave	Upper Paxton	2/10/24
<i>[Signature]</i>	Matthew Stonegood	129	Edward Dr	Washington	2/10/24
<i>[Signature]</i>	Kathleen Riccio	153	Edward Dr	Upper Paxton	2-10-24
<i>[Signature]</i>	David Riccio	153	Edward Dr	Upper Paxton	2-10-24
<i>[Signature]</i>	Sandra J Harris	160	Witt Blod	Upper Paxton	2/10/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	DAVID RUSSELL	5709	RIDGEVIEW DR.	LOWER PAXTON	2/11/2024
	Emily E. Krebs	2530	Derry St	Harrisburg	2/11/24
	Kenneth Hoffer	6919	Ella Cir	W Hanover	2/11/2024
	Susanne Connor	202	Beaumont Dr	Lower Paxton Township	2/11/24
	Adrienne M. Hafford	207	N Timber Ct	Susquehanna Twp	2/11/24
	Jennie Dallas	2605	W. 2ND ST	Harrisburg	2/11/24
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1-5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence DAUPHIN

2 Printed Name of Circulator JOSEPH R LAHR

3 Signature of Circulator

4 Number and Street of Circulator 1037 S. 18TH ST

5 City, Borough or Twp. HARRISBURG Zip Code 17104

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
 B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District; to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
1.		Chris Judd	109	Huntley Dr.	Lower Paxton	2-4-24
2.		Paula P. Judd	109	Huntley Dr.	Lower Paxton	2-4-24
3.		Danielle Judd	109	Huntley Dr.	Lower Paxton	2/4/24
4.		Nathan P. Sharp	111	Huntley Dr.	Lower Paxton	2-4-24
5.		Kayla Sharp	111	Huntley Dr.	Lower Paxton	2/4/24
6.		Carson Judd	109	Huntley Dr.	Lower Paxton	2-4-24
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Dauphin

2 Printed Name of Circulator Chris Judd

3 Signature of Circulator *Chris Judd*

4 Number and Street of Circulator 109 Huntley Drive

5 City, Borough or Twp. Laver Paxton Zip Code 17112

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS:- DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Candace E. Meck</i>	Candace E. Meck	2429	Carroll	Susquehanna Twp	1-29-2024
<i>Colleen R. Washinger</i>	Colleen R. Washinger	16	S. Third #1 PO BOX 118	Halifax Boro	2-2-24
<i>Richard Meck</i>	RICHARD MECK	2525 TH	DOERFLE	Susq. Twp.	2/6/24
<i>Anna Meck</i>	ANNA MECK	2525	Doerfle Rd.	Susq. Twp.	2/6/24
<i>Charles D. Meck</i>	Charles D. Meck	2429	Carroll Ave	Susq. Twp	2/8/24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Dauphin
- 2 Printed Name of Circulator Candace Meek
- 3 Signature of Circulator Candace Meek
- 4 Number and Street of Circulator 2429 Gamson Ave
- 5 City, Borough or Twp. Susquehanna Twp Zip Code 17110

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Angela Kelly	1600	Sandy Ln	Lower Paxton	1/24/24
	MICHAEL KELLY	1600	SANDY LN	Lower Paxton	1/24/24
	Patricia A Glenn	4326	Radson Av	Lower Paxton	1-31-24
	GARY L. GLENN	4326	Radson Dr.	Lower Paxton	1/21/24
	Susan M. Peirson	1420	Lawrence Ct	Lower Paxton	2/1/2024
	Kenneth M. Peirson	1420	Lawrence Ct.	Lower Paxton	2-1-24
	Daniel R. Kellner	1930	Vesta Dr	Lower Paxton	2-3-24
	Michael Kellner	1530	Vesta Dr	Lower Paxton	2-4-24
	Camryn Kelly	7389	COUNTRY VIEW DR	WEST HANOVER	2-4-24
	Michael B Kelly	7389	COUNTRY VIEW	WEST HANOVER	2-4-24
	Christine A Kelly	7389	Country View Dr	West Hanover	2-4-24
	Michael D Hardy Sr	1961	ADAMS AVE	Lower Paxton	2-5-24
	Mary Godfrey	1457	Adams Ave	Lower Paxton	2-7-24
	Leetonn Omslee	4434	Venus Ave	Lower Paxton	2-9-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	ROBERT OPMSDICK	4434	VENUS AVE	LOWER PAXTON	2-9-24
	NICHOLAS V. CIRILLO	1511	VESTA DR	LOWER PAXTON	2/10/24
	MICHAEL TYNDALE	1561	VESTA DR	LOWER PAXTON	2/10/24
	ROGER SIPE	1584	VESTA DR	LOWER PAXTON	2/10/24
	Doe Ann Sipe	1584	Vesta Dr	Lower Paxton	2/10/24
	Miriam Avallano	1511	Vesta Dr.	LOWER PAXTON	2/10/24
	Kelly Lehr	690	Harvest Dr	Lower Paxton	2/11/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Dauphin

2 Printed Name of Circulator Angela Kelly

3 Signature of Circulator

4 Number and Street of Circulator 1600 Sandy Ln.

5 City, Borough or Twp. Lower Paxton Zip Code 17112

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	John Dietrich	2095	North Drive	Susq. Twp.	2/2/24
	Linda Hammaker	1364	Spring House Rd	Lower Susquehanna Middle town	2/2/24
	Clark Hammaker	1364	Spring Hs Rd	Middletown	2/2/24
	Stacy Dietrich	2095	North Dr.	Susq. Twp	2/4/24
	Lauren McMinn	82	Edgewater	Middletown	2/6/24
	Michael Sweitzer	5652	Union Deposit Rd	Lower Paxton	2/6/24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1-5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Dauphin

2 Printed Name of Circulator John Dietrich

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 2095 North Drive

5 City, Borough or Twp. Susq. Twp. Zip Code 17110

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	SCOTT M. ISETT	9951	Junestown Rd	East Hanover	2/5/2024
	JANET J. STONER	151	CIRCLE DR	EAST HANOVER	2-6-2024
	Shirley A. Sauch	139	Circle Dr	EAST HANOVER	2/6/2024
	David E. Smith	419	Countyline Road	East Hanover	2/6/2024
	TERENCE L. WOLFE	136	CLIFF RD	EAST HANOVER	2/6/2024
	Tina L. Cassel Hastie	643	Fox Run Rd	East Hanover	2/7/2024
	GEORGE GREGORY DOVEY	152	E. CAREN DRIVE	EAST HANOVER TOWNSHIP	2/7/2024
	Christopher G. Dovey	152	E Caren Dr.	East Hanover Township	2/7/2024
	Linda M. Bell-Dovey	152	E CAREN DR	East Hanover Township	2/7/2024
	JUWANAD ROBINSON	152	SUNSET BROOKS	EAST HANOVER	2/7/2024
	GEORGE RISH	122	SUNSET DR	EAST HANOVER TWP	2/8/2024
	Rosemarie C. Depers	994	Sycamore Ln	EAST HANOVER	2-9-24
	Lloyd W. Huber Jr	871	Landerhill Rd	East Hanover	2-10-24
	NANCY R. GRANBER	1990	SAND BEACH	EAST HANOVER	2-10-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Linda M. Hoffman</i>	LINDA M. HOFFMAN	1331	Lander Milca Rd	East Hanover	2/10/24
<i>Fred E Hoffman</i>	Fred E Hoffman	1331	Lander Milca Rd	East Hanover	2/10/24
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence DAUPHIN

2 Printed Name of Circulator WAYNE G. SETT

3 Signature of Circulator *[Signature]*

4 Number and Street of Circulator 143 WEST CAROL DELVE

5 City, Borough or Twp. EAST HANOVER TWP Zip Code 17028

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Patricia A Henderson</i>	Patricia A Henderson	2667	S 2nd St	Steelton	2-2-24
<i>Maria R Marcenko</i>	Maria R. Marcenko	2704	S. 2nd St.	Steelton	2-2-24
<i>Robert Henderson</i>	Robert Henderson	2667	S 2nd St	Steelton	2-3-24
<i>Terence Rauder</i>	TERENCE RAUDER	2510	S. 2nd St.	Steelton	2-6-24
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Dauphin
 2 Printed Name of Circulator Patricia A. Hindermyer
 3 Signature of Circulator Patricia A. Hindermyer
 4 Number and Street of Circulator 2667 S 2nd Street
 5 City, Borough or Twp. Steelton Zip Code 17113

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

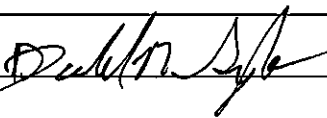
PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Patricia L. Davies</i>	Patricia L. Davies	525	Constitution ^{DR}	Lower Swatara Twp	02-01-24
<i>Michael J. Davies</i>	Michael J. Davies	525	Constitution Drive	Lower Swatara Twp	2/1/2024
<i>Ann D. Ortlip</i>	Ann D. Ortlip	515	Constitution Drive	Lower Swatara Twp	2-08-24
<i>Ann D. Ortlip</i>	ANN D ORTLIP	515	CONSTITUTION DRIVE	LOWER SWATARA TWP	02/02/2024
<i>Susan B. Wagner</i>	Susan B. Wagner	521	Constitution DR	Lower Swatara	2/4/24
<i>Jason W. Wegner</i>	Jason W. Wegner	521	Constitution Drive	Lower Swatara	2/1/24
<i>Lisa A. Fernback</i>	Lisa A. Fernback	530	Constitution Drive	Lower Swatara	2/1/24
<i>Kristin Smith</i>	Kristin Smith	595	Constitution Dr	Lower Swatara	2/4/24
<i>Chris Hughes</i>	Chris Hughes	594	Constitution Dr	Lower Swatara	2/6/24
<i>David S. John Jr.</i>	David S. John Jr.	230	Keystone Dr.	Lower Swatara	2/6/24
<i>Kimberly M. John</i>	Kimberly M. John	230	Keystone Drive	Lower Swatara	2/6/24
<i>Chauncey D. Knopp</i>	CHAUNCEY D. KNOPP	141	KEYSTONE CT.	LOWER SWATARA	2/4/24
<i>Cynthia D. Knopp</i>	Cynthia D. Knopp	141	Keystone Ct.	Lower Swatara	2/6/24
<i>Sharon C. Supler</i>	Sharon C. Supler	535	Colony Pl.	Lower Swatara	2/6/24



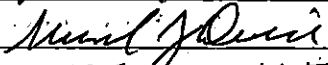
SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Donald W Spjko	535	Edony Dr	Lower Swatara	2/6/24
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Dauphin County
- 2 Printed Name of Circulator Michael J Davies
- 3 Signature of Circulator 
- 4 Number and Street of Circulator 525 Constitution Drive
- 5 City, Borough or Twp. Lower Swatara Township Zip Code 17057

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

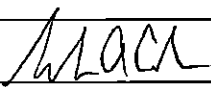
CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	MARK A. CAUCH	7750	FERN DR.	HARRISBURG	02/08/24
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Dauphin
- 2 Printed Name of Circulator Joseph Neid
- 3 Signature of Circulator Joseph Neid
- 4 Number and Street of Circulator 44 Bagnock Drive
- 5 City, Borough or Twp. Lower Paxton Zip Code 17112

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Jennifer L. Grill	1420	Aspen Dr.	Hbg Lower Paxton Twp.	1/23/24
	Michael Grill	1420	Aspen Dr.	Hbg Lower Paxton Twp.	2/5/24
	ELIZABETH GATISKI	1413	Aspen Dr.	Hbg LP	2/7/24
	Jennifer Pfau Miller	1400	Aspen Dr	Hbg LP	2/7/24
	Alan Rothman	1413	Marene Dr	Hbg, Lower Paxton	2/7/24
	Michael Pfau Miller	1400	Aspen Dr	Hbg LP	2/7/24
	Hierstein Pfau Miller	1400	Aspen Dr	Hbg LP	2/7/24
	Marshall H. Grover	1418	Marene Dr.	Hbg LP	2/7/2024
	Deborah Grover	1418	Marene Dr.	Hbg LP	2/7/2024
	Joseph Gausman	1413	Aspen Dr	Hbg LP	2/7/2024
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Dauphin
- 2 Printed Name of Circulator Jennifer L. Gill
- 3 Signature of Circulator Jennifer L. Gill
- 4 Number and Street of Circulator 1420 Aspen Drive
- 5 City, Borough or Twp. Harrisburg, Lewis Porton Zip Code 17109

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JAMES SHANDERSKY	921	N. FAIRVILLE AVE	West Hanover	1/31/24
	Ingrid Shandersky	921	N. Fairville	West Hanover	1/31/24
	Erick Bair	7629	Meyer Rd	West Hanover	1/31/24
	Patrick Horan	946	N. Fairville Ave	West Hanover	2/4/24
	DAVID J. HORAN	946	N. FAIRVILLE AVE	WEST HANOVER	2/4/24
	Rose Anne Horan	946	N. FAIRVILLE AVE	West Hanover	2-4-24
	Angelina Henaghan	120	Backen Ar	West Hanover	2/5/24
	David Clark	919	N. Fairville	West Hanover	2/10/24
	Jennifer Clark	919	N. Fairville	West Hanover	2/10/24
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Dauphin

2 Printed Name of Circulator JAMES SHANDERSKY

3 Signature of Circulator James Shandersky

4 Number and Street of Circulator 921 N. Fairville Ave.

5 City, Borough or Twp. West Hanover Zip Code 17112

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

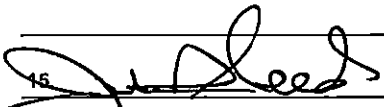
PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JEFFERY A. SMITH	1751	Stony Creek RD	MIDDLE PAXTON TWP	1/25/24
	Mary L Moyer	1641	Clarks Valley	Middle Paxton	2/10/24
	SHERILL T. MOYER	1641	" "	" "	2/10/24
	LORRENE CAMPBELL	2140	" "	" "	2/10/24
	Kimberly Condon	2124	Clarks Valley Rd	Middle Paxton	2/10/24
	Craig M. Condon	2124	Clarks Valley Rd	Middle Paxton	2/10/24
	Douglas A. Enzyer	131	Elizabeth Ave	Middle Paxton	2-10-24
	Nancy C Stammel	120	Oakwood Ave	Middle Paxton	2-10-24
	Troy W Stammel	120	Oakwood Ave	Middle Paxton	2-10-24
	Robert D. Seeds	1540	Dell's Ln	Middle Paxton	2-11-24
	Jeffrey C. Smith	540	Clarks Valley	Middle Paxton	2-11-24
	Ryan Evans	1211	Clarks Valley	Middle Paxton	2-11-24
	FRANK A. PINTO	1801	PETERS MT RD	MIDDLE PAXTON	2-11-24
	BARBARA H. PINTO	1801	PETERS MT RD	MIDDLE PAXTON	2-11-24



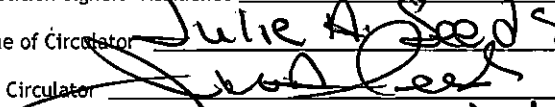
SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Julie A. Seeds	1540	Deli's Ln	Middle Paxton	8/11/24
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Dauphin
- 2 Printed Name of Circulator Julie A. Seeds
- 3 Signature of Circulator 
- 4 Number and Street of Circulator 1540 Deli's Lane
- 5 City, Borough or Twp. Middle Paxton Twp. Zip Code 17018

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Ronald L. Raker	3177	Peters mtn. Rd.	Halifax Twp.	1-23-2024
	Theresa S. Raker	3177	Peters mtn. Rd.	Halifax Twp.	1/23/24
	Carol Reed	3182	Peters mtn Rd	Halifax Twp	1-26-24
	HARRY E Reed	3182	Peters mtn Rd	Halifax Twp	1-26-2024
	BRIAN P Rummel	3183	Peters mtn Rd	Halifax Twp	1-26-24
	_____	_____	_____	_____	_____
	Rachel Corsnitz	3203	Peters mtn Rd	Halifax Twp	1-26-24
	Emily Witmer	3203	Peters mtn Rd	Halifax Twp	1-26-24
	Susan Harrold	57	5 RIVER DRIVE	Halifax Twp	1-27-24
	Maureen crum	28	Dustin Drive	Halifax Twp	1/27/24
	Jessica Buson	44	DUSTIN DR	Halifax	1-27-24
	Jordan Bruff	42	Dustin Dr.	Halifax Twp	1-27-24
	Ronald Stahlman	44	oak Ave	Halifax	1/27/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>Timothy Neith</i>	Timothy Neith	36	oan ave	Halifax	1/27/24
16. <i>Leonard K. Carroll</i>	Leonard K. Carroll	24	Galli Rd	Halifax Twp	1/27/24
17. <i>Debra L. Carroll</i>	Debra L. Carroll	24	Galli Rd	Halifax Twp	1/27/24
18. <i>EO Johnson</i>	EO Johnson	55	Galli Rd	Halifax Twp	1/27/24
19. <i>Lowell Ketcher</i>	Lowell Ketcher	60	Galli Rd	Halifax Twp	1/27/24
20. <i>Kelsey Kabonick</i>	Kelsey Kabonick	91	Lauren Ln	Halifax PA	1/27/24
21. <i>Joseph Lepore</i>	Joseph Lepore	71	Lauren	Halifax Twp	1-27-24
22. <i>Joyce Lepore</i>	Joyce Lepore	71	Lauren LA	Halifax Twp	1-27-24
23. <i>Kurt O'Brien</i>	Kurt O'Brien	18	Lauren Ln	Halifax Twp	1-27-24
24. <i>Bonnie Kabonick</i>	Bonnie Kabonick	91	Lauren Ln.	Halifax Twp	1-27-24
25. <i>Tim Wiert</i>	Tim Wiert	511	S Market St	Upper Paxton	1-27-24
26. <i>Phyllis Maurer</i>	Phyllis Maurer	44	Parmer Dr.	Halifax Twp	1-29-24
27. <i>Ronald L. Maurer</i>	Ronald L. Maurer	44	Parmer Dr	Halifax Twp	1-29-24
28. <i>Gary A. Snyder</i>	GARY A. Snyder	3164	Peters Mtn Rd	Halifax Twp	1/30/24
29. <i>Vickie Snyder</i>	Vickie Snyder	3164	Peters Mtn Rd	Halifax Twp	1-30-24
30. <i>Kayla S. Desrosiers</i>	Kayla S. Desrosiers	410B	Camphebron Rd	Halifax Twp	1-30-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Dauphin

2 Printed Name of Circulator Ronald L. Raker

3 Signature of Circulator Ronald L. Raker

4 Number and Street of Circulator 3177 Peters Mtn. Road

5 City, Borough or Twp. Halifax Twp. Zip Code 17032

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Daniel Engle	189	MARKET	Pillow	1-30-24
	MOLLY SNODDY	442	CAMP WEBER	HALIFAX	1-30-24
	Scott Snoddy	442	CAMP WEBER	HALIFAX	1-30-24
	GEORGE D. DEPPEN	46	SWESIGARD DR.	Halifax Twp	1/30/24
	SALLY TROUTMAN	52	S. RIVER RD.	HALIFAX TWP	1-30-24
	DOUGLAS E TOBIAS	70-A	HOFFMAN RD	HALIFAX	1-30-24
	Breta K. Brown	333	Hoffman	Halifax Twp	1-30-24
	Michelle Schadle	28	Mtn Rd	Halifax	1-31-24
	John Posavec Jr	116	Mountain	Halifax Twp	1-31-24
	GREGORY JOHNSON	352	Mount RD 2	Halifax Twp	1-31-24
	LINDA M JOHNSON	352	Mtn Rd	Halifax Twp	1-31-24
	Reed L. Lebo II	3741	PETERS MTN RD	HALIFAX TWP	2-1-24
	Jonathan D. Lebo	30	S 3rd St	Halifax Borough	2-1-24
	Dorothea E. Lebo	3741	Peters Mt. Rd	Halifax Twp	2-1-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>James A. Eppley</i>	James A. Eppley	63	Lehman Rd	Halifax Twp	2-2-24
16. <i>Carol L. Eppley</i>	Carol L. Eppley	63	Lehman Rd.	Halifax Twp	2-2-24
17. <i>James E. Turnbaugh</i>	JAMES E. TURNBAUGH	3715	PETERS MOUNTAIN RD	HALIFAX TWP.	2-2-24
18. <i>Susan M. Turnbaugh</i>	SUSAN M. TURNBAUGH	3715	PETERS MOUNTAIN RD	HALIFAX TWP.	2-2-24
19. <i>Andrew E. Barnes</i>	ANDREW E. BARNES	1315	ARMSTRONG VALLEY RD	HALIFAX TWP	2-2-24
20. <i>Amy L. Barnes</i>	AMY L. BARNES	1315	ARMSTRONG VALLEY RD	HALIFAX TWP	2-2-24
21. <i>Jessica L. Groch</i>	Jessica L. Groch	46013	ROCK ST	Millersburg borough	2-2-24
22. <i>Virginia Shuey</i>	Virginia Shuey	1462	Specktown Road	Gratz	2-2-24
23. <i>Steve Wilbert</i>	Steve Wilbert	487	Shillens Mill Rd	Washington	2-2-24
24. <i>Nirvan J. Geep</i>	Nirvan J. Geep	253	Snyder Rd	Jackson Twp	2-2-24
25. <i>Ray J. Deppen</i>	Ray Deppen	2535	Loyersburg Road	Lykens Twp	2-2-24
26. <i>Jacob Smucker</i>	Jacob Smucker	109	East Broad St.	Elizabethville	2-2-24
27. <i>Anna Mary Smucker</i>	Anna Mary Smucker	109	E. Broad St.	Elizabethville	2-2-24
28. <i>Grace M. Straub</i>	Grace M. Straub	468 Apt. D	Union St.	Millersburg	2-2-24
29. <i>Shirley F. Troutman</i>	Shirley F. Troutman	901	EMERALD LANE	Lower Paxton	2-2-24
30. <i>Thomas Fotel</i>	Thomas Fotel	3189	Peters Mtn. Rd.	Halifax Twp	2-3-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Dauphin
- 2 Printed Name of Circulator Ronald L. Raker
- 3 Signature of Circulator Ronald L. Raker
- 4 Number and Street of Circulator 3177 Peters Mtn. Road
- 5 City, Borough or Twp. Halifax Twp. Zip Code 17032

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	BRYAN M. FANK	3197	PETERS MTN.	HALIFAX TWP	2-3-24
	THOMAS A. SWEIGARD	130	W STONE RD	WASHINGTON TWP	2/3/24
	KEITH CROUTHAMER	125	BIBLE LANE	JACKSON TWP	2-3-24
	JASON WEAVER	201	Hershey Rd	Halifax Twp	2-3-24
	Troy Baker	221	Ice Pond	Washington	2-3-24
	Anthony Gentile	108	Belle Drive	Washington	2-3-24
	CAROL A. MEREDITH	3285	PETERS MTN. ROAD	Halifax Twp.	2-3-24
	Wesley O Stetler	3272	Peters Mtn Rd	Halifax Twp	2-3-24
	JAMES B STETLER	3272	Peters Mtn Rd	HALIFAX TWP	2-3-24
	SHARON M. STETLER	3272	PETERS MTN RD	HALIFAX TWP	2/3/24
	ROBERT J CHRISTOFF	3200	PETERS MT ROAD	HALIFAX TWP	2-3-24
	Darlene T Freeman	3149	Peters mtn Rd	Halifax Twp	2-3-24
	MICHAEL L WILLARD	3135	PETERS MTN. RD	HALIFAX TWP	2-3-24
	FAITH WILLARD	3135	PETERS MTN RD	HALIFAX TWP	2-3-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Paul Bonawitz</i>	PAUL BONAWITZ	47	MAPLE AVE	HALIFAX TWP	2-5-24
<i>Sandra L. Bonawitz</i>	Sandra L. Bonawitz	47	Maple Ave,	Halifax Twp	2/5/24
<i>Sally Weaver</i>	SALLY WEAVER	485	S. RIVER RD	HALIFAX TWP	2-5-24
<i>Donald E. Weaver</i>	DONALD E. WEAVER	485	S. River Rd	HALIFAX TWP	2-5-24
<i>Gary Enoch</i>	GARY ENOCH	388	S. River Rd	HALIFAX TWP	2-5-24
<i>Robert Baer</i>	ROBERT BAER	33	Parmer	Halifax TWP	2-5-24
<i>Kathy Ridge</i>	Kathy Ridge	276B	Petaluma Rd	Halifax Twp	2-6-24
<i>Melinda O'Brien</i>	MELINDA O'BRIEN	18	Lauren	Halifax Twp	2/6/24
<i>Janine Schwalm</i>	JANINE SCHWALM	55	Lauren	Halifax Twp	2-6-24
<i>Brendy Lee</i>	BRENDY LEE	2779	Parmer	HALIFAX	2-2-24
<i>Dina Buffington</i>	DINA BUFFINGTON	703	Metamoras	Halifax	2-6-24
<i>Keith Buffington</i>	KEITH BUFFINGTON	703	Metamoras	HALIFAX	2-6-24
<i>Bonita Freeman</i>	BONITA FREEMAN	1073	Camp Hebron Rd.	Halifax Twp	2-6-24
<i>Doris M. Rode</i>	DORIS M. RODE	1038	Camp Hebron Road	Halifax Twp	2-6-24
<i>Ronald L. Rode</i>	RONALD L. RODE	1038	CAMP HEBRON RD	HALIFAX TWP	2/6/24
<i>David Anthony</i>	DAVID ANTHONY	16	HILL DR	HALIFAX TWP	2/6/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Dauphin
- 2 Printed Name of Circulator Ronald L. Raker
- 3 Signature of Circulator Ronald L. Raker
- 4 Number and Street of Circulator 3177 Peters Mtn. Road
- 5 City, Borough or Twp. Halifax Twp. Zip Code 17032

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Janene Miller	21	Hill Dr	Halifax Twp	2/6/24
	Donald Miller	21	Hill Dr	Halifax Twp	2-6-24
	Carol Malone	28	Hill Dr.	Halifax Twp	2-6-24
	Franke Titus	52	Hill Dr	Halifax	2-6-24
	Linda Titus	52	Hill Dr	Halifax	2/6/24
	Lynda MANNING	55	Hill Dr	HALIFAX	2-6-24
	JAMES ETZWELL	65	Hill Dr	Halifax	2-6-24
	RONALD MANNING	55	Hill Dr	Halifax	2-6-24
	WILLIAM R DAMER	415	BERRY HILL RD	Lower Paxton Twp, PA	2-7-24
	NORMA Woods	427	Berryhill	Lower Paxton	2-7-24
	Charlene Cuddy	314	Berryhill	Lower Paxton	2/7/24
	Tara S Cuddy	248	Plumet View	Seaton	2/7/24
	Sherry Probst	3941	Concord St.	Lower Paxton	2-7-24
	RICHARD A Probst	3941	Concord	Lower Paxton	2-7-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. J.C. Rubendall	DOUGLAS RUBENDALL	216	KALKER RD	UPPER PAXTON	2/8/24
16. Susan P Rubendall	Susan Rubendall	216	Kalker Rd	Upper Paxton	2/8/24
17. Esther L Kitchin	Esther L. Kitchin	337	Grange Hall Rd	Upper Paxton	2/8/24
18. Steve Allman	Steve Allman	365	Grange Hall Rd	Upper Paxton	2/8/24
19. Dawn M. Silks	Dawn M. Silks	383	Grange Hall Rd	Upper Paxton	2/8/24
20. CHESTER C SILKS	CHESTER C. SILKS	383	Grange Hall Rd	Upper Paxton	2/8/24
21. Megan Simpkins	Megan Simpkins	990	Klinger Rd.	Upper Paxton	2/8/24
22. Jason Simpkins	Jason Simpkins	990	Klinger Rd	Upper Paxton	2/8/24
23. Dianna Simpkins	Dianna Simpkins	990	Klinger Rd.	Upper Paxton	2/8/24
24. Neal Miller	Neal Miller	322	Union St.	Millersburg	2/8/24
25. Tawney Miller	Tawney Miller	322	Union St.	Millersburg	2/8/24
26. Judy Wilson	Judy Wilson	201	W. Mkt. St.	Williamstown	2/8/24
27. Fred Bednar	FRED BEDNAR	42	LAUREN LN ARMSTRONG VLY RD.	HALIFAX	2/9/24
28. Rusty L Smith	RUSTY L SMITH	2765	R Broad	JACKSON	2/01/24
29. Timothy W Waters	Timothy W Waters	337	R Broad	Williams	2/9/24
30. Charen Waters	Charen Waters	337	E Broad	Williams	2/9/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Dauphin

2 Printed Name of Circulator Ronald L. Raker

3 Signature of Circulator Ronald L. Raker

4 Number and Street of Circulator 3177 Peters Mtn. Road

5 City, Borough or Twp. Halifax Twp. Zip Code 17032

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
1. <i>Joseph Brady</i>	JOSEPH BRADY	403	CENTER ST	MILLERSBURG	2/9/24
2. <i>[Signature]</i>	michael waters	764	main st	Lykens	2/9/24
3. <i>Michelle Shutt</i>	Michelle Shutt	768	main st	Lykens	2/9/24
4. <i>Jennifer Fey</i>	Jennifer Fey	3080	Peterswood Rd	Halifax	2/9/24
5. <i>Alan</i>	Alan D Bowman	262	RACE ST	Millersburg	2/9/24
6. <i>Sandra Bowman</i>	Sandra Bowman	762	RACE ST	Millersburg	2-9-24
7. <i>Jeanne Stine</i>	Jeanne Stine	600	N 2nd St	Lykens	2-9-24
8. <i>Jim Stine</i>	JIM STINE	660	N, 2nd St	Lykens PA	2-9-24
9. <i>Daniel Schreiber</i>	Daniel Schreiber	764	union st.	Millersburg	2-9-24
10. <i>John Luzik</i>	John Luzik	368-C	S. River Rd	Halifax Twp	2-9-24
11. <i>J. Charles Bechtel</i>	J. Charles Bechtel	650	Powells ^{WY RD}	HALIFAX TWP	2-9-24
12. <i>Kerry E Teter</i>	Kerry E Teter	327	Bechtel Rd	WCONASCOTWP	2-9-24
13. <i>Scott Corsnitz</i>	SCOTT CORSNITZ	37	MADAMANS RD	HALIFAX TWP	2-9-24
14. <i>Bruce Corsnitz</i>	Bruce Corsnitz	37	MADAMANS RD	Halifax Twp	2-9-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Karen Allemann</i>	KAREN ALLEMAN	112	Kinsinger Road	Halifax Twp	2-9-24
<i>Gerald R. Deming</i>	Gerald R Deming	727	Wilhelm Rd	Susq. Wp	2/10/24
<i>Kathleen Baylor</i>	Kathleen Baylor	729	Wilhelm Rd	Susq Twp	2/10/24
<i>Kasie Smith</i>	Kasie Smith	912	Wilhelm Rd	Susquehanna	2/10/24
<i>Ronald Sharp</i>	RONALD SHARP	919	Wilhelm Rd	Susquehanna	2/10/24
<i>Lisa Da Costa</i>	Lisa Da Costa	1004	Wilhelm	Susq	2/10/24
<i>Mike Leonard</i>	MIKE LEONARD	413	Latschmere	Susquehanna	2/10/24
<i>Kathy Leonard</i>	Kathy Leonard	413	Latschmere	Susquehanna	2/10/24

STATEMENT OF CIRCULATOR:

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Dauphin

2 Printed Name of Circulator Ronald L. Raker

3 Signature of Circulator Ronald L. Raker

4 Number and Street of Circulator 3177 Peters Mtn. Road

5 City, Borough or Twp. Halifax Twp. Zip Code 17032

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Jeffrey Leimer	4485	Nantucket ^{Dr} Rd	Lower Paxton	01/27/24
	Ann M Leimer	4485	NANTUCKET ROAD	LOWER PAXTON	1/30/24
	Stephanie A. Smith	1301	Quail Hollow Rd	Lower Paxton	2/7/24
	Gary E Smith	1301	Quail Hollow Rd	Lower Paxton	2-7-24
	Kennel J Rollins	4484	Nantucket Rd	Lower Paxton	2/7/24
	Shannon Rollins	4484	Nantucket Rd	Lower Paxton	2-7-24
	Zachary Rollins	4484	Nantucket Rd	Lower Paxton	2/7/24
	LINDA Smeltz	1325	QUAIL Hollow Rd	Lower Paxton	2-8-24
	Charles Smeltz	1325	Quail Hollow Rd	Lower Paxton	2-8-24
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Dauphin

2 Printed Name of Circulator Jeffrey S Leiner

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 4485 Nantuxet RD

5 City, Borough or Twp. Lower Paxton Zip Code 17112

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Peter A. Gleason	2362	Pullman Rd	Kimmelstown	1-25-2024
	Mark Whitmer	103	Wolant Rd	Dauphin	1/29/24
	Howard Whitmer	132	Raspberry	P. Low Boro	2/9/24
	Kenneth L. Koons	2066	Reservoir Rd	Loudonderry	2/9/24
	Dennis Shaffer	181	Bolthouse	Gratz	2/9/24
	Cheryl Bell	27	Robin Circle	Halifax Pa	2/7/24
	Suzanne Hoy	601	Southard St	HALIFAX PA	2/9/24
	DOROTHY KENNE	316	RT 55	MILLERSBURG	2-9-24
	Karen Waters	337	EBroad	Williams	2/9/24
	EUGENE YUSKYM	403	PAIL ROAD	Wiconisco	2/9/24
	Karen Waters	3			
	Denise Brown	540	Mill Rd	Mifflin	2/9/24
	Lavern Brown Jr	54	MILL RD	MIFFLIN	2/9/24
	Paula Schadel	201	N. 2nd St.	Gratz	2/9/24

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
15.	<i>Cynthia J Sturt</i>	Cynthia J Sturt	139	mt View Rd	Washington Twp	2/9/24
16.	<i>Cynthia Goff</i>	Cynthia Goff	471	Crooked Hill	Hammertown	2-9-24
17.	<i>Laveane Brown</i>	LAVEANE BROWN	4915	RT 209	Washington Twp	2-19/24
18.	<i>Steven L Secor</i>	Steven L Secor	109	S 2nd St	Lykens	09 Feb 24
19.	<i>Kimberly Dagen</i>	Kimberly Dagen	190	190	Washington Twp	2/9/24
20.	<i>Gwendolyn Parson</i>	Gwendolyn Parson	161	Long	Washington	2/9/24
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Dauphin
- 2 Printed Name of Circulator Cindy Brown
- 3 Signature of Circulator *Cindy Brown*
- 4 Number and Street of Circulator 4915 RT 209
- 5 City, Borough or Twp. Washington Twp Zip Code 17023

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	MARSKA ORD	4420	MARS AVE	LOWER PAXTON	1-30-24
	Diane Pattison	309	Prince St	Lower Paxton	1-30-24
	Dorothy M. Christian	5227	Creekwood Dr	Lower Paxton	2-2-24
	Eula Henry	5215	Crestwood Dr	Lower Paxton	2-2-24
	JAMIE MYER	4416	MARS AVE	LOWER PAXTON	2-7-24
	LINDA ROMBERGER	4435	MARS AVE	LOWER PAXTON	2-7-24
	CHARLES UDITT	4065	GRAYSTONE DR	LOWER PAXTON	2-7-24
	Ann UDITT	4065	Graystone Dr	Lower Paxton	2-7-24
	WENDY WHEATON	630	Mania Dr	Lower Paxton	2-8-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1. County of Petition Signers' Residence: DAUPHIN
- 2. Printed Name of Circulator: MARSHA ORD
- 3. Signature of Circulator: Marsha Ord
- 4. Number and Street of Circulator: 4420 MARS AVE
- 5. City, Borough or Twp. LOWER PAXTON TWP. Zip Code 17112

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Jaime L. Underkoffe	355	Elizabeth St	Williamsport	2-10-24
	EUGENIA ANIBALA	416	Elizabeth St	Williamsport	2/10/24
	MICHAEL L. WENATCH	506	Julian St	Williamstown	2/10/24
	Jennifer Miller	81	Belmont Rd	Hummelstown	2/10/24
	Brian Finch	A38	Julian St	Williamstown	2/10/24
	Tori L Reed	320	Julian St	Williamstown	2/10/24
	Steve Reed	320	Julian St	Williamstown	2/10/24
	Christopher D. Stroup	124	Water St	Williamstown	2/10/24
	Adriane Bergey	125	Water St.	Williamstown	2/10/24
	Brooke Bergey	125	Water St	Williamstown	2/10/24
	Tab Bergey	125	Water St	Williamstown	2-11-24
	Howard Frenya	153	West	William	2-10-24
	Wanda Frenya	153	West St	Wmt	2-10-24
	David Leach	138	W Broad St	Wmt	2/10/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	KATHLEEN E. D'AGOSTINO	341	ELIZABETHA	WILLIAMSTOWN	2/10/24
	JOSEPH P. D'AGOSTINO	341	ELIZABETHA	WILLIAMSTOWN	2-11-24
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence DARWIN
- 2 Printed Name of Circulator JOSEPH P. D'AGOSTINO
- 3 Signature of Circulator
- 4 Number and Street of Circulator 341 ELIZABETHA ST.
- 5 City, Borough or Twp. WILLIAMSTOWN Zip Code 17898

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Charles E Erdner Jr.	1853	Creek View Dr	East Hanover	1/25/24
	Sage D Erdman	1853	Creek View Dr	East Hanover	1/25/24
	Charles Erdman III	1853	Creek View Dr	East Hanover	1/28/24
	Camille Fritz	1809	Boxwood Cv	East Hanover	2/4/24
	Mack Fritz	1809	Boxwood Cv.	EAST HANOVER	2/4/24
	Nick Aragon	1889	creekview Dr	East Hanover	2/4/24
	Eliseban Aragon	1889	Creek View	East Hanover	2/4/24
	Bradley Watkins	1888	Creek View	East Hanover	2/4/24
	Danielle Watkins	1888	Creek View	East Hanover	2/4/24
	Eric Tucker	1801	JL Horner Dr	East Hanover	2/4/24
	Dan Anspach	1804	Spartanburg Ave	East Hanover	2/4/24
	Jill Peltzer	1817	Creek View	E. Hanover	2/4/24
	Robert T. Roffet	1865	Creek View Dr	E. Hanover	2/4/24
	Kelly A Sharp	1865	Creek View Dr	E. Hanover	2/4/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Stacy L. Erdman</i>	Stacy L. Erdman	1853	Creek View Dr	E. Hanover	2/4/24
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Dauphin
- 2 Printed Name of Circulator Charles E. Erdman Jr.
- 3 Signature of Circulator *Charles E. Erdman Jr.*
- 4 Number and Street of Circulator 1853 Creek View Dr
- 5 City, Borough or Twp. East Hanover Twp Zip Code 17078

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Michael Sprow	116	Millwood Drive	Susquehanna Twp.	1/28/24
	Shannon Sprow	114	Millwood Dr.	Susquehanna	1/29/24
	Sarah Phillips	5355	Wilshire Rd.	Lower Paxton	1/29/24
	Chelsea A. Robbins	711	Cypress Dr.	Middle Paxton Twp.	2/1/24
	MATTHEWS. BONANNO	3325	Jonagold Dr.	Susquehanna Twp.	2/3/24
	Lindsay Bonanno	3325	Jonagold Dr.	Susquehanna Twp.	2/3/24
	Lindsay Bonanno	3325	Jonagold Dr.	Susquehanna	2/3/24
	Dave Shadle	3604	Quarry Dr.	Susquehanna	2/4/24
	Barbara Shadle	3604	Quarry Dr.	Susquehanna	2/4/24
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Dauphin

2 Printed Name of Circulator Michael Sprow

3 Signature of Circulator *Michael Sprow*

4 Number and Street of Circulator 116 Millwood Drive

5 City, Borough or Twp. Gugquehanna Zip Code 17110

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	KAREN E. SNAVELY	437	Linden	Middletown	1-27-24
	TY M. SNAVELY	437	LINGEN	MIDDLETOWN	1/27/24
	JOAN SCARDINO	696	STOVERDALE RD	HUMMELSTOWN	1/27/24
	CONSTANCE MAGUIRE	439	O'Leary Rd	Duncannon	1/27/24
	KEN SCARDINO	696	STOVERDALE RD	HUMMELSTOWN	1-27-24
	LAURA CULLISON	0450	GIALLO RD	LOWER PAXTON	1-28-24
	Kevin R. Helm	4505	Furgreche Rd	Susquehanna	1-28-24
	Joshua Armour	4900	Colorado	Lower Paxton	1/28/2024
	Christopher F. Wilson	1131	Elizabeth Court	Lower Paxton	1/28/2024
	Jill S. Vecchio	1634	Buckingham Rd	Lower Paxton	1/28/24
	Candace Meek	2429	Garnison	Susquehanna	1-30-24
	Sandra L. Krewsky	3500	Green St.	Susquehanna Twp.	1-30-24
	Gerald Angelo Sr	531	W 2nd	Hummelstown	1-30-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Deanna Zugay	1253	Stonegate	Derry	1-30-24
	James A. Zugay	1253	Stonegate	Derry	1-30-24
	JOHN LOTWICK	109	RENSBURG	HUMMELSTOWN	1-31-24
	Cathy Lotwick	109	RENSBURG	HUMMELSTOWN	1-31-24
	John Zekewich	1224	Stonegate	Derry	2-10-24
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence DAUPHIN

2 Printed Name of Circulator James M. Zugay

3 Signature of Circulator

4 Number and Street of Circulator 1253 Stonegate Blvd.

5 City, Borough or Twp. Derry Zip Code 17036

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	DAVID S. ROERING	54	Sweet Acres	Hummelstown	1/3/24
	NANCY ROERING	54	Sweet Acres	Hummelstown	2/1/24
	Brian Foster	286	East Main St	Hummelstown	2/9/2024
	BETH A. ALL	420	ROYAL ST	HUMMELSTOWN	2/9/24
	HEATHER S. NELSON	224	ROKONO AVE	HUMMELSTOWN	2/9/24
	John A. Kerschner	5914	Palme Dr	Lower Merion	2/10/24
	JOHN KERSCHNER	6802	CLARKSON DR	Lower Merion	2/9/24
	JOHN BACON	948	Sycamore	East Hanover	2/10/24
	LARRY JONES	3201	PARK RD.	SUSQ TWP	2/10/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence DAUPHIN

2 Printed Name of Circulator DAVID S. ROETZIG

3 Signature of Circulator David S. Roetzig

4 Number and Street of Circulator 54 SWEET ARROW DRIVE

5 City, Borough or Twp. Hammelsburg Zip Code 17036

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	D. Denise Van Bavel	500	Hunt View Rd	Hummelstown	1/27/24
	Phyllis S. Moroney	2849	VISTA EIR	CAMP HILL	1/27/24
	ANDREW J. NOON	4443	WOODCREEK DR	ELIZABETHTOWN	2/21/24
	William F Findlay	2110	CAREY WAY	HUMMELSTOWN	2/4/24
	AMY KETT	257	FOX GROVE PL	HUMMELSTOWN	2/4/24
	Rogers McNeill	300	Park	Hummelstown	2/5/24
	David I Fullerton JR	215	N. Water	Hummelstown	2-5-24
	Richard J Fanning Jr	306	Pine	Hummelstown	2-5-24
	Riley Fanning	306	Pine st	Hummelstown	2-5-24
	Molly McDonald	213	Fox Grove Pl.	Hummelstown	2/6/24
	Timothy McDonald	213	Fox Grove Pl.	Hummelstown	02/06/2024
	David E. Wille	289	Dobwood DR	Hummelstown	02-08-2024
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Dauphin

2 Printed Name of Circulator Phyllis Denise VanBuren

3 Signature of Circulator Phyllis D. VanBuren

4 Number and Street of Circulator 500 Hawk View Rd.

5 City, Borough or Twp. Hummelstown Zip Code 17036

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	KATHLEEN E. NOELL	560	MARLBOROUGH AVE	SWATARA	2-4-24
	KORA BEATTY	661	CAMBRIA	SWATARA	2-4-24
	JAMES E. CHANDLER	65	OAK TREE RD.	SOUTH HAMBURG	2-5-24
	DAVID V. DUNCAN	7577	MORNINGSTAR AVE	WEST HANOVER TWP	2/7/24
	JOEL L. BRADY	4070	SWATARA DR	SWATARA	02/07/24
	CHARLES F. BRADY	4070	SWATARA DR	SWATARA TWP	02/07/24
	GEORGE P. MILAKOVIC	640	CAMBRIA AVE	SWATARA	02/10/24
	DEBORAH MILAKOVIC	640	CAMBRIA AVE	SWATARA	02/10/24
	ROBIN FETTEIGER	7201	BUCKS	SWATARA	2/10/24
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Dauphin
- 2 Printed Name of Circulator George P. Milakovic
- 3 Signature of Circulator *George P. Milakovic*
- 4 Number and Street of Circulator 640 Cambria Ave.
- 5 City, Borough or Twp. Swatara Zip Code 17111

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Doe Lynn Barry	8613	Haslynn	Swatara	2-6-24
	Steve Barry	8613	HASLYNN	SWATARA	2/8/24
	Stan Zimmerman	518	Sweetbark Dr	Swatara	2/8/24
	Amy L Zimmerman	518	Sweetbark Dr	Swatara	2/8/2024
	Susan L Brubaker	235	Stafford	Swatara	2/8/2024
	DARYL BRUBAKER	235	STAFFORD	SWATARA	2/8/24
	Susan M Lloyd	6931	CHATHAM	SWATARA	2/9/24
	PAUL E. LLOYD	6931	Chatham	SWATARA	2/9/24
	STEVEN C COSTELLO	8656	Presidents	Swatara	2-9-24
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Dauphin

2 Printed Name of Circulator DORI LYNN BARRY

3 Signature of Circulator Dori Lynn Barry

4 Number and Street of Circulator 8613 Haslynn

5 City, Borough or Twp. Swatara Zip Code 17036

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	TERRY S. HARRIS	1415	STATE ROUTE 209	UPPER PAXTON TOWNSHIP	2/5/24
	DAVE ARMOUR	1429	Rt. 209	UPPER PAXTON TWP.	2-8-24
	DENNIS BOWMAN	103	ADAMS LANE	UPPER PAXTON TWP.	2-8-24
	MARGARET A. BOWMAN	103	ADAMS LANE	UPPER PAXTON TWP.	2/8/24
	Diane Hammaker	1228	Rt 209	UPPER PAXTON TWP.	2/8/24
	Donald P. Harris	1415	State route 209	Upper Paxton Twp	2/10/24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence DAUPHIN COUNTY
- 2 Printed Name of Circulator DONALD P. HARRIS
- 3 Signature of Circulator *[Signature]*
- 4 Number and Street of Circulator 1415 STATE ROUTE 209
- 5 City, Borough or Twp. UPPER PAXTON TOWNSHIP Zip Code 17061

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	G. SCOTT McQUINN	45	STEPHANIA	LONDONDERRY	1-31-24
	Mary M. McQuinn	45	Stephanie	Londonderry	1-31-24
	Michelle Goppert	5	CAROL CIR	LONDONDERRY	1-31-24
	Rick Goppert	5	CAROL CIR	LONDONDERRY	1-31-24
	Jack Raudenbush	37	Stephanie Dr	Londonderry	1/31/24
	Jodi A. Raudenbush	37	Stephanie Dr	Londonderry	1/31/24
	James M. Raudenbush	57	Parmer Pr.	Halifax	2-1-24
	Janet L. Fake	126	Sparrow Rd	S. Hanover Twp	2-1-24
	Cheryl Raudenbush	57	Parmer Dr	Halifax	2-1-24
	TIMOTHY C. FAKE	126	SPARROW RD	S. HANOVER TWP	2/1/24
	Brent Raudenbush	5575	Edsel St	Lower Paxton	2/5/24
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Dauphin
 2 Printed Name of Circulator Jodi A. Baudembush
 3 Signature of Circulator [Signature]
 4 Number and Street of Circulator 37 Stephania Drive
 5 City, Borough or Twp. Londonderry Twp Zip Code 17057

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	EUGENE J. NIDEMAN	4617	TARBETH RD	LOWER PAXTON TWP	2/2/24
	Kevin L. Suttin	4702	Danbury	Lower Paxton	2-2-24
	Marie Dutton	5702	Danbury	Lower Paxton	2/4/24
	Linda Hansen	4620	Danbury Rd	Lower Paxton	2.4.24
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence DAUPHIN
- 2 Printed Name of Circulator ALLAN A HANSEN
- 3 Signature of Circulator *Allan A Hansen*
- 4 Number and Street of Circulator 4670 DANBURY RD
- 5 City, Borough or Twp. LOWER MERION TWP Zip Code 17100

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district, set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	J. DANIEL MOSEL	120	LITCHFIELD RD	LOWER PAXTON TWP	1-23-24
	Barbara E. Mosel	120	Litchfield Rd	Lower Paxton Twp	1-23-24
	Ellen Juraskey	7044	Woodsmen	Swatara	1-23-24
	M Linda McCloskey	301	600 Yale	Swatara	1-23-24
	MELISSA PERRY-HILDEBRAND	590	61st Street	Swatara	1.23.24
	Kenneth M. Collum	301	600 YALE	SWATARA	1/23/24
	Kenneth M. Collum	6470	Conway Rd.	Lower Paxton	1/23/24
	George C Glendening	5728	Cloverdale Rd	Lower Paxton	1/23/24
	ROBERT H. THOMAS JR	6600	PARKWAY EAST	Lower Paxton	1-23-24
	Renee Bessinger	5113	Lake Dr	Lower Paxton	1-23-24
	Richard A. Mazzanti	2312	Scarsborough Dr	Lower Paxton	1-23-24
	Kenneth M. Stambaugh	1696	BRITANNIA CT	Lower Paxton	1-23-24
	Kay L Glendening	5728	Cloverdale Road	Lower Paxton	1-24-24
	Sabrina Young	42	Thompson St	Lower Paxton	1-24-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Allan A. Hansen</i>	ALLAN A HANSEN	4620	DANDURYP RD	LOWER PAXTON	1-24-24
<i>Janet Hansen</i>	JANET HANSEN	4620	DANDURY RD	LOWER PAXTON	1-25-24
<i>Luke Flanagan</i>	Luke Flanagan	2401	Paxton Rd	Lower Paxton	1-26-24
<i>Everyl Meckes</i>	Everyl Meckes	6061	Linghtwood Rd	Lower Paxton	1-26-24
<i>Kurt S Meckes</i>	Kurt S Meckes	6061	Linghtwood Rd	Lower Paxton	1-26-24
<i>Keith Bowmar</i>	Keith Bowmar	116	Batchelder Rd	Lower Paxton	1/26/24
<i>Stephen Miller</i>	Stephen Miller	29	Arden St	Lower Paxton	1-26-24
<i>Nancy A. Miller</i>	Nancy A. Miller	29	Arlene St	Lower Paxton	1/26/24
<i>Jane A. Klugiewicz</i>	Jane A Klugiewicz	4610	Coventry Rd	Lower Paxton	1/26/24
<i>Robert J. Klugiewicz</i>	Robert J. Klugiewicz	4610	Coventry Rd	Lower Paxton	1/26/24
<i>Bron L. Hantz</i>	Bron L Hantz	109	Litchfield Rd	Lower Paxton	1/26/24
<i>Kelley Hantz</i>	Kelley Hantz	109	Litchfield Rd	Lower Paxton	1/26/24
<i>John P. Euten</i>	JOHN P EUTEN	133	LITCHFIELD RD	LOWER PAXTON	1/26/24
<i>Edward T. Paudovic</i>	Edward T. Paudovic	131	Litchfield Rd	LOWER PAXTON	2-1-24
<i>Mary A. Paudovic</i>	Mary A Paudovic	131	Litchfield Rd	Lower Paxton	2-1-24
<i>Gerald J. Hopple</i>	GERALD J. HOPPLE	1009	TOPVIEW DRIVE	LOWER PAXTON	2-1-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence DAUPHIN COUNTY

2 Printed Name of Circulator J. DANIEL MOSEL

3 Signature of Circulator *J. Daniel Mosel*

4 Number and Street of Circulator 120 LITCHFIELD ROAD, HARRISBURG, PA

5 City, Borough or Twp. LOWER PAXTON TOWNSHIP Zip Code 17112

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	John Hentes Jr	2705	BUTLER ST	PENNBROOK	1-29-24
	Pamela JONES	2811	Pin Oak dr	Lower Paxton	1-29-2024
	NOEL TROIKE	2707	BUTLER ST.	PENNBROOK	1/31/24
	CHRISTINE TROIKE	5787	BUTLER ST	PENNBROOK	1/31/24
	Richard Boardman	4302	Meadowcreek	Lower Paxton	2/5/24
	Neil T Raup	4166	Wimbledon	Lower Paxton	2/5/24
	Kenneth R Mangal	6415	WHISPER WOOD LA	Lower Paxton	2-5-24
	John H. Brauch	409 AS	Steele	Lower Paxton	2-5-24
	Mitchell Mensch	6561	Windmere	Lower Paxton	2/5/24
	RONALD S MARSICO	4320	Crestview Rd	Lower Paxton	2/5/24
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Dauphin

2 Printed Name of Circulator John Hanger Jr

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 2705 Butler St

5 City, Borough or Twp. Penbrook Zip Code 17103

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Marilyn Dawling</i>	MARILYN DAWLING	2132	SYCAMORE DRIVE	LOWER PAXTON TWP	1/28/24
<i>Don Pezzuti</i>	Don Pezzuti	2131	SYCAMORE DR	Lower Paxton Twp	1/28/24
<i>Andrew A. Bailey</i>	Andrew A. Bailey	2134	Sycamore DR	Lower Paxton Twp	1/28/24
<i>Michael R. Bailey</i>	Michael R. Bailey	2134	Sycamore St	Lower Paxton Twp	1-28-24
<i>Molly Thompson</i>	Molly Thompson	2093	FAIRWAY LN	Lower Paxton Twp	1-28-24
<i>William Thompson</i>	William Thompson	2093	Fairway Ln	Lower Paxton Twp	1-28/24
<i>Michael A. Carra</i>	MICHAEL A. CARRA	2258	Sycamore	Lower Paxton	1-28/24
<i>Robert Bickenda</i>	ROBERT BICKENDA	1902	NEW HAVEN RD	SUSQUEHANNA	1-27-24
<i>Janet Hoover</i>	Janet Hoover	6018	Union Tunnel Dr	Lower Paxton	1-29-24
<i>Renele Buchenauer</i>	Renele Buchenauer	48	BANBURY RD	SHARON TWP	1-31-24
<i>John Buchenauer</i>	John Buchenauer	48	BANBURY RD	S. Sharon Twp	1/31/24
<i>Doris Archinatsky</i>	Doris ARCHINATSKY	2108	Sycamore	Lower PAXTON	1-31/24
<i>Ray Archinatsky</i>	RAY ARCHINATSKY	2108	Sycamore	Lower PAXTON	1/31/24
<i>Karen F. Miller</i>	Karen F. Miller	4424	Avon Drive	Lower Paxton	2/1/2024



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Sandra Bloom</i>	SANDRA Bloom	1029	Wooded Pond DR	Lower Paxton	2/1/2024
<i>Therese L. Kenley</i>	Therese L. Kenley	3805	Bonnybrook Rd	Susquehanna Twp	2/1/2024
<i>Elise K. Melle</i>	Elise K. Melle	3410	BRICKSIDE DR	SUSQUEHANNA TWP	2/1/2024
<i>Robin L. Lindsey</i>	Robin L. Lindsey	6024	Overbrook	Lower Paxton	2/1/2024
<i>Mary T. Gurski</i>	Mary T. Gurski	666	Powell's Valley Rd	Hannover	2/1/24
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Dauphin
- 2 Printed Name of Circulator MARILYN DAWLING
- 3 Signature of Circulator *Marilyn Dawling*
- 4 Number and Street of Circulator 2132 Sycamore Dr.
- 5 City, Borough or Twp. Lower Paxton Twp. Zip Code 17112

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN-22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Michael D. I. Siget</i>	Michael D. I. Siget	2094	Fairway Ln	Lower Paxton Twp	1-31-24
<i>Debra Carl</i>	Debra Carl	85	Meadow Run Pl	West Hanover	1-31-24
<i>Mary Barrows</i>	Mary Barrows	137	Barnwood	West Hanover	2-1-24
<i>Nora F. Peck</i>	NORA F. PECK	84	Meadow Run Pl	West Hanover	2-3-24
<i>Melodee K Rohrbach</i>	WALLACE K ROHRBACH	83	Meadow Run Pl	West Hanover	2-3-24
<i>Doris Rohrbach</i>	Doris Rohrbach	83	Meadow Run	West Hanover	2-3-24
<i>Helen Marriott</i>	HELEN MARRIOTT	82	Meadow Run	WEST HANOVER	2-3-24
<i>Dore P. Smith</i>	Dore P. Smith	78	Meadow Run Pl	West Hanover	2/3/24
<i>Michael E. Smith</i>	Michael E. Smith	78	MEADOW Run Pl	WEST-HANOVER Twp	2/3/24
<i>Marilyn Short</i>	MARILYN SHORT	31	Meadow Run Pl	West Hanover	2/3/24
<i>Erzas Short</i>	ERZAS SHORT	31	Meadow Run Pl	West Hanover	2/3/24
<i>Charles W. Sage</i>	CHARLES W. SAGE	61	Meadow Run Pl	West Hanover	2/3/24
<i>Daniel M. Buffington</i>	DANIEL M. BUFFINGTON	4900	Court St	LOWER PAXTON	2/3/24
<i>Katherine M. Buffington</i>	KATHERINE M. BUFFINGTON	4900	Court St	LOWER PAXTON	2/3/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Nancy Hobenshell</i>	Nancy Hobenshell	2080	Ear View	LPT	2/3/24
<i>George W. Hobenshell</i>	GEORGE W. HOBENSHELL	2283	EAR VIEW DRIVE	Lower PAXBU	2/3/24
<i>Lyndal Kerr</i>	Lyndal Kerr	54	Meadow Run PLACE	West Hanover	2/2/24
<i>Patricia A. Mull</i>	PATRICIA A. MULL	60	MEADOW Run PL.	WEST HANOVER	2/4/2024
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Dauphin
- 2 Printed Name of Circulator Debra Carl
- 3 Signature of Circulator Debra Carl
- 4 Number and Street of Circulator 85 Meadow Run Place
- 5 City, Borough or Twp. West Hanover Zip Code 17112

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	KEITH E MURRAY	3811	Hillcrest Blvd	Susquehanna	1/20/24
	Joan Marie Staznik	3815	Hillcrest Rd	Susquehanna	1-27-24
	GABRIELI STAZNIK	3815	HILLCREST RD	SUSQUEHANNA	1-27-24
	Kira R Fife	3817	Hillcrest Rd	Susquehanna Twp. Harrisburg	1/28/24
	Jesse Bock	3817	HILLCREST RD	SUSQ TWP	1/29/24
	Gail A Murray	3811	Hillcrest Rd	Susq. Twp	1/28/24
	BRUCE J. SARTESCHI	202	NORTH 38 th ST	SUSQUEHANNA	1/31/24
	DOROTHEA J SARTESCHI	202	NORTH 38 th ST	SUSQ TWP	1/31/24
	Vanessa Bohrer	5524	Lehigh Ave	Lower Art	2/2/24
	Kenneth C. McLaughlin	3840	Cloudfield Rd	Susq. Twp.	2/3/24
	STEVEN HINKK	3403	Brookside	Harrisburg	2/4/24
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Dauphin

2 Printed Name of Circulator Keith E Mummy

3 Signature of Circulator *Keith E Mummy*

4 Number and Street of Circulator 3811 Hillcrest Road

5 City, Borough or Twp. Susquehanna Twp Zip Code 17109

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.



NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Michael Lucas	173	Amador	East Hanover Twp	1/4/24
	Edouard Costin	1439	Shagel Road	Lower Paxton	2/4/24
	Dylan Krause	910A	280th St	Swatara Twp	2/4/24
	Karen Turner	1250	Woodridge Dr	Lower Swatara	2/4/24
	Stephanie Hege	1755	Grove St	Derry Twp	2/4/24
	Christina Herma	233	5.13th St	Harrisburg	2/4/24
	John M. Turner	1250	Woodridge Dr	Lower Swatara	2/4/24
	Scott Kennedy	900	Orchard Dr	Swatara	2/4/24
	Karmen Kennedy	900	Orchard Dr	Swatara	2/4/24
	Jeffrey Shade	143	Rampers Rd	Washington Twp	2/4/24
	Mariette Paré	4509	Berkley St	Lower Paxton	2/4/24
	ANDRE PARÉ	4509	Berkley St	Lower Paxton	2-4-24
	Abby Aikness	7175	Sterling Rd	W Hanover	2-4-24
	Ben Evenson	777	Sterling Rd	W Hanover	2-4-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JAMES ABILDNESS	7173	STERLING RD	WEST HANOVER	2/4/24
	Carol Lehman	2nd fl	19 W H St	Hummelstown	2/4/24
	David Gracen	1940	N 5th St	Harrisburg	2-4-24
	Daniel Graces	114	N Union St	Middletown	2/4/24
	Ingrid X Castanon	143a	Coburn Rd	Lower Paxton	2/4/24
	Debra Stafford	633	Lancaster Ave	Lower Paxton	2/5/24
	Bob Stafford	633	Lancaster Ave	Lower Paxton	2-5-24
	Seth Reichley	5882	Fox St.	Lower Paxton	2/5/24
	Briana Reichley	5882	Fox St.	Lower Paxton	2/5/24
	Judy Reichley	480	Blue Mt. Parkway	Middle Paxton	2/5/24
	George Reichley	480	Blue Mountain Parkway	Middle Paxton	2-5-24
	Evan Reichley	102	Ashwood way	Lower Paxton	2/5/24
	Lari D Shroy	102	Ashwood way	Lower Paxton	2/5/24
	Lal D Shroy	510	Blue mtn Parkway	Middle Paxton	2-5-24
	Sandra K Shroy	510	Blue mtn Parkway	Middle Paxton	2-5-24
	Jeremy Reichert	500	Blue Mt Parkway	MIDDLE PAXTON	2-5-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Dauphin

2 Printed Name of Circulator Evan Reichley

3 Signature of Circulator

4 Number and Street of Circulator 102 Ashwood Way

5 City, Borough or Twp. Lower Paxton Zip Code 17104

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>[Signature]</i>	Dennis G. Adams	24	Madison	Harleysville	2-2-24
<i>[Signature]</i>	GERALD STAFFER	111	CONDEN	BERRYSBURG	2-2-24
<i>[Signature]</i>	Barbara E Bonn	198	Senator	Millersburg	2-2-24
<i>[Signature]</i>	Linda Terrell	1055	Mountain Rd	Elizabethville	2/2/24
<i>[Signature]</i>	NILSIEA SHRAW	274	River Rd	Delmarville PA	2-2-24
<i>[Signature]</i>	JOAN E. GALL	1227	Pottsville St.	Lykens	2-2-24
<i>[Signature]</i>	JEFF MARLEN	1435	N 2ND ST	LYKENS	2-2-24
<i>[Signature]</i>	Laken Klausner	18	Lyker St	Elizabethville	2-2-24
<i>[Signature]</i>	CORNELIA SMITH	731	LYKENS	LYKENS PA	2-2-24
<i>[Signature]</i>	JAY Dwyer	515	Main St	Lykens PA	2-2-24
<i>[Signature]</i>	JAMES M. DEWEES	209	Road Rd.	Millersburg	2-2-24
<i>[Signature]</i>	DAVID HOOPER	701	Main	Lykens	2-2-24
<i>[Signature]</i>	Jill Hooper	701	Main	Lykens	2-2-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>Marlee J. Lebo</i>	Marlee J. Lebo	678	Saint Johns Rd	Elizabethville	2/2/24
16. <i>Marlin C. Lebo</i>	MARLIN C. LEBOS	678	SAINT JOHN RD	ELIZABETHVILLE	2-2-24
17. <i>David W. Bittin</i>	DAVID W. BITTIN	441	BITTIN RD	HALIFAX TWP	2-2-24
18. <i>Trudy D. Bittin</i>	Trudy D. Bittin	441	" "	" "	2-2-24
19. <i>Debra Bayer</i>	Debra Bayer	530	W MAIN ST	Elizabethville	2-2-24
20. <i>Jack Boyer</i>	Jack Boyer	530	W Main St	Elizabethville	2-2-24
21. <i>David F. Anger</i>	David F. Anger	36	Lauren	Halifax Twp	2-2-24
22. <i>Suzanne W. Wimer</i>	SUZANNE WIMMER	20	DUSTIN	DAUFAX	2-2-24
23. <i>James Kessler</i>	James Kessler	309	SPRUE	BRIDGE	2-2-24
24. <i>Bonita L. Hoffman</i>	Bonita L. Hoffman	144	W Market	Berryburg	2/2/24
25. <i>Carol L. Hoch</i>	Carol L. Hoch	124	N. Main	Berryburg	2/2/24
26. <i>Stephen L. Miller</i>	STEPHEN L. MILLER	204	DEEP CREEK DR	E. VILLE	2/2/24
27. <i>Tammy Miller</i>	Tammy Miller	204	Deep Creek Dr	E-VILLE	2-2-24
28. <i>Brenda Kessler</i>	Brenda Kessler	110	Cousins Rd	Mary PA	2-2-24
29. <i>Bradley Kessler</i>	BRADLEY KESSLER	110	CAUSINS RD	MARY PA	2-2-24
30. <i>Barry L. Wimer</i>	Barry L. Wimer	5977	RT 209	Lykens	2-2-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below:

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence DAUPHIN

2 Printed Name of Circulator SUSAN C. HELM

3 Signature of Circulator *Susan C. Helm*

4 Number and Street of Circulator 3537 Athena Avenue

5 City, Borough or Twp. SUSQUEHANNA TOWNSHIP Zip Code 17110

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	OMAR CLARK	780	LYKENS ST	Elle	1-26-24
	LouAnn Reigle Jones	328	Market	Halifax Boro	1-26-24
	D. LAURETTA VARANO	532	MAIN ST	Lykens BORO	1-26-24
	Barbie Specht	60	J. Market	EVILLE	1-26-24
	MICHAEL SPECHT	60	S. Mt	EVILLE	1/26/24
	Thomas A. Schab	115E	Vicksiehl	Elizabethville	1/26/24
	Dawson J. Schly	585	Bowman St	Millersburg	1/26/24
	Michelle Witmer	5971	Dre209	WSH. TWP	2/2/24
	Colby Smdr	332	MARKET	MILLERSBURG	2/2/24
	Wesley Fulkroad	138	Botts Rd.	Millersburg	2/2/24
	PATRICK STRAWER	667	West	IMBL PA	2-2-24
	Wanda Hockenberry	175	Wearer	Mifflin	2-2-24
	Sherry Shudt	316	Fourth	Gratz	2/2/24
	ROBERT DETURK	316	FOURTH	GRATZ	2/2/24

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
15.		Natasha Davis	290	Seward	Millsboro	2/2/24
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence DAUPHIN

2 Printed Name of Circulator SUSAN C. HELM

3 Signature of Circulator

4 Number and Street of Circulator 3537 ATHENA AVENUE

5 City, Borough or Twp. SUSQUEHANNA TOWNSHIP Zip Code 17110

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Gerald DiFeuser Jr.	1929	Deer Path Rd	Susquehanna Twp	1/23/24
	Brandy L Inch	575	Carsonville Rd	Jefferson	1/25/24
	Dennis Tegebogen Jr.	94	Carsonville Rd	Jefferson Twp	1-25-24
	Taryn D. Morgan	94	Carsonville Rd	Jefferson Twp	1/25/24
	TAMMY WENZEL	3819	Pawells Vly Rd	Jefferson Twp	1-25-24
	Timothy M Wentzel	3819	Pawells Vly Rd	Jefferson Twp	1/25/24
	Robert W Wentzel	3819	Pawells Vly Rd	Jefferson Twp	1/25/24
	Joe Corcillo	7645	Greentill Rd	West Lincoln	1-26-24
	Paul R. Mummat	3803	Darby Road	Susquehanna Twp Harrisburg	1-26-24
	Wendy S. Feaser	1929	Deer Path Rd	Susquehanna Twp	1-28-24
	JANET A. Dodge	6251	Harding	LOWER PAXTON	1-30/24
	ROBERT G. YOCUM	1933	DEER PATH RD	SUSQUEHANNA	2/2/24
	David L. Weiser	1800	Colonial Rd	Lower Paxton	2/3/24
	Sandra L. Weiser	1800	Colonial Rd	Lower Paxton	2/3/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>Elaine C Salomone</i>	Elaine C Salomone	2408	Beech St.	SUSQUEHANNA	2/3/24
16. <i>[Signature]</i>	Anthony Salomone	2408	Beech St	Susquehanna	2/3/24
17. <i>Mark Montisano</i>	MARK K MONTISANO	2205	Grandview	SUSQU TWP	2-3-24
18. <i>Kim R Deiter</i>	Kim R Deiter	2423	East Bayberry Ln	LOWER PAXTON	2-5-24
19. <i>John P Deiter</i>	John P. Deiter	2423	East Bayberry Ln	LOWER PAXTON	2-7-24
20. <i>Ingeborg Coulter</i>	INGEBORG COULTER	2215	DOVER RD,	LOWER PAXTON	2-3-24
21. <i>Chris Ramsey</i>	CHRIS RAMSEY	1038	Powells Valley Rd	Wayne Twp.	2/4/24
22. <i>Robert DeSouza</i>	ROBERT DESOUSA	964	NORTH FAIRVILLE	WEST HANOVER, TWP	2/6/24
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Dauphin

2 Printed Name of Circulator Gerald D. Feaser Jr.

3 Signature of Circulator *[Signature]*

4 Number and Street of Circulator 1929 Deer Park Rd

5 City, Borough or Twp. Susquehanna Twp Zip Code 17110

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Joanne C Iselt	143	W Caren Dr	East Hanover Twp	1-27-2024
	Dennis M Adams	130	Short Dr	East Hanover Twp	1-27-24
	Carol S. Adams	130	Short Dr.	East Hanover Twp	1-27-24
	Marsha Jo Kuhns	700	Blue Eagle Ln	Lower Paxton Twp	1-28-24
	HOMER R KUHNS JR	700	BLUESAGLE	LOWER PAXTON	01/28/24
	Edward P. Madorsky	295	Deller Dr	East Hanover Twp	1-29-24
	LAVERNE MITCHELL	123	DEWATER DR.	EAST HANOVER	1-29-24
	I V A J. RODEMAKER	1503	Snow Bird Rd	EAST HANOVER	1-29-24
	Cathy S. Weidner	427	Phasant Rd	East Hanover	1-29-24
	Kevin E. Weidner	427	Phasant Rd	East Hanover	1-29-24
	Edwin D Shink	113	W Crawford Rd	East Hanover	1/30/24
	Sandra B Johnson	185	W Caren Dr	East Hanover	1/30/24
	ROBERT D. JOHNSON	185	W Caren Dr	EAST HANOVER	1/30/24
	Richard A. Hoover	1102	MANADA GAP	EAST HANOVER	31 JAN 2024



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Sharon Casey</i>	Deborah A Casey	146	Steeple Chase	East Hanover	2-1-24
<i>Melissa Carter</i>	Melissa Carter	1029	Trail Rd	East Hanover	2-1-24
<i>N. Carr</i>	Nick Carrone	1028	Trail Rd	East Hanover	2-1-24
<i>Tegan Kowalik</i>	Tegan Kowalik	119	N Crawford Rd	East Hanover	2-2-24
<i>Richard R Adams</i>	Richard R Adams	129	W Caren Dr	East Hanover	2-2-24
<i>Joann Dellig</i>	Joann Dellig	440	Firehouse Rd	East Hanover	2-3-24
<i>Pauline L Smith</i>	PAULINE L SMITH	1096	Ridge Rd	EAST HANOVER	2-3-24
<i>Margaret A. Couch</i>	MARGARET A. COUCH	218	RIVERVIEW DR	EAST HANOVER	2-3-24
<i>Ronald B. Couch</i>	Ronald B. Couch	218	RIVERVIEW DR	East Hanover	2-3-24
<i>Carol A. Gordon</i>	Carol A Gordon	120	Evergreen Ln	E Hanover Twp	2-3-24
<i>Cindy M. Ellerbe</i>	Cindy M. Ellerbe	976	E Canal Rd	East Hanover	2-3-24
<i>Paul L. Hise</i>	PAUL L HISE	1254	ROSE	East Hanover	2-4-24
<i>Nathan W. Buse</i>	Nathan W. Buse	1055	Manada Gap	East Hanover Twp.	2-4-24
<i>Benjamin H. Isett</i>	Benjamin H Isett	143	W Caren Dr	East Hanover	2-4-24
<i>Mary Pierce</i>	Mary Pierce	162	W Caren Dr	East Hanover	2-4-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Dauphin
- 2 Printed Name of Circulator Joanne C. Isett
- 3 Signature of Circulator *Joanne C. Isett*
- 4 Number and Street of Circulator 143 W Caren DR
- 5 City, Borough or Twp. East Hanover Twp Zip Code 17028

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	WAYNE G ISOTT	143	WEST ARON DRIVES	EAST HANOVER	1/23/2024
	Kim GIESELEY	10019	Greton Rd	EAS HANOVER	1/23/2024
	Rex Pinew	10033	Justin Rd	East Hanover	1/24/24
	LAWRENCE KRINER	9026	JONASTOWN RD	EAST HANOVER	1-25-24
	BEVERLY DRAKE	273	AUSTIN DR	EAST HANOVER	1-26-24
	EDNA Seachrist	443	N. Mill Rd	East Hanover	1-26-24
	KEITH W. BROWN	8966	JOHNSTOWN	E. HANOVER	1-27-24
	CHARLES E AITZ	1008	EARHART RD	EAST HANOVER	1-28-24
	Judith Espenshade	106	Pineview Dr	East Hanover	1/28/24
	Dale Espenshade	106	Pineview Dr	East Hanover	1/28/24
	Crist Espenshade	138	Ridge Rd	East Hanover	1-29-24
	Sharon Umberg	592	Trail Rd	East Hanover	1-29-24
	Faber M. Walters	463	Manada Gap	East Hanover	1-29-24
	Beverly A Walters	463	Manada Gap	East Hanover	1-29-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>Lawrence J. McCarter</i>	LAWRENCE J. McCARTER	189	N. MEADOW LN	EAST HANOVER	1/21/24
16. <i>Maureen M. McCarter</i>	MAUREEN M. McCARTER	189	N MEADOW LN	EAST HANOVER	1/29/24
17. <i>Charles Welker</i>	Charles Welker	9166	Mountain Rd	East Hanover	1/31/24
18. <i>Brenda Lentz</i>	Brenda Lentz	9554	Jonestown	East Hanover	1/31/24
19. <i>Thomas S. Gordon</i>	THOMAS GORDON	120	E. GREEN	EAST HANOVER	1/31/24
20. <i>Daniel T. Casey</i>	DANIEL T. CASEY	146	STEEPLE CHASE	EAST HANOVER	2/1/24
21. <i>Larry L. Spitzer</i>	LARRY L. SPITZER	9123	JONESTOWN RD	EAST HANOVER	2/5/24
22. <i>Susie L. Spitzer</i>	SUSIE L. SPITZER	9123	JONESTOWN RD	EAST HANOVER	2/5/24
23. <i>Keith A. Espenshade</i>	Keith A. Espenshade	8952	Jonestown Rd	East Hanover	2/1/24
24. <i>Cristin V. Espenshade</i>	Cristin V. Espenshade	8952	Jonestown Rd	East Hanover	2/1/24
25. <i>Harry L. Bensinger</i>	HARRY L. BENSINGER	9946	JONESTOWN PL.	East Hanover	2/1/24
26. <i>Paul B. Bloom</i>	PAUL B. Bloom	781	CANAL RD	East Hanover	2/1/24
27. <i>Paul A. Longreen</i>	Paul A. Longreen	397	Canal	East Hanover	2/3/24
28. <i>Eileen F. Longreen</i>	Eileen F. Longreen	397	Canal	East Hanover	2/3/24
29. <i>Max P. Berlebaugh</i>	Max P. Berlebaugh	8920	JONESTOWN	East Hanover	2/3/24
30. <i>Kenneth D. Pieter</i>	Kenneth D. Pieter	162	W. Canal Dr	East Hanover	2/5/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Dauphin
- 2 Printed Name of Circulator Wayne G. Isett
- 3 Signature of Circulator *[Signature]*
- 4 Number and Street of Circulator 143 West Ceren Drive
- 5 City, Borough or Twp. EAST HANOVER Township Zip Code 17028

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Kelly Caba	Leosa	Blue Ridge Ave	Lower Paxton	2/18/24

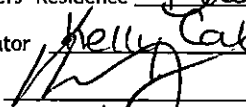
SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Dauphin
- 2 Printed Name of Circulator Kelly Caba
- 3 Signature of Circulator 
- 4 Number and Street of Circulator 1602 Blue Ridge Ave
- 5 City, Borough or Twp. HARTISBURG Lower Merion Zip Code 17112

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Kylie A Bender	1025	W. Market St	Gratz	1-23-24
	Coy Rickett	102	S Second St	Gratz	1-23-24
	Christina Crona	114	W. Market	Gratz	1/23/24
	Paul J.H. Adams	108	E. Market St	GRATZ	1/23/24
	Brad A. Deitrich	18	Mill Rd	Washington	1/23/24
	Mary K. Beteman	165	N. Market St	Upper Merion	1/23/24
	Dawn Miller	1173	Pottsville	Wilkesboro Twp	1/25/24
	Amanda Dresel	205	Fun Club Rd	Washington	1/25/24
	Stacey L. Rudisill	183	Green St	Washington Twp	1/25/24
	Ashley A. Shick	108	N. Market Rd	Washington Twp	1/25/24
	Tracy Myers	183	Market St	Pillow	1/26/24
	Natasha Heim	135	S Pine St	Berrysburg	1/26/24
	Michael S. Turner	15	S. 2nd	LYKENS	1-27-24
	Cathy Bopp	602	Market St	LYKENS	1-27-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>James Hoffmann</i>	JAMES HOFFMAN	226	MARKET ST	LYKENS	1-27-24
<i>Briana Engle</i>	Briana Engle	309	NORTH ST	Lykens	1-27-24
<i>Dennis Engle Jr</i>	Dennis Engle Jr	309	North St	Lykens	1/27/24
<i>Ian Robinson</i>	Ian Robinson	709	Market St	Lykens	1/27/24
<i>Scott R. DeMick</i>	SCOTT R. DeMick	703	Market St	Lykens	1/27/24
<i>JoAnn Schultz</i>	JoAnn Schultz	656	N. 2nd St	Lykens	1-27-24
<i>Jack Herr</i>	JACK HERR	708	FOTTSVILLE ST	LYKENS	1-27-24
<i>Daniel Krepich</i>	DANIEL KREPICH	542	NORTH	LYKENS	1/27/24
<i>Andrew Reiner</i>	Andrew Reiner	226	Main St	Lykens	1-27-24
<i>Lexis Bohner</i>	Lexis Bohner	16	junction Rd	upper Paxton	1/27/24
<i>Charity Maurer</i>	Charity Maurer	125	Staves Lane	Washington Twp Elizabethville	1/28/24
<i>Alexis Maurer</i>	Alexis Maurer	125	Staves Lane	Washington	1/28/24
<i>Heather Borge</i>	Heather Borge	231	W. Brd St.	Elizabethville	1/28/24
<i>Stacy L. Pindal</i>	Stacy L. Pindal	515	S. 2nd St	Lykens Boro	1/29/24
<i>Eric Stoly</i>	Eric Stoly	240	W Main St	Elizabethville	1-29-24
<i>Amie Sawidge</i>	Amie Sawidge	213	N Second St	Bernsburg	2/2/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Dauphin County
- 2 Printed Name of Circulator Mary K. Bateman
- 3 Signature of Circulator *Mary K. Bateman*
- 4 Number and Street of Circulator 165 Natures Trl
- 5 City, Borough or Twp. Upper Paxton Twp Zip Code 17061

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

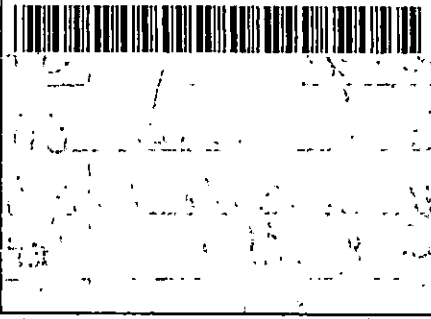


Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.



NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	BRIAN BENDER	625	W MARKET ST	GRATZ	1/23/24
	Brianna Rickett	102	S 2nd St.	Gratz	1/23/24
	MICHAEL CONRAD	114	W MARKET	GRATZ	1-23-24
	Carrie J. Adams	108	E market	Gratz	1-23-24
	Eric Troutman	166	Coon Trail Ln	Lykens Twp	1-23-24
	Pamela Deitrich	18	Mill Rd	Washington Twp	1-23-24
	Steven D. Miller Jr.	1673	Pottsville	Wiconisco	1/25/24
	JORDAN DEITEL	205	Quince St	LYKENS	1/25/24
	TODD RUDISILL	183	Green	Washington twp	1-25-24
	Joanne Hoover	108	Nursery	Washington Twp	1-25-24
	Philip J. Myers	183	MARKET ST	Pillow	1-26-24
	Nancy T. Jung	726	Market St	Lykens	1-27-24
	Denise Smeltz	702	Market St	Lykens	1-27-24
	GARY BOPP	602	MARKET ST	LYKENS	1-27-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>[Signature]</i>	John Platzer	710	Main St.	Lykens	1-27-24
<i>[Signature]</i>	Billie Jo Crane	709	Market St	Lykens	1-27-24
<i>[Signature]</i>	Adrienne Bordner	703	Market	Lykens	1/27/24
<i>[Signature]</i>	JEFF E. SHULTZ	656	N. 2 ND	Lykens	1/27/24
<i>[Signature]</i>	Paul A. Boyer	310	Spruce St.	Lykens	1/27/24
<i>[Signature]</i>	RYAN BATEMAN	800	MAIN ST.	LYKENS	1/27/24
<i>[Signature]</i>	Herm Knapp	506	North St	Lykens	1/27/24
<i>[Signature]</i>	DONALD SAVAGE	724	MARKET	LYKENS	1/27/24
<i>[Signature]</i>	Brenda Lachat	570	N. Hawth RD	Lykens	1/27/24
<i>[Signature]</i>	Patricia Barman	800	Main St	Lykens	1/27/24
<i>[Signature]</i>	ARIZON MAWAT	125	ST. ELIZ	WASHINGTON	1/29/24
<i>[Signature]</i>	Crystal Gessner	281	W. Main St	Elizabethville	1/29/24
<i>[Signature]</i>	Kara Stohly	240	W. Main St	Elizabethville	1-29-24
<i>[Signature]</i>	Lauren Stoner	3356	Route 25	Millersburg	1/29/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence: Dauphin County

2 Printed Name of Circulator: Mary K. Bateman

3 Signature of Circulator: Mary K. Bateman

4 Number and Street of Circulator: 165 Natures Trl

5 City, Borough or Twp.: Upper Merion Twp Zip Code: 17061

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

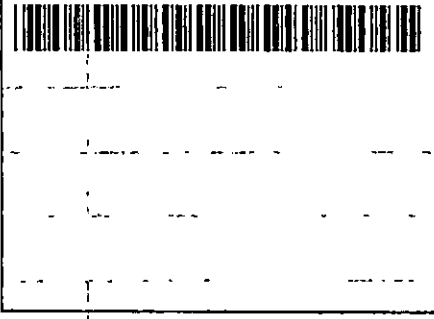


Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.



NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DAUPHIN 22

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>James E. Markel</i>	James E. Markel	100	Summer Dr	Halifax Twp	2/4/24
<i>Debbie L. Markel</i>	Debbie L. Markel	100	Summer Dr.	Halifax Twp.	2/4/24
<i>Margene M. Imboden</i>	MARGENE M. IMBODEN	36	HOFFMAN RD	HALIFAX TWP	2/5/24
<i>Sara E. Markel</i>	SARA E. MARKEL	3891	PETERS MFC ROAD	HALIFAX TWP	2/5/24
<i>Susan M. McCleery</i>	Susan M. McCleery	1243	N RIVER RD	HALIFAX TWP	2/05/2024
<i>Lisa Z. Miller</i>	Lisa Z. Miller	1125	Camp Hebron Rd	Halifax TWP	2/05/2024
<i>Jon E. Miller</i>	Jon E. Miller	1125	Camp Hebron Rd	Halifax Twp	2/5/24
<i>Robert A. Miller</i>	Robert A. Miller	1125	Camp Hebron Rd	Halifax Twp	2/5/24
<i>Aleisha Markel</i>	Aleisha Markel	100	Summer Dr.	Halifax Twp.	2/5/24
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Dauphin
 2 Printed Name of Circulator James E. Markel
 3 Signature of Circulator James E. Markel
 4 Number and Street of Circulator 100 Summer Dr
 5 City, Borough or Twp. Halifax Twp Zip Code 17032

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DELAWARE 23

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	PATRICIA IMBURGIA	19	E. 9th St.	MARCUS Hook	1/31/24
2. JOSEPHINE M. LAIRD	Josephine M Laird	8	PLUM	MARCUS Hook	2-1-24
	Cheryl Everingham	28	Libnut St	MARCUS Hook	2/1/24
	Joseph R Flynn	1025	Washington St	MARCUS Hook	2-1-24
	Slayde Turner	820	Green St	MARCUS Hook	2-6-24
6. Brenda Leary	Brenda Leary	8	7th St	M. Hook	2-6-24
	LAWRENCE E. Weigand	17	W 9th St.	MARCUS Hook	2-6-24
	Janette Weigand	17	W 9th St	MARCUS Hook	2-6-24
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Delaware
- 2 Printed Name of Circulator Lawrence E. Weigand, DC
- 3 Signature of Circulator [Signature]
- 4 Number and Street of Circulator 17 W 9th St
- 5 City, Borough or Twp. Marcus Hook, PA Zip Code 19061

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DELAWARE 23

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Lindsey J. Lonar	1202	Holly	Edgmont	2/5/24
	Nancy R. Mackrides	1020	Beverly	Edgmont	2/5/24
	Mary Florio	3422	Turnberg	Bethel	2/5/24
	Dorothy J. Dwyer	1202	Wormy	Edgmont	2/5/24
	Loranne Mazzulo	1465	Middlebrook	Edgmont	2/5/24
	RONALD BRAVURA	4920	WE OF CHESTER PARK	EDGMONT	2/5/24
	Valerie L Grayna	4920	West Chester Pike	Edgmont	02/05/24
	Ryan Richards	4	Walnut road	Edgmont	2/5/24
	Elizabeth W. Bestnick	1280	Brighton Way	Edgmont	2/5/24
	Elizabeth W. Bestnick	1280	Brighton Way	Edgmont	2/5/24
	Sean Clinton	1556	Middleton	Edgmont	2/5/24
	Andrew F Granna	3	Fly Way Drive	Edgmont	2/5/2024
	RANDY BATES	1835	MIDDLETOWN	EDGMONT	2-5-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Joseph Risa	8	Columbus	Edgmont	2/5/24
	Nicole Bates	1833	Middletown	Edgmont	2.5.24
	DEBRA D. CONAN	10	SADDLE RUN	Edgmont	2.5.24
	AMY WACTUS	1	CHRISTY	EDGMONT	2-5-24
	ANNE M. BATES	1835	MIDDLETOWN	EDGMONT	2/5/24
	Joanne Torillo	2	Rock Hill	Edgmont	2/5/24
	C. Kenneth Leith	1509	Meadow	Edgmont.	2/5/24
	Christine Radwell	451	Wyndon	Nalme Rully twp	2/6/2024
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Delaware

2 Printed Name of Circulator Lindsey Conan

3 Signature of Circulator

4 Number and Street of Circulator 1202 Holly Lane

5 City, Borough or Twp. Edgmont Zip Code 19342

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DELAWARE 23

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Mary Kot		6 Carnation Lane	Chadds Ford	1/28/24
	Jay Patel	23	Raven Dr.	Chadds Ford, PA	1/28/24
	Tenrease A. Tobias	490	Ridge Rd	Chadds Ford	1/28/24
	Cynthia Tobias	490	Ridge Road	Chadds Ford	1/28/24
	CARLOTA DALZIEL	4	GLENND	CHADDS FORD	1/28/24
	Michael DeL Ross	100	Painters Cross Wg Meadow Ct	Chadds Ford	1/28/24
	Marsha Traub	305		Chadds Ford	1-28-24
	LINOVA HUNT	600	Webb	Chadds Ford	1/28/24
	Donald T. Weiss	6	Hillock	Chadds Ford	1-28-24
	Eric Gortner	175	Hony Lane	Chadds Ford	1-28-24
	Suzann Spardi	57	Bullock Pt.	Chadds Ford	1-28-24
	Valerie Hoxter	1506	Painters Crossing	Chadds Ford	1/28/24
	Sandra M Weiss	6	Hillock Lane	Chadds Ford	1/28/24
	DENNIS W HENRY	600	Wess Rd	CHADDS FORD	1/28/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Lisa M</i>	Lisa Meisner	2	Pine Valley	Concord	1/28/24
<i>Blake Meisner</i>	BLAKE MEISNER	2	PINE VALLEY	CONCORD	1/28/24
<i>David L. Kot</i>	DAVID L. KOT	6	CARNATION LANE	CHADDS FORD	1/28/24
<i>Robert King</i>	Robert King	216	Ring Road	Chadds Ford	1/31/2024
<i>Katharine S. King</i>	Katharine S. King	89	Ring Road	CHADDS FORD	1/31/2024
<i>Martha L. King</i>	MARTHA L. KING	216	Ring Road	Chadds Ford	1/31/2024
<i>Robert B. King</i>	Robert B. King	89	Ring Road	Chadds Ford	1-31-24
<i>Annette Vogt</i>	Annette Vogt	1718	Creek Rd.	Chadds Ford	2-1-24
<i>Patricia Welles</i>	PATRICIA WELLES	7200	JOHNSON FARM LN	CONCORD	2/1/24
<i>Kathleen Goodier</i>	Kathleen Goodier	481	Webb	Chadds Ford	2/1/24
<i>Kathleen H. Koch</i>	Kathleen H. Koch	1321	Baltimore Pike	Chadds Ford	2/1/24
<i>Madeline A. Werner</i>	Madeline A. Werner	609	Painters Crossing	Chadds Ford	2/1/24
<i>Betsy Collier Gurskoff</i>	Betsy Collier Gurskoff	590	Webb	Chadds Ford	2/1/24
<i>Andrew Vogt</i>	Andrew Vogt	1718	Creek Rd	Chadds Ford	2.3.24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors; duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Delaware

2 Printed Name of Circulator Mary Kot

3 Signature of Circulator *Mary Kot*

4 Number and Street of Circulator 6 Carnation Lane

5 City, Borough or Twp. Chadds Ford Zip Code 19382

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DELAWARE 23

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Matthew Stone	4823	Greenwood	Brookhaven	1/23/24
	Cherie Heller	221	E. Dutton Mill	Brookhaven	1/24/24
	Terry Heller	221	E. Dutton Mill	Brookhaven	1/24/24
	Laura Reed	296	Ceburn Blvd	Brookhaven	1-24-24
	Patrick Reed	296	Ceburn Blvd	Brookhaven	1-24-24
	Karen Jackson	4953	Grant Dr	Brookhaven	1-25-24
	Ronald D Jackson	4953	Grant Dr	Brookhaven	1-25-24
	Shawn McKenna	4951	MADISON DR.	Brookhaven	1-26-24
	John A Paciello Jr	4926	Grant DR.	Brookhaven	1-27-24
	Virginia Hudson	701	Lincoln Dr.	Brookhaven	1/27/24
	Christine Paerello	4926	Grant Dr.	Brookhaven	1/27/24
	Robert E Hudson	701	Lincoln Dr	Brookhaven	1/27/24
	Cary Jackson	4928	Grant Dr	Brookhaven	1-27-24
	Susan Jackson	4928	Grant Dr.	Brookhaven	1/27/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Tami Copple</i>	Tami Copple	4103	woodland	Brookhaven	1-28-24
<i>Clarence Grant</i>	CLARENCE GRANT	4103	woodland	Brookhaven	1-28-24
<i>Morgan Copple</i>	Morgan Copple	4103	Woodland	Brookhaven	1-28-24
<i>Barbara Grant</i>	Barbara Grant	4103	Woodland	Brookhaven	1-28-24
<i>Brian R Grant</i>	Brian R Grant	4225	Chandler	Brookhaven	1-28-24
<i>Barbara Lee Reed</i>	Barbara Lee Reed	4203	Chandler	Brookhaven	1/28/24
<i>Lorraine Majcher</i>	Lorraine Majcher	4941	Jefferson	Brookhaven	2/1/24
<i>Michael J Majcher</i>	MICHAEL J MAJCHER	4941	JEFFERSON	BROOKHAVEN	2/1-24
<i>George J. Pappas</i>	GEORGE J. PAPPAS	466	Hillside	Brookhaven	2/2/24
<i>Joan Canci</i>	JOAN CANCI	124	Meadowbrook	Brookhaven	2/3/24
<i>Anthony Canci</i>	ANTHONY CANCI	124	MEADOW BROOK	BROOKHAVEN	2/3/24
<i>Anthony Corrado</i>	Anthony Corrado	4400	Chandler	Brookhaven	2/5/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence DELAWARE COUNTY

2 Printed Name of Circulator MATTHEW STONE

3 Signature of Circulator *[Signature]*

4 Number and Street of Circulator 4823 GREENWOOD STREET

5 City, Borough or Twp. BROOKHAVEN Zip Code 19015

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DELAWARE 23

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Janet Beers	11	Sparrows Rd	Glen Mills Pa ¹⁹³⁴²	2/7/24
	Jerry Dobrowski	38	Hutchins Farm Dr	CONCORD	2/7/24
	Valerie DiGiacomo	38	Hampden Farm Dr	CONCORD	2/7/24
	DANIEL FRATTARULO	99	CARTER WAY	CONCORD	2/7/24
	Dara M. Rankin	181	W. Hunting Horn Lane	CONCORD	2/7/24
	Angela Frattarulo	99	Carter Way	CONCORD	2/7/24
	George G. Weinhardt	69	Gower Markham	CONCORD	2-17-24
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Delaware

2 Printed Name of Circulator Jared Laird

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 1101 Lantern Circle

5 City, Borough or Twp. East Pikeland Twp Zip Code 19460

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DELAWARE 23

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	VINIT DHYRA	10	HOLLAT ABBE FARM RD	CONCORD	2/6/24
	John L. Crossan	10	Fawn Ln	Concord	2/7/24
	LARRY Mutschler #	105	Beaver Valley Rd	CONCORD TWP	2/7/24
	Raymond Stathet	372	Ivy Lane	Concord Twp	2-7-24
	PAULINE M. PASCALE	114	Meadowlark Terrace	Concord	2/7/24
	Elizabeth Salucci	175	Sunset View Dr	Concord	2/7/24
	JOHN GILLESPIE	20	HURTINGDA FARM DR.	CONCORD	2/7/24
	RITA GILLESPIE	20	Hurtingda Farm Dr	Concord	2/7/24
	Colleen Morrone	1	Thommas Drive	Concord	2/7/24
	Paul Misuriello	452	CONCORD RD.	Concord.	2/7/24
	SHARON MISURIELLO	452	CONCORD RD	CONCORD	2-7-24
	Carol Lorella	30	HITCHCOCK LN	CONCORD	2-7-24
	Robert Anderson	61	Parklane	Concord	2-7-24
	Kathryn DeSio	1405	Hunting's S. Horn Turn	Concord Green Mt. Twp	2-7-24



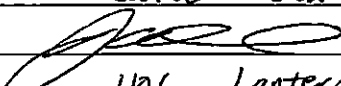
SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>William Desis</i>	William Desis	1405	S. Hunting Horn Trng	Concord	2/7/24
<i>Barbara L Doherty</i>	BARBARA L DOHERTY	507	VERWOOD WOODS	Concord	2/7/24
<i>Ernest Fooralce</i>	Ernest Fooralce	35	Weeks	Concord	2/7/24
<i>Thomas Ferro</i>	THOMAS FERRO	133	MATTSON	Concord	2/7/24
<i>Laurie Ferro</i>	LAURIE FERRO	133	Mattson	Concord	2/7/24
<i>Joanna Owens</i>	Joanna Owens	46	Darlington Rd	Concord	2-7-24
<i>Scott Owens</i>	SCOTT OWENS	46	DARLINGTON	CONCORD	2-7-24
<i>Dominic A. Pilg</i>	Dominic A. Pilg	DPD 6933	PATRICIA LN	Concord	2-7-24
<i>Margaret F. Brown</i>	Margaret F. Brown	47	CLAYTON PUNK A	CONCORD	2-7-24
<i>Joseph Solomon</i>	Joseph Solomon	27	Country	Concord	2/7/24
<i>Dale Miller</i>	Dale Miller	107	Mattson Rd	Concord	2/7/24
<i>John J. Howard</i>	John J. Howard	1450	Conchester	Bethel	2/7/24
<i>Kelly Stein</i>	Kelly Stein	1450	Conchester	Bethel	2/7/24
<i>Robert C. Hayes</i>	Robert C. Hayes	3118	WOODS DR	Bethel	2/7/24
<i>Bernard Kida</i>	BERNARD KIDA	164	KIRK RD	CONCORD	2/7/24
<i>Kathleen Kida</i>	KATHLEEN KIDA	164	KIRK RD	CONCORD	2/7/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Delaware
- 2 Printed Name of Circulator Jared Laird
- 3 Signature of Circulator 
- 4 Number and Street of Circulator 1101 Lantern Circle
- 5 City, Borough or Twp. East Pikeland Twp Zip Code 19460

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DELAWARE 23

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	VINCE ROMAGOSA	100	WILSON	Radnor	2/1/24
	SUSAN C. MAURIZ	313	^{#302} Creek Dr.	Radnor	2/1/24
	KATHRYN A. GARTLAND	816	Loudan Lane	Radnor	2/1/2024
	ELIZABETH ANN MADDEN	^{#203} 313	Creek Dr.	Radnor	2/1/24
	MICHAEL B MILLER	509	Washington	Radnor	2/1/24
	LESLIE WOFF	12	Farm Rd	Radnor	2/1/24
	PHILIP M. MABE, JR.	672	Glenmary	Radnor	2/1/24
	MICHAEL B MILLER	509	Washington Ct	Radnor	2/1/24
	JUDITH BARBER	228	HILLDALE	RADNOR	2-1-24
	MEGAN MABE	672	Plenmy Rd	Radnor	2/1/24
	CHARLES D. BARNER	228	HILLDALE	Radnor	2/1/24
	DAWN OSMAN	6411	MALM	Radnor	2/1/24
	WILLIAM O. FLICKER	6	CUSHMAN	Radnor	2/1/24
	LESLIE FLICK	6	CUSHMAN	Radnor	2/1/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Charles Flick	6	Cushman	Radnor	2/1/24
	Nina L. Flick	6	Cushman	Radnor	2/1/24
	Beth Ventrone	408	West Waverly	Radnor	2-1-24
	Daniel Hunkle	794	Newtown	Radnor	2-1-24
	Peter J. Armstrong III	208	Spruce Tree Rd	Radnor	2-1-24
	Sarah Armstrong	208	Spruce Tree	Radnor	2-1-24
	John Proctor Chittid	308	Rockingha	Radnor	2-1-24
	Evelyn C. Giegenich	ch 115	Aberdeen Ter	Radnor	2-1-24
	Howard Gortland	816	Landon Ln	Radnor	2-1-24
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Delaware

2 Printed Name of Circulator Howard Gortland

3 Signature of Circulator

4 Number and Street of Circulator 816 Landon Lane

5 City, Borough or Twp. Radnor Zip Code 19073

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DELAWARE 23

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	MARK D ANTENUCCI	516	VERNON RD	SPRINGFIELD	2-8-24
	Nicholas Antenucci	516	Vernon RD	Springfield	2-8-24
	Edward Johnson	301	WYNDMOOR RD	Springfield	2-8-24
	Patricia Johnson	301	WYNDMOOR	Springfield	2-8-24
	LLOYD FRANKS	134	N. Highland RD	Springfield	2/8/24
	Joe Lettely	C12	Clayton	SpaA	2/8/24
	Chris Sclarsine	425	Parkman rd	Springfield	2/8/24
	John J. Hankarahan	129	Kent	Springfield	2/8/24
	STACY HANKARAHAN	129	KENT	Springfield	2/8/24
	Margaret Heitz	249	E. Springtall	Springfield	2/8/24
	Bernard J. Brunner sr	351	Holt	Springfield	2/8/24
	Bernard J Brunner Jr	351	Holt Lane	Springfield	2/8/24
	Rosa Marie Brunner	351	Holt Lane	Springfield	2/8/24
	Ronald F. Berarducci	418	Alliston	Springfield	2/8/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Delaware

2 Printed Name of Circulator Jared Laird

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 1101 Lantern Circle

5 City, Borough or Twp. East Dikeland Twp Zip Code 19460

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DELAWARE 23

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
1.		Cheryl Bendisco	418	Alliston	Springfield	2-8-24
2.		Victor L. Bush	224	Clemens Rd	Springfield	2/8/24
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

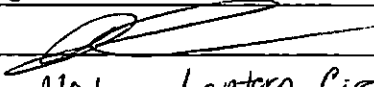
CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Delaware

2 Printed Name of Circulator Jared Laird

3 Signature of Circulator 

4 Number and Street of Circulator 1101 Lantern Circle

5 City, Borough or Twp. East Pikeland Twp Zip Code 19460

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DELAWARE 23

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>[Signature]</i>	CONSIGLIA BOKRTH	608	Springfield Rd	Springfield	2/8/24
2. <i>[Signature]</i>	Nidette LUCIANI	608	S. Springfield	Springfield	2/8/24
3. <i>[Signature]</i>	TONA LUCIANI	608	Springfield	Springfield	2/8/24
4. <i>[Signature]</i>	DAVID M Brooks	447	PLA ROCK RD	Springfield	2/8/24
5. <i>[Signature]</i>	DENNIS P. MUMFORD	74	S. Hillcrest Rd	Springfield	2/8/24
6. <i>[Signature]</i>	ROSEMARY STEATH	421	BARKER	Springfield	2/8/24
7. <i>[Signature]</i>	Bernadette Olynn	300	Lynbrook	Springfield	2/8/24
8. <i>[Signature]</i>	GERARD OLYNN	300	Lynbrook Rd	Springfield	2/8/24
9. <i>[Signature]</i>	Lucretia Murphy	74	S Hillcrest Rd	Springfield	2/8/24
10. <i>[Signature]</i>	MARY KYNSKEY	17	COLONIAL PARK	SPRINGFIELD	2/8/24
11. <i>[Signature]</i>	ROBERT DeLauricellis	534	Kennedy	Springfield	2-8-24
12. <i>[Signature]</i>	Michael Olynn	300	Lynbrook Rd	Springfield	2-8-24
13. <i>[Signature]</i>	MEGAN Cortes	104	Coryman	Springfield	2-8-24
14. <i>[Signature]</i>	David Winter	469	Ridge	Springfield	2/8/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

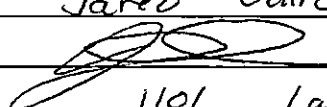
CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Delaware

2 Printed Name of Circulator Jared Laird

3 Signature of Circulator 

4 Number and Street of Circulator 1101 Lantern Circle

5 City, Borough or Twp. East Pitseland Twp Zip Code 19460

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DELAWARE 23

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Matthew Carano	546	Evans Rd	Springfield	2/8/24
	Anthony Owens	123	Wayne Ave	Springfield	2/8/24
	Aiden Scene	407	Wrecker Rd	Springfield	2/8/24
	Chris Colburn	701	Barry Dr	SPRINGFIELD	2/8/24
	Jeffrey Ruda	126	Horned	Springfield	2/8/24
	Kenneth Felker	126	Hollween	Springfield	2/8/24
	MELISSA Abel	39	Berwin Ln	Springfield	2/08/24
	Harry Young	213	School Ln	Springfield	2/8/24
	Karen Miller	93	Powell	Springfield	2/8/24
	Christine Fre	60	S Darden Rd	Springfield	2/8/24
	Steve Cortese	104	Longue	Springfield	2/1/21
	James Simpson	954	Springhaven Rd	Springfield	2/8/24
	Donna Simpson	954	Springhaven	Springfield	2/8/24
	Harold Carano	560	Woodland	Springfield	2/8/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Jessie Smyth</i>	JEANNIE Smyth	884	Alvord D.	Springfield	2/8/24
<i>Yan Lopez</i>	Louis Galato	263	Broadwood	Springfield	2/8/2024
<i>Kathleen DelMara</i>	KATHREEN DELMARA	520	Cheyney	Springfield	2/8/24
<i>Paul DeMara</i>	Paul DeMara	520	Cheyney	Springfield	2/8/24
<i>Donna Ferrado</i>	Donna Ferrado	359	Foullk	Springfield	2/8/24
<i>James Kenney</i>	JAMES KENNEY	44	S. Hickory	Springfield	2/8/24
<i>Jason Good</i>	JASON GOOD	551	Maddock Rd	Springfield	2/8/24
<i>Concetta Alessi</i>	Concetta Alessi	365	Southcroft	Springfield	2/8/24
<i>John Wechsler</i>	John Wechsler	31	Shelburne	Springfield	2-8-24
<i>Ellen Wechsler</i>	Ellen Wechsler	31	Shelburne	Springfield	2-8-24
<i>Leonard E. Murresey</i>	LEONARD E. MURRESEY	49	SCHOOL LN	SPRINGFIELD	2/8/24
<i>Marilyn Hoback</i>	Marilyn Hoback	78	Hillview Dr	Springfield	2/8/24
<i>Bruce Lord</i>	Bruce Lord	50	S Rolling	Springfield	2-8-24
<i>Bradley Lord</i>	BRADLEY LORD	138	S Highland Rd	Springfield	2-8-24
<i>Kevin Dion</i>	KEVIN DION	913	Stewart	Springfield	2/8/24
<i>Joe Dregel</i>	Joe DREGEL	322	Thomson	SPRINGFIELD	2/8/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Delaware

2 Printed Name of Circulator Jared Laird

3 Signature of Circulator *[Signature]*

4 Number and Street of Circulator 1101 Lantern Circle

5 City, Borough or Twp. East Pikeland Twp Zip Code 19460

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DELAWARE 23

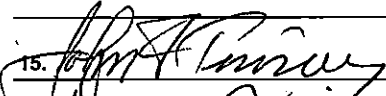

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Richard Saraceni	106	Taylor	Ridley Twp	1-24-24
	Madison Saraceni	106	Taylor	Ridley Twp	1-24-24
	Kristin Saraceni	106	Taylor	Ridley Twp	1/24/24
	Joan Saraceni	106	Taylor	Ridley Twp	1/24/24
	Tom Fagan	100	S. Swarthmore	Ridley Twp	1/25/24
	Susan Fagan	100	S. Swarthmore	Ridley Twp	1/25/24
	Ryan Doughty	100	S. Swarthmore	Ridley Twp	1/25/24
	Melinda Avicelli	112	Taylor	Ridley Twp	1/25/24
	Alvin Smith	101	S. Swarthmore	Ridley Twp	1/26/24
	MATTHEW GROSS	101	S. SWARTHMORE	RIDLEY TWP	1/26/24
	Linda Bustin	116	Bridge	Ridley Twp	1/30/2024
	John Bustin Jr	214	Willow	Ridley Twp	1-30-2024
	Michael J Bustin	116	Bridge	Ridley Twp	1-30-24
	John J. Bustin SR	116	Bridge RD	Ridley Twp	1-30-24



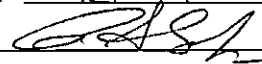
SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	John F. Tinney	104	Fairmount	Ridley Twp	2-6-2024
	DIANE TINNEY	104	FAIRMOUNT	RIDLEY TWP	2-6-2024
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Delaware
- 2 Printed Name of Circulator Richard Seraceni
- 3 Signature of Circulator 
- 4 Number and Street of Circulator 104 Taylor
- 5 City, Borough or Twp. Ridley Zip Code 19078

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: DELAWARE 23

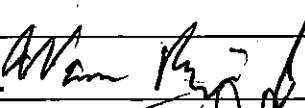
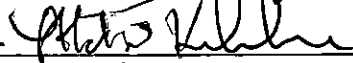
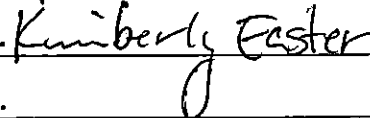
PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Michael Lamia	3804	Highland Dr	Bethel	2/4/24
	Kristine Cama	3804	Highland Dr	Bethel	2/4/24
	Linda S. Wesolowski	1110	Bethel	Gr, Bethel	2/4/24
	Robert J. Wesolowski	1110	Bethel	Bethel	2/4/24
	Daniel VanWyk	3148	Booth Dr	Bethel	2/4/24
	JANE Woytowich	3142	Woods Edge Dr	Bethel	2/4/24
	Laurence Smith	3821	Mark	Bethel	2/4/24
	Seth A Vance	1612	Wendy way	Bethel	2/4/24
	Donna J Vance	1012	wendy way	Bethel	2/4/24
	Winfred C. Lightner	1098	Bethel Rd	Bethel	2/4/24
	CRAIG LIGHTNER	1098	BETHEL	BETHEL	2/4/24
	Robert C. Hays	3118	WOODS EDGE Dr.	Bethel	2/4/24
	Donald R Casey	1011	BETHEL HALL	Bethel	2/4/24
	Michael Dajstus	36	Robusta	Bethel	2-4-24



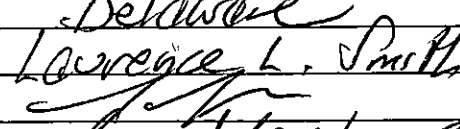
SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Wade Reed	3788	Lick Ln	Bethel	2/4/24
	MICHAEL KORMAN	1424	ZEBLEY RD	BETHEL	2/4/24
	Kimberly Easter	1364	Brookstone	Bethel	2/4/24
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Delaware
 2 Printed Name of Circulator Laurence L. Smith
 3 Signature of Circulator 
 4 Number and Street of Circulator 3941 Marsh Rd
 5 City, Borough or Twp. Bethel Zip Code 19060

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FAYETTE 26

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	LOUIS A. ABOSTINI	91	DAWSON AVE	UNIONTOWN Pa	1-24-24
	Matthew Kalich	1022	West Park	North Union	1-24-24
	Angelina V. Cecchini	40	Belmeade	South Union	1-24-24
	RICHARD A. BARRON	1212	FARM RD	SOUTH UNION	1/24/24
	Nicole Breakiron	170	Dixon Blvd	South Union	1-24-24
	Hope Carlson	312	Nicholas Dr	South Union	1-24-24
	GARRY BREAKIRON	1161	FARM RD	SOUTH UNION	1-24-24
	Janet Breakiron	712	Norman St	South Union	1-24-24
	MINDI BREAKIRON	1161	FARM RD	SOUTH UNION	1-24-24
	BOB WEAKLAND	8	WEAKLAND LANE	SMITHFIELD	1/25/24
	Justin Reink	1120	Race St	Connellsville	1-25-24
	WENDELL ROCCA	200	MGT. RD	Union Twp	1-25-24
	JAY CAMPBELL	51	CAVE ST	Fairchance	1-25-24
	MARK SPRINGSTEEN	57	High St	Georges Twp Fairchance	1-25-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>James Edry</i>	JAMES E FRY JR	183	maty meadow	Amintown	1-25-24
<i>Wayne K Baker</i>	WAYNE K. BAKER	315	LAKE LYNN	SPRINGHILL	1-25-24
<i>Scott M. Yeater</i>	SCOTT M. YEATER	545	Med Park Rd	SMITHFIELD	1-25-24
<i>Greg Hegan</i>	Greg Hegan	411	McClelland Rd	South Union	1-25-24
<i>Brandon Richard</i>	Brandon Richard	112	Wayside Drive	North Union	11/29/24
<i>Richard Mub</i>	Richard Mub	225	Pine Knob	South Union	1-30-24
<i>George Bantz</i>	George Bantz	2	Westgate	S-Union	1/30/24
<i>Charles L. Berkshire</i>	CHARLES L. BERKSHIRE	205	N. LIBERTY	MASONTOWN	1/30/24
<i>Nicholas Serre</i>	Nicholas Serre	202	Wilson Ave	Uniontown	1/30/24
<i>Catherine Patriarca</i>	Catherine Patriarca	60	Belmeade Terrace	South Union	1-30-24
<i>John M Wensing III</i>	JOHN M WENSING III	251	MOUNTAIN VIEW RD	South Union	1-30-24
<i>Jason Conway</i>	Jason Conway	210	1109 BATT ST	North Union	1-30-24
<i>James Dupre</i>	James Dupre	6	Sunick Dr	New Salem	1-30-24
<i>Don Luttrario</i>	Don Luttrario	336	Pittsburgh St	Uniontown	1-31-24
<i>Lawrence Haines</i>	Lawrence Haines	107	Frogtown Rd	Germany Twp McClelland	1-31-24
<i>Reggie W. Koval</i>	Reggie W. Koval	120	Maple St.	Uniontown	1-31-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence 1161 FARM ROAD - FAYETTE COUNTY

2 Printed Name of Circulator GARRET BRACKEN

3 Signature of Circulator *Garret Bracken*

4 Number and Street of Circulator 1161 FARM ROAD

5 City, Borough or Twp. SOUTH UNION TWP Zip Code 15401

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FAYETTE 26

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Patricia D Humbert</i>	Patricia D Humbert	253	Bradlock Rd	Henry Clay Twp	
<i>Eric G. Anderson</i>	Eric G. Anderson	667	Effington Rd	Wharton Twp	
<i>Janet Hove</i>	JANET HOVE	318	Shelburne Rd	Wharton Twp	2-1-24
<i>Cheryl Yeardie</i>	Cheryl Yeardie	545	Mud Pike	Georges Twp	2-1-24
<i>Christy Ellyson</i>	Christy Ellyson	32F	Elliotville Rd	Wharton	2-1-24
<i>Thomas J. House</i>	Thomas J. House	1055	West Penn Blvd	Union Twp	2-6-24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence FAYETTE
- 2 Printed Name of Circulator Robert Smith
- 3 Signature of Circulator [Handwritten Signature]
- 4 Number and Street of Circulator 403 JOANNE Lane
- 5 City, Borough or Twp. WINNITOWN South Union Twp Zip Code 15401

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FAYETTE 26

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Ryan Warner	115	Liberty St	Perryopolis	1/24/24
	Ava Smith	403	Joune Lane	Uniontown	1/24/24
	William Shea	109 1/2	H. Morgan Fourn St	Fairchance	1/30/24
	Jessica Petrus	189	Main St	Smock	1/31/24
	GEORGE HOKR	310	FIVE FOOTS	WARTON	2-1-24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence FAYETTE
- 2 Printed Name of Circulator Robert A Smith
- 3 Signature of Circulator [Signature]
- 4 Number and Street of Circulator 403 JOANNE LANE
- 5 City, Borough or Twp. UNIONTOWN South Union Twp Zip Code 15401

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FULTON 29

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Pamela M K Taylor	375	Peach Orchard Rd	Todd	1-24-24
	Thomas E Taylor	375	Peach Orchard	Todd	1-24-24
	Randolph I Keifer	835	Peach Orchard	Todd	1-24-24
	PATX SNOWERS FIX	107	West Patterson St.	Todd	1-31-24
	Kent R Fix	107	West Patterson St.	Todd	1-31-24
	John P. Boehne II	108	East Wood St.	Todd	1-31-24
	Christy Boehne	108	East Wood St.	Todd	1-31-24
	Tardel L. Gress	192	Queens Ln	Todd	2-1-24
	Devonna J Skales	293	Serpentine Rd	Ayr	2-1-24
	BONNIE MELLOTT KEEFER	835	PEACH ORCHARD	Todd	02-03-24
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence FULTON
- 2 Printed Name of Circulator BONNIE MELLOTT KEEFER
- 3 Signature of Circulator Bonnie Mellott Keef
- 4 Number and Street of Circulator 835 PEACH ORCHARD ROAD
- 5 City, Borough or Twp. McCONNELLSBURG, TODD TWP Zip Code 17233

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: HUNTINGDON 31

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Steven B Rusk	1115	washington	Huntingdon	1-25-24
	Victoria L Cowan	23833	Decorum	Dublin Twp	1-25-24
	Joann W Wakefield	123	NORTH	Rockwell	1-25-24
	Renee J. Starr	239	Fulton	Wood	1-25-24
	Thomas B. Wakefield	23035	Anderson Hollow	Springfield	1-25-24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Huntingdon

2 Printed Name of Circulator Jean Wakefield

3 Signature of Circulator Jean Wakefield

4 Number and Street of Circulator 123 NORTH ST.

5 City, Borough or Twp. Rockhill Zip Code 17249

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: HUNTINGDON 31

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Melita Renninger	610	6 th StE	Huntingdon	2/3/24
	Adam Renninger	610	6 th St.	Huntingdon	2/3/24
	Mimi S. Iselt	864	Regener Rd	Huntingdon	2/3/24
	Mary Ann Culbertson	2699	Fouses Xing	James Creek	2/3/24
	Charles F. Culbertson	2699	Fouse Xing	James Creek	2/3/24
	DEBRA A STATES	15428	Raystown Rd	James Creek	2/3/24
	WILLIAM STAZES	15427	RMYSTOWN	JAMES CREEK	2-3-24
	Wendell Hunsicker	15478	Raystown Rd	James Creek	2-3-24
	Dez Smith	406	Shelton Ave	Alexandria	2-4-24
	Elizabeth Bouks	5376	Source Creek Rd	James Creek	2/4/24
	Daniel Tapla	5093	Shavers Creek	Petersburg	2-4-24
	Wilma Ewing	9359	Greenwood Rd	Petersburg	2-4-24
	Kristen Myers	8786	Chicote Hollow Rd	Petersburg	2-4-24
	Nicholas Myers	8186	Chicote Hollow Rd	Petersburg	2-4-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Stephanie Crawford</i>	Stephanie Crawford	10293	Petersburg Pk	Huntingdon	2-4-24
<i>Alice Foster</i>	Alice Foster	5874	Golden Run	West Twp	2-4-24
<i>Sarah Peachey</i>	Sarah Peachey	627	6th St	Huntingdon	2/4/24
<i>Phillip J. Karner</i>	Phillip J. Karner	626	Warm Springs	Huntingdon	2/2/24
<i>James J. Miller</i>	James J. Miller	630	7th	Huntingdon	2/4/24
<i>Marianne Ayers</i>	Marianne Ayers	700	7th St.	Huntingdon	2/4/24
<i>Mark Ayers</i>	Mark Ayers	700	7th St	Huntingdon	2-4-24
<i>Donald Heaton</i>	DONALD HEATON	616	MOORE ST	HUNTINGDON	2-4-24
<i>David F. Greasy</i>	David F. Greasy	609	Moore St	Huntingdon	2-4-24
<i>Finonday Greasy</i>	Finonday Greasy	609	Moore St	Huntingdon	2-4-24
<i>Marsha Kypa</i>	Marsha Kypa	621	7th	Huntingdon	2-4-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Huntingdon
- 2 Printed Name of Circulator Julia B. Wilt
- 3 Signature of Circulator *J. Wilt*
- 4 Number and Street of Circulator 612 7th Street
- 5 City, Borough or Twp. Huntingdon Borough Zip Code 16852

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: LAWRENCE 37

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Beverly Ryan Shobe</i>	Beverly Ryan Shobe	28	Fairhill Dr	New Castle Twp	1-30-24
<i>Anne E. Mann</i>	ANNE E. MANN	00	Fairhill Dr	New Castle Twp	1-30-24
<i>Caleb Perry</i>	Caleb Perry	5175	W. Main St	Edinburg PA	2/7/24
<i>Devel Dittmer</i>	Devel Dittmer	4180	Stavich Pike	New Castle PA	2/7/24
<i>Nicholas Papa</i>	Nicholas Papa	133	ESheridan	New Castle	2/7/24
<i>Carol Lynne Ryan</i>	CAROL LYNN RYAN	1504	HEGLAWN	NEW CASTLE	2/8/24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence LAWRENCE

2 Printed Name of Circulator CAROL LYNNE RYAN

3 Signature of Circulator Carol Lynne Ryan

4 Number and Street of Circulator 1504 Highland Avenue

5 City, Borough or Twp. New Castle Zip Code 16105

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONROE 45

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Cheryl Mortimer	434	Lairavie	Chill Twp	1-26-24
2.	Kathleen Kwasny	610	Key stone Dr.	Stroud Twp	1-26-24
3.	Barry C. Kwasny	610	KEYSTONE DR	STROOD TWP	1-26-24
4.	VALERIE BRENNAN	354	E. BROWN	E. STROUDSBURG	1-26-24
5.	WILLIAM BRENNAN	354	E. BROWN ST	E. STROUDSBURG	1-26-24
6.	LINDA ROSS	36	Brianlight DR	E. STROUDSBURG	1-26-24
	PATRICIA MURRAY	6	SPANGENBURG AVE	STROUDSBURG	1-26-24
8.	Susan Murray	1103	Chapman Rd	E. Stroudsburg	1/26/24
9.	Michael P. Murray	6	Spangenburg Ave	E. Stroudsburg	01/26/2024
10.	Margaret K Miller	5	Spangenburg	E. Stroudsburg	1/26/2024
11.	Sean Farrell	760	Ave E	Stroud	1/28/2024
12.	Bonnie Farrell	760	Ave E	Stroud	1/28/2024
13.	Margaret A Fati	423	N. 9th	Stroudsborg	1/29/2024
14.	Karl D. Detweiler	1651	Wallace	Stroud 3	1/29/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	PETER O'REILLY	5620	StenBrook Rd Strooud	Strooud 6	1/29/24
	TARA HBRAN	198	ARMY CT	STROUD 6	1/29/24
	JACQUELINE MOORE	107	QUEEN ST	JACKSON	01-29-2024
	TIMOTHY M MOORE	107	QUEEN ST	JACKSON	01-29-2024
	Robert E Moore	107	Queen St	Jackson Twp Stroodsburg	1-29-2024
	Robert Moore	2309	Mountain	Jackson Twp	1/29/24
	Jaclyn Moore	2309	Mountain Rd	Jackson Twp	01/29/24
	BARBARA COONEY	110	EDWIN LN	HAMILTON	1/30/24
	Arnold Cooney	110	EDWIN LN	HAMILTON	1/30/24
	Lisa M Faherty	201	Woodswack	Hamilton	1/30/24
	Michael Faherty	201	Woodswack	Hamilton	1/30/24
	Dee DeAngelo	109	Trout Lily	Strooud 5	1/30/24
	Sally Hadsall	500	Burger Hollow	Polk	1/31/24
	Brian J Gallagher	2689	Kimrock	STB6 Hamilton	1/31/24
	Michele Gallagher	2689	Kimrock	Hamilton	1/31/24
	Beth S. Ross	258	Anglic St	Strooud (Strooud)	2-1-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Monroe

2 Printed Name of Circulator Janet Mary Smith

3 Signature of Circulator Janet Mary Smith

4 Number and Street of Circulator 7051 Running Valley Road

5 City, Borough or Twp. Jackson Zip Code 18360

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONROE 45

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Kelly Ann Zaso	6246	Cardinal Dr	E. Stroudsburg	1/25/24
	Stephanie Zaso	6246	Cardinal Dr	E. Stbg	1/25/24
	Nathan Dayer	8	Old Farm Rd	E. Stbg	1/25/24
	Joseph Zaso Jr.	6246	Cardinal Dr	E. Stroudsburg	1/25/24
	Joseph Zaso Sr.	6246	Cardinal Dr	E. Stroudsburg	1/25/24
	Gino Valic Jr.	132	Dove Lane	East Stroudsburg	1/27/24
	G. De Angelo	141	N.E. Belmont	Stroudsburg	1-28-24
	Minella Bulue	373	Mountain View Dr	Wauhatchee	1/28/24
	Jodi L Kneisly	106	Kayla Ct	Saylorsburg	1/28/24
	EWA T. STRATTON	1097	Mazzetti Rd.	Stroudsburg	1/28/24
	Keenan D. Stratton	1097	Mazzetti Rd.	Stroudsburg	1/28/24
	April Pansy	197	Eagles Ct	Stroudsburg	1/30/24
	Paul Maccarrone	1206	Justine Ln	Stroudsburg	1/30/24
	Cindi Maccarrone	1206	Justine Ln	Stroudsburg	1/30/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Chris Field	357	Bossardsville Rd	Stroudsburg.	2-1-24
	Suzanne Field	357	Bossardsville Rd	Stroudsburg	2/1/24
	Seneca Transue	234	Golfman Rd	Saylorsburg	2/6/24
	Virginia King	104	Barn Owl Way	E. Stbg	2/7/24
	William King	104	Barn Owl Way	E Stroudsburg	2/9/24
	Heather Smith	231	Famer Bshrd	Clburg	2/7/24
	Anthony Pucetti	945	Mt Zion Ave	Stroudsburg	2/7/24
	Joe Furtman	953	Mt Zion Ave	Stroudsburg	2/7/24
	Brad Berman	957	Mt. Zion Ave	stbg.	2/7/24
	Alyshia King	1104	Ehler St	Stbg	2/7/24
	Joyce Valic	132	Dove Lane	E. Stbg	2/8/24
	Ivan Valic	132	Dove Lane	E. Stbg	2/28/24
	Mitchell Pogano	940	Mt Zion Ave	STAG	2/8/2024
	BAILEY MERANDA	247	EAGLES CT	STROUDSBURG	2/8/24
	BRIAN MERANDA	247	EAGLES CT	STROUDSBURG	2/8/24
	Dominika Suchanski	344	Clay Ave	Stroudsburg	2/8/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Monroe

2 Printed Name of Circulator Heidi Sweetser-Cohen

3 Signature of Circulator

4 Number and Street of Circulator 199 Eagles Ct

5 City, Borough or Twp. Stroudsburg Zip Code 18360

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONROE 45

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Shelli L. Bird	179	High Point	Ross Twp	1/23/24
	Ed Buczynski	209	Pearson	Ross Twp	1/23/24
	Kristen Buczynski	209	Pearson	ROSS TWP	1/23/24
	Shawn Denny	179	High Point	Ross Twp	1/23/24
	Ellen Teets	124 A	BARREN ST	E Stroudsburg	1/24/24
	Susan Mertz	305	Fall Creek	Stroudsburg	1/24/24
	Sharon Fish	1066	Farmers Ridge	E Stroudsburg	1/24/24
	Andrew Bino	1717	DECATUR RD	TOWNSHIP	1/25/24
	Laura J. Bird	1117	Deer Trail Rd	Towhanna	1/25/24
	Debra Shortone	282	Sellersville Dr	E. Stroudsburg	1/25/24
	Donna Rothwell	159	Foothill Blvd	Effort	1-25-24
	Ann Zannelle	614	WASH XING	E. STB6	1-25-24
	Fred Ridner	11	Charlton Dr	E. STB6	1-26-24
	Patricia J. Bixler	207 C	Cherry Valley Rd	Susquehanna Twp	1/26/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Ann Zannelle	614	W 134th Xing	E. Strbg	1-25-24
	Greg Milford	354	Charles Folly Rd	Bartonville	1-26-24
	Ginger Pursell	154	Lucas Dr	Jackson Twp	1/26/24
	Jean L. Bogart	69	King St	E. Strbg PA	1/26/24
	Elizabeth Bibler	192	Timber Hill	Henryville	1/26/24
	Jenna Rudolf	129	Enca Dr	Chestnut Hill	1-26-24
	Ben Rudolf	129	Erica Dr	Chestnut Hill	1/26/24
	BRIAN BIRD	179	HIGH POINT DR	ROSS TWP	1/28/24
	Diane Foley	197	HIGH POINT	ROSS TWP	1/28/24
	Scott Foley	197	High Point	ROSS TWP	1/28/24
	Glenn Meyers	618	Wedge Wood Lake Dr	Stroud	1/29/24
	MICHAEL R GALLER	198	HIGH POINT	ROSS	1/30/24
	Dawn Galler	198	HIGH POINT DR	ROSS	1.30.24
	Chris Stanukenas	1029 62	Borough St	E. Burg	1/31/24
	Larisa Martone-Burn	510	Reston Falls	E. burg	1/31/24
	Kelly Younger	210	Blue Jay Lane	Stroud Twp	2/1/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Monroe

2 Printed Name of Circulator Shelli L Bird

3 Signature of Circulator

4 Number and Street of Circulator 179 High Point Dr

5 City, Borough or Twp. Ross Twp Zip Code 18353

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONROE 45

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Scott Van Why	350	Race	E Stroudsburg	1/24/24
	David Marra	5305	teal lane	Stroudsburg	1/24/24
	Jessica Van Why	350	Race St	East Stroudsburg	1/24/2024
	LISA VANWAY	350	RACE ST	EAST STROUDSBURG	1/24/2024
	KERRI-ANNE FRCCO	562	N5 ST	STROUDSBURG	1/24/24
	Nicole Freese	562	N 5 ST	STROUDSBURG	1/24/24
	Diane Scapitan Chelobas	355	McKay Road	Logans Twp.	1-24-24
	Barbara K. Browning	110	Mt. View	Middle Smithfield	1/24/24
	Anne Marie Pohlman	3149	Pine Valley Way	E. Stroudsburg	1/24/2024
	ROBERT POHLMAN	3149	PINE VALLEY WAY	E. STROUDSBURG	1/24/24
	Constance L. Harris	1816	Wallace St	STROUD	1/24/24
	RICHARD WAIBEL	180	STRAWER H.	STROUD	1/24/24
	John Reice	301	White Pine Dr.	Stroudsburg	1-24-24
	Michael Doughty	639	Walton St	E Stroudsburg	1-24-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Alyssa Ginead</i>	Alyssa Ginead	3104 776	Ridgeview Ct	Stroudsburg	1/24/24
<i>Frank Panico</i>	Frank Panico	9017	1800 1/2 Dr	Tobyhanna	1-24-24
<i>Louise Yiguola-Lavia</i>	Louise Yiguola-Lavia	1139	Horizon Dr	Long Pond	1-24-24
<i>Roger Perkowski</i>	Roger Perkowski	134	Nicoll Ln	Hennsville	1/24/24
<i>Karen Perkowski</i>	Karen Perkowski	134	Nicoll Ln	Hennsville	1/24/24
<i>David C. Sweetser</i>	David C. Sweetser	115	Anna Mae	Stroud	1/24/24
<i>Heidi Sweetser-Cohen</i>	Heidi Sweetser-Cohen	199	Eagles Ct	Stroudsburg	1/24/24
<i>Andrew J. Cohen</i>	Andrew J. Cohen	199	Eagles Ct.	Stroudsburg	1/24/24
<i>Diane S May</i>	Diane S May	156	May Lane	Middle Smiths	1/24/24
<i>Michael Fred May</i>	Michael Fred May	156	May Lane	Middle Smiths	1/24/24
<i>Christine A. Wilkins</i>	Christine A. Wilkins	2366	Paradise Rd	Stroud	1/24/24
<i>Heather Ott</i>	Heather Ott	70	Balsin	Jackson	1/24/24
<i>Jennifer Malsch</i>	Jennifer Malsch	1536	Cherry Lane Rd	E Stroudsburg	1/26/2024
<i>Daniel Malsch</i>	Daniel Malsch	1536	Cherry Lane Rd	E Stroudsburg	1/26/24
<i>Karyn Malsch</i>	Karyn Malsch	1149	Honey Rd	Stge	1/24/24
<i>Wayne Petit</i>	Wayne Petit	336	Ginger Ln	E Stroudsburg	1-26-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Monroe

2 Printed Name of Circulator Catherine Hennings

3 Signature of Circulator Catherine Hennings

4 Number and Street of Circulator 109 Blue Bird Way

5 City, Borough or Twp. M. Smithfield Zip Code 18302

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

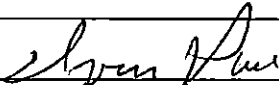

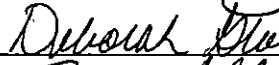

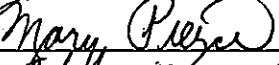
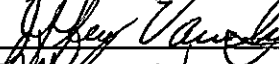
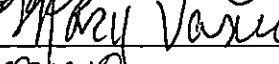
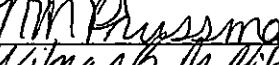
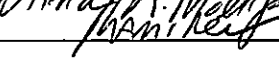
NAME OF OFFICE: AUDITOR GENERAL
 DISTRICT NUMBER: Statewide
 YEAR OF PRIMARY: 2024
 CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor
 OCCUPATION: Auditor General
 RESIDENTIAL STREET ADDRESS: 2231 Boas Street
 CITY, BOROUGH OR TWP.: Susquehanna Township
 COUNTY OF SIGNERS: MONROE 45 PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Hector A. Ramirez	1524	Langford Dr	Chestnut Hill	1-26-2024
	Mark Walter	339	Schooneck Ave	Nazareth PA	1/26/24
	Vladimir Stoyanov	7657	Cherry Valley Road	Delaware Water Gap	1/26/24
	Julius Ivan	647	Madhattan Dr	Pocono Lake	1/26/24
	MICHAEL BAGDIKIAN	881	QUEEN ST	STRouds Twp	1/26/24
	BRIAN TAGGART	1115	Hillside Ave	SAYLORSBURG	1/26/24
	Edward Baker	49	Mandy Ridge Dr.	East Stroudsburg	1-26-24
	NICHOLAS FULL	167	Stroudsmoor	Stroudsburg	1-26-24
	Loretta Parks	437	Fridley Rd	Kunklestown	1-28-24
	Carlos Lizarralde	179	Prig Dr	Saylorsburg	1-28-24
	H.S. Spannagel	224	Clark	Saylorsburg	1-28-24
	ROGER W KUZEL	136	BUFFALO LN	SAYLORSBURG	1/28/24
	John T. Mathews	2710	Vista Dr	Blakeslee	1/28/24
	Samantha A. Mathews	2710	Vista Dr.	Blakeslee	1/28/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Evan Pare	147	Buskirk Ln	Feldevred	1/28/24
	Noemi Lizardi	179	Darcy Dr	Saylorsburg	1/28/24
	Deborah Gladd	2289	Bismark	Tunkhannock	1/28/24
	Freeman Gladd	2289	Bismark	Tunkhannock	1/28/24
	Mary Pierce	588	White Birch	Chestnut Hill	1/28/24
	JEFFREY VANSICK	1241	LINDSEY LN	EFFORT	2/3/24
	MARY VANSICK	1241	LINDSEY LN	EFFORT	2-3-24
	Nicole M Prussman	243	Mountain Rd	Albrightsville	2-3-24
	Wilma B. Molligo-Panica	1524	Longleaf Drive	Chestnut Hill	2/8/24

STATEMENT OF CIRCULATOR

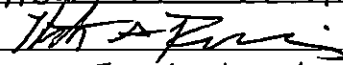
CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Monroe

2 Printed Name of Circulator Hector A. Ramirez

3 Signature of Circulator 

4 Number and Street of Circulator 1524 Longleaf Dr

5 City, Borough or Twp. Chestnut Hill Zip Code 18330

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONROE 45

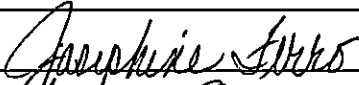
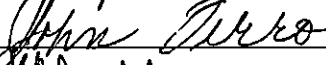
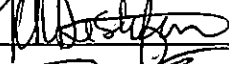

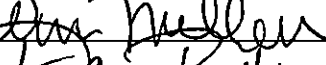

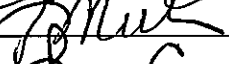
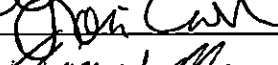
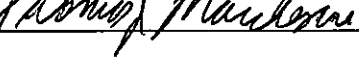
PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Maryellen R. Thoren	372	n. Shoe Dr	Acobrightsville (TUNKHANNOCK WEST)	1/23/2024
	Muelan S. Ruhl	107	Starlight	EFFORT PA 18320	1/23/24
	MARY ELLEN BEVANS	107	STARLIGHT	Chestnuthill	1/23/24
	Steven Almqvist	26	Old Post Rd	Coolbaugh	1-25-24
	ANNE D. WHITEHEAD	72	TRUCKS RD	Tunkhannock TWP	1-26-24
	THOMAS A. WHITEHEAD	72	TRUCKS RD	TUNKHANNOCK	1/26/24
	Thomas C. Whitehead	1625	County Park Rd	Chestnuthill Tunkhannock	1/28/24
	Jeff Frey	208	Winona Rd	Mount Pocono	2-8-24
	MICHAEL OBER	39	FAIRVIEW AVE	Mt. Pocono	2-8-24
	Robert J Corbett	117	Anna Court	Stroudsburg, PA	08/08/24
	Patrick J. Mullin	111	Alpine Lake Rd.	Pocono	2-8-24
	Jessica Gramen	378	Blue Ridge Rd	Ross Twp	2-8-24
	Pete Bales	219	Gravel Ln	Smithfield	2-8-24
	Jennifer Stillmeyer	7113	Honeycomb	Middlebury Smithfield	2/8/24



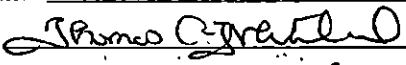
SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Josephine Ferro	175	Robin Ln	E. Stroudsburg	2-8-24
	John Ferro	175	Robin Ln	E. Stroudsburg	2-8-24
	Kenelle Destefano	217	N 8th St	Stroudsburg	2/8/24
	Zander Becker	217	N 8th St	Stroudsburg	2-8-24
	Ann Miller	707	Potters Corner	POIK	2/8/24
	Dara Baker	243	Appentell Ln	Stroudsburg	2/8/24
	Elizabeth Mullin	111	Alpine Lake Rd	Pocono Twp	2/8/24
	Heidi Cana	1246	Woodstock Drive	Chesnut Hill Twp	2/8/24
	THOMAS J. MARCHESANI	2508	KLIME CT.	M. SMITHFIELD	2/8/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Monroe
- 2 Printed Name of Circulator Thomas C. Whitehead
- 3 Signature of Circulator 
- 4 Number and Street of Circulator 1625 County Park Rd #102
- 5 City, Borough or Twp. Chesnut Hill Twp Zip Code 18331

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A: This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONROE 45

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Kevin L Schieffler	177	ELIZABETH ST	EAST STAG PA	1/24/24
	Jack Rader Jr.	1186	Mt. Spring Dr.	Lebanon	1/24/24
	Thomas R. Wickins	2366	Paradise Trail	DANDLON, INK	1/24/24
	Michele Aoster	224	Amber Ln	E. ST 18301	1/24/24
	Chris A. Gannon	182	Wagon St	2.5th St	1/24/24
	Melissa Jordan	1519	Dallas Way	5th Jackson	1-24-24
	Pamela Krieger	2322	Rimrock Dr	Stroudsburg	1/24/24
	Terry Cronin	3	Fern Path	Stroudsburg	1/24/24
	Lisa Villano	116	Maple Dr.	Saylorsburg PA	1/24/24
	Ruth E. Reynolds	151	R Pope Rd.	Amriton	01.24.24
	Thomas Chapegal	355	Maple Rd	Henryville	1/24/24
	KAREN SCHIALITTI	355	MCKAY RD	POCONO TOWNSHIP	1-24-24
	Joseph J. Brown	577	Westlake Ave	H. S. S. Field	1-24-24
	DAVID C. PARKER	115	ANNAMAR	STRAW	1-24-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>Amanda R Parker</i>	Amanda R Parker	115	Anna Mae Rd	Stroud	1/24/24
16. <i>Edw Malsch</i>	Edward Malsch	1149	Haney	Stroud	1/26/2024
17. <i>Karyn Malsch</i>	Karyn Malsch	1149	Haney Rd	Stroud	1-24-24
18. <i>[Signature]</i>	Bruce Hennings	109	Blue Bird Way	M. Smithfield	1/29/24
19. <i>Catherine Hennings</i>	Catherine Hennings	109	Blue Bird Way	M. Smithfield	2/3/24
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Monroe
- 2 Printed Name of Circulator Catherine Hennings
- 3 Signature of Circulator Catherine Hennings
- 4 Number and Street of Circulator 109 Blue Bird Way
- 5 City, Borough or Twp. M. Smithfield Zip Code 18302

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONROE 45

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Douglas C. Friedman	739	Effort Pk	Chestnut Hill	2/2/2024
	THOMAS J. MARCHESANI	2508	KUKE CT.	M. SMITHFIELD E	2/2/24
	Dulce Ridder	131	Stokes Ave	Stroudsburg Twp	2/2/24
	Kevin Ridder	131	STOKES AVE	STROUDSBURG	2/2/24
	Jannina Ksiaskiewicz	306	E. BROAD	E. STROUDSBURG	2/2/24
	LISA KRUPP	1648	Wallace	Stbg	2-2-24
	David Struk	40	CBR	Smithfield	2-2-24
	GERARD O'BRIEN	419	MAJ	Stroudsburg	2.2.24
	Robert Provitera	2004	Bennedy	Stroudsburg	2/2/24
	Finola Conboy	123	Huston Ave	Stroudsburg	2/2/24
	Ciara Conboy	123	Huston Ave	Stroudsburg	2/2/24
	THERESA PESCE	376	UPPER RIDGECR	Chestnut Hill 1	02/04/2024
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence MONROE
- 2 Printed Name of Circulator THERESA V. PESCE
- 3 Signature of Circulator *Theresa V. Pesce*
- 4 Number and Street of Circulator 3700 UPPER RIDGE DR.
- 5 City, Borough or Twp. CHESTNUT HILL Zip Code 18330

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONROE 45

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Les Asha	138	Darcy Dr.	Saylesburg	
	SHEILA A SMITH	346	Beltzville Rd	Kunkletown	1/23/24
	Robert L. Smith	346	Beltzville Rd	Kunkletown	1/23/24
	Sara Bonchoville	1026	Scenic D	Kunkletown	1/23/24
	Rebecca Tippet	9337	Sherwood	Kunkletown	1/25/24
	Latasha Anthony	161	Golfview Dr	Kunkletown	1/25/24
	Sid Butler	285	Readers Way	MONROE	1/26/24
	Barbara Butler	285	TRAVELERS Way	Stroudsburg	1/26/24
	Robert Butler	685	Long Mountain Rd	Effort	1/28/24
	Myra Curman	112	Jison Lane	Kunkletown	1/28/24
	Nicholas Duxer	685	Long Mountain Rd	Effort	2/6/24
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Monroe

2 Printed Name of Circulator Robert Burke

3 Signature of Circulator [Handwritten Signature]

4 Number and Street of Circulator 685 Long Mountain Rd.

5 City, Borough or Twp. Effort Zip Code 18330

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONROE 45

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	KERRY REATS, SR	312	WhitePineDr	JACKSON	2-1-24
	Barbara J Teats	312	WhitePineDr	Jackson Twp	2-1-24
	Heidi Le mande	175	Indianwood Dr	Stroudsburg	2-2-24
	Kellie Hawk	5145	Neola Rd	Hamilton	2-2-24
	Craig Hawk	5145	Neola Rd	Hamilton	2-2-24
	Bruce Stewart	3157	Shafers Schoolhouse Rd	Stroudsburg	2-4-24
	Margaret Stewart	3157	Shafers Schoolhouse Rd	Stroudsburg	2-4-24
	Judy Gibson	380	Shafers Schoolhouse Rd	Stroudsburg	2-4-24
	John R. Smith	7051	Running Valley Road	Jackson	2-8-24
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Monroe
- 2 Printed Name of Circulator Janet Mary Smith
- 3 Signature of Circulator Janet Mary Smith
- 4 Number and Street of Circulator 7051 Ranning Valley Road
- 5 City, Borough or Twp. Jackson Zip Code 18360

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONROE 45

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
1.	<i>Bridget Shanley</i>	Bridget Shanley	109	Karen Glen Way	Brookhillsville	1/29/24
2.	<i>James Shanley</i>	James Shanley	109	Karen Glen Way	Brookhillsville	1/31/24
3.	<i>Constance J. Vebel</i>	CONSTANCE J. VEBEL	104	KAREN GLEN WAY	BROOKHILLSVILLE	1/28/24
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Monroe

2 Printed Name of Circulator Bridget Shanley

3 Signature of Circulator Bridget Shanley

4 Number and Street of Circulator 109 Karen Glen Way

5 City, Borough or Twp. Brodheadville Zip Code 18302

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONROE 45

PARTY OF SIGNERS: Republican

To the **SECRETARY OF THE COMMONWEALTH:**

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Michael Davidowsky</i>	Michael Davidowsky	138	Camelia Dr	Polk Twp	1/23/2024
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Monroe
- 2 Printed Name of Circulator Thomas C. Whitehead
- 3 Signature of Circulator *Thomas C. Whitehead*
- 4 Number and Street of Circulator 1625 Sarty Park Rd #102
- 5 City, Borough or Twp. Chestnut Hill Twp Zip Code 18331

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Brenna Gallagher	103	Brook circle	Montgomery	2/2/24
	Pat Halcavage	103	Brook Circle	Montgomery	2/2/24
	Holly Fosnot	101	Grouse Ct.	Montgomery	2/3/24
	Richard Fosnot	101	Grouse St	Montgomery	2/3/24
	MARY RYAN	109	Windsor Blvd	Montgomery	2/4/24
	Suzanne Dale	260	Mallard Drive	Montgomery	2/4/24
	Diane Costello	123	Mallard Drive	Montgomery	2/4/24
	Karen Fedele	104	Swallow Ct	Montgomery	2/4/24
	KEVIN T. GALLAGHER	231	MAXAD Ln	Montgomery	2/7/24
	Patricia Gallagher	231	Muller Ln	Montgomery	2/7/24
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Montgomery

2 Printed Name of Circulator Patrick Gallagher

3 Signature of Circulator Patrick Gallagher

4 Number and Street of Circulator 231 Millard Dr

5 City, Borough or Twp. Montgomery Zip Code 19454

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Juan I. Santiago	288	Winding Brook Run	Montgomery	2/1/2024
	Michelle Dussing	541	Springhouse Ct	Montgomery	2/1/2024
	Amparo Santiago	288	Winding brook run	Montgomery	2/1/2024
	Sarah McAdams	2016	Bent Pine Hill	Montgomery	2-4-24
	Sarah McAdams	2016	Bent Pine Hill	Montgomery	2-4-24
	Cindy Wilenski	476	Nestling Creek Tr	Montgomery	2-4-24
	Russ Noble	178	Bent Pine Hill	Montgomery	2-4-24
	Amy Wilenski	128	360 Pine Hill	Montgomery	2-4-24
	Mary M. Mojica	1006	Cherrywood	Montgomery	2-4-24
	Judith Hallwell	1012	Cherrywood	Montgomery	2-4-24
	WARREN HALLWELL	1012	CHERRYWOOD	MONTGOMERY	2-4/24
	MADELYN DALEY	736	DOGWOOD	MONTGOMERY	2/4/24
	DENNIS DALEY	736	Dogwood Dr	Montgomeryville	2/4/24
	JOHN TEMPLETON	478	Nestling	Montgomery	2/4/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15 <i>Patricia McGuckin</i>	PATRICIA MCGUCKIN	668	BOXWOOD	MONTGOMERY	2/7/24
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Montgomery

2 Printed Name of Circulator Juan I. Santos, Jr

3 Signature of Circulator *Juan I. Santos Jr*

4 Number and Street of Circulator 288 Winding Brook

5 City, Borough or Twp. Montgomery Zip Code 19454

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	FRANK E. STONE II	123	KINGSTON	MONTGOMERY TWP	2/2/24
	KELLY STONE	123	KINGSTON	Montgomery Township	2/2/24
	Lara Yanagawa	603	Beacon	Montgomery Township	2/2/24
	Theresa L. Stangeli	134	Gwynnport Dr	Montgomery Twp	2-2-24
	Michelle VanHorn	200	Park Colby	Mont Twp	2-2-24
	JAMES G. STANGELI	134	Gwynnport	Mont TWP	2/3/24
	FRANCIS DAVEY Francis Davey	104	MADISON CT	MONTGOMERY TOWNSHIP	2/3/24
	Elizabeth K Ford	104	Madison Ct	Montgomery Township	2/3/24
	MARGARET M Tiller	1237	KENAS RD	Montgomery T.	2-3-24
	JOHN F. TORZOKOWSKI	151	RAVEN HOLLOW DR.	MONTGOMERY TWP.	2/3/24
	Sandra R. Reeb	1400	Stump Rd	Montgomery Twp	2/3/24
	MARK MUCCELIS JR.	101	Madison Ct.	Montgomery Twp	2/3/24
	DAN PIETRZYKOWSKI	109	MADISON CT	Montgomery Twp	2/3/24
	Lynda Logan	109	Madison Ct	Montgomery Twp	2-3-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Ken Frederick</i>	Ken FREDERICK	402	Pimlico way	Montgomery	2-4-24
<i>Michael S. Bennis</i>	Michael S. Bennis	112	Devonshire	Montgomery	2/4/2024
<i>Christina M Bennis</i>	Christina M. Bennis	112	Devonshire	Montgomery	2/4/2024
<i>Arnando Lagutta</i>	ARNANDO LAGUTTA	117	WESTMINSTER DR	MONTGOMERY	2/4/2024
<i>Regina Lagutta</i>	Regina Lagutta	117	Westminster Dr.	Montgomery	2/4/2024
<i>Frank Bertucci</i>	FRANK BERTUCCI	108	SIMPSON	Montgomery	2/4/2024
<i>Brent Mattern</i>	Brent Mattern	107	SIMPSON	Montgomery	2/4/2024
<i>Greg Cled</i>	Greg Cled	107	SIMPSON	Montgomery	2/4/2024
<i>Timothy J. Foley</i>	TIMOTHY J. FOLEY	130	THAMES DR	MONTGOMERY	2/5/2024
<i>John C. Melsheimer</i>	John C. MELSHEIMER	208	DELMAR	MONTGOMERY	2/5/2024
<i>Michael Woznyj</i>	MICHAEL WOZNYJ	400	PIMLICO WAY	MONTGOMERY	2/6/2024

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence MONTGOMERY
- 2 Printed Name of Circulator MICHAEL WOZNYJ
- 3 Signature of Circulator *Michael Woznyj*
- 4 Number and Street of Circulator 400 PIMLICO WAY
- 5 City, Borough or Twp. MONTGOMERY Zip Code 19454

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	GEORGE KALLIDOS	105	VERONICA	MONTGOMERY	2/7/24
	Holly Kallidos	105	Veronica	Montgomery	2/7/24
	Laureen Giampa	212	Broad Acres	Montgomery	2/7/24
	Donald Stites III	122	veronica	Montgomery	2/7/24
	Shawna Groff	228	Broad Acres	Montgomery	2/7/24
	Thomas Ruth	230	Broad Acres	Montgomery	2-7-24
	Marion D. Merkle	232	Broad Acres	Montgomery	2-7-24
	Thomas Giampa	212	Broad Acres	Montgomery	2-7-24
	Thomas Giampa	212	Broad Acres	Montgomery	2-7-24
	Thomas Giampa	212	Broad Acres	Montgomery	2-7-24
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Montgomery

2 Printed Name of Circulator John Holsinger

3 Signature of Circulator John Holsinger

4 Number and Street of Circulator 224 Broad Acres Rd

5 City, Borough or Twp. Montgomery Zip Code 19446

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Carla Helaszek	141	Addison	Montgomery	1/31/24
	Patricia Cattie	694	StreamView	Montgomery	1/31/24
	MARILYN HEFFRON	3701	ELIZABETH'S	Montgomery	2/3/24
	Joanne E. Cunningham	117	Narcissus Pl.	Montgomery	2/4/24
	Nathan Cunningham	107	NARCISSE PL	Montgomery	2/4/24
	Gene Cunningham	117	Narcissus Pl.	Montgomery	2-4-24
	Sandra Schurr	109	Hemlock Dr.	Montgomery	2/4/24
	Rolf Schurr	109	Hemlock Dr.	Montgomery	2-4-24
	Adam Schurr	152	Abolition	Township	2-4-24
	Stanley Pleskunas	236	Regency	Montgomery	2/4/24
	Gina M Pleskunas	236	Regency Dr.	Montgomery	2/4/24
	Keith Bessinger	233	Polo Dr	Montgomery	2/5/24
	Ruk Miniscalco	255	TWINING	Montgomery Twp	2/6/24
	George Schutte	101	Cave Circle	Montgomery	2/7/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Montgomery

2 Printed Name of Circulator Carla Helaszek

3 Signature of Circulator Carla Helaszek

4 Number and Street of Circulator 141 Addison Ln

5 City, Borough or Twp. Montgomery Zip Code 19446

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Richard F. Kosich	227	G. HECTOR ST	CONSHOHOCKEN BORO	1/28/2024
	LISA FELAY	579	POWDERMILL RD	UPPER MERION	1/28/24
	Gordon Rowley	679	Crestwood	Upper Merion	1/28/24
	David Hoffman	648	Crestwood	Upper Merion	1/28/24
	HUNG VO	634	NORLYN CT	UPPER MERION	1/28/24
	ALEX FORMARIZ	215	LINCOLN AV.	CONSHOHOCKEN	1/25/24
	Raymond Walmsky	466	Residential Rd	Upper Merion	1/25/24
	WALTER R. GLENN	225	MOIR AVENUE	WEST CONSHOHOCKEN	1/25/24
	TERESA A DAVIS	28	BALLYGONING	West Conshohocken	2/3/24
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Montgomery

2 Printed Name of Circulator Sandy Davis

3 Signature of Circulator Sandy Davis

4 Number and Street of Circulator 28 Balligomingo Rd

5 City, Borough or Twp. West Conshohocken Zip Code 19428

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	DAVID A. WRLDT	107	ROSE VALLEY RD	UPPER POTTS GROVE	1-31-24
	THOMAS TREISMAN	2469	WILSON	LOWER POTTS GROVE	1/31/24
	WILLIAM HOTE	332	TAVISTOCK	ROYERSFORD	1/31/24
	Terrence Raleigh	2132	Prout Farm	UPPER POTTS GROVE	1/31/24
	THOMAS KABATH	869	CHARLOTTE	POTTSTOWN	1/31/24
	Toni S. Patrick	410	Laurel Lane	Oaks, Upper Providence	1/31/24
	mark A. Joepel	307	Hampton Cir	Douglas	1/31/24
	Robert L. Kulp	589	Kulp Rd	New Hanover	1/31/24
	Gayle V. Burkman	2817	YOST RD	Upper Frederick	1/31/24
	Lisa A. Mossio	311	Montgomery	Oaks Upper Providence	1/31/24
	Eugenie Mingo	255	TURNING	Montgomeryville	1/31/24
	Rosemary M. Birch	3217	Rockhill Rd	UPPER New Hanover	1/31/24
	Ragusa R. Palm	32	Pinedale Dr	Pottstown	1/31/24
	Anita R. Palm	32	Pinedale Dr	Pottstown	1/31/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Joan A. Schmitt</i>	JOAN A. SCHMITT	209	Silverbrook Drive	Lower Frederick	1/31/24
<i>Ernest J. Schmitt</i>	ERNEST SCHMITT	209	SILVERBROOK DRIVE	LOWER FREDERICK	1/31/24
<i>Jacob E. Dailey</i>	JACOB E. DAILEY	397	Nester Dr	Lower Pottsgrove	1/31/24
<i>Mary Ann Dailey</i>	MARY ANN DAILEY	397	Nester Dr	Lower Pottsgrove	1/31/24
<i>Lori R. Musson</i>	LORI R. MUSSON	405	Burdan Dr.	Pottstown	1/31/24
<i>Jeffrey Stypinski</i>	JEFFREY STYPIŃSKI	2172	Weller Ct	New Haven	1-31-24
<i>Arthur M. Royce</i>	ARTHUR M. ROYCE	1211	Mulberry St	Lower Pottsgrove	1/31/24
<i>Albert Vaguzzi</i>	ALBERT VAGUZZI	129	Patriot Dr	UPPER PROVIDENCE	1/31/24
<i>David J. Loh</i>	DAVID J. LOH	250	Dart Dr	Lower Providence	1/31/24
<i>Catherine Paretti</i>	CATHERINE PARETTI	218	WARRIEN DEERFIELD	UPPER POTTSGROVE	1/31/2024
<i>Wendy Prutzman</i>	WENDY PRUTZMAN	1004	N. EVANS	POTTSTOWN	1/31/24
<i>John Prutzman</i>	JOHN PRUTZMAN	1004	N. EVANS	POTTSTOWN	1-31-24
<i>Mary Rose Raleigh</i>	MARY ROSE RALEIGH	2132	PROUT FARM RD	UPPER POTTSGROVE	1-31-24
<i>Chris Harrag</i>	CHRIS HARRAG	117	Parnell Ln	Lincoln	1/31/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence MONTGOMERY

2 Printed Name of Circulator DAVID A. WALDT

3 Signature of Circulator *David A. Waldt*

4 Number and Street of Circulator 107 ROSE VALLEY Rd.

5 City, Borough or Twp. UPPER POTTSGROVE Twp. Zip Code 19464

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	NANCY J BECKER	1798	Meadow Glen Rd	Towamencin	1-27-24
	Kevin Rossi	1223	Anders Rd	Towamencin	1-27-24
	Michael J Becker	1798	Meadow Glen Rd	Towamencin	1-28-24
	Anastasia Seltzer	581	Morwood Rd.	Francine	1-29-24
	MARIE STEINHILBER	1630	McAdoo Dr	Towamencin	2-01-24
	PATRICIA K. PIERANTOZZI	1100	Amber Ln	Towamencin	2-3-2024
	Thomas Pierantozzi	1100	Amber Ln	Towamencin	2-3-24
	David Neff	1255	Wyntonwood Dr	Towamencin	2-3-2024
	Kelsey VanThuyne	1241	Anders Rd	Towamencin	2-4-24
	Amy VanThuyne	1241	Anders Rd	Towamencin	2-4-24
	Howard N. Reid	303	Wheatfield	Hatfield	2-4-24
	Robert M. Gallagher	555	Wyn Penn	Towamencin	2-5-24
	JEAN No FRITZ	531	PENNBROKE AVE	LANSDALE	2-5-24
	Marye Karlfraen Roste	1003	Winfield Ct	Towamencin	2/5/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>[Signature]</i>	Shannon Main	1740	Old Morris Rd	Towamencin	2-5-24
16. <i>[Signature]</i>	MICHAEL JOWDIA	715	ROSEMONT AVE	UPPER GUYWEDD	2/5/24
17. <i>[Signature]</i>	Michael Main	1740	Old Morris Rd	Towamencin	2/5/24
18. <i>[Signature]</i>	Colleen Coleman	2025	Springer	Towamencin	2/5/24
19. <i>[Signature]</i>	Cynthia M. Manero	1866	Ramparth	Towamencin	2/5/24
20. <i>[Signature]</i>	Betty L. Welsh	2916	Tanglewood Ln	East Norriton	2/6/24
21. <i>[Signature]</i>	SHEILA A TOBIN	2454	HILLDALE WEST DRIVE	NORRITON	2/6/24
22. <i>[Signature]</i>	Patricia Campbell	287	Sweetbriar	Upper Merion	2/6/24
23. <i>[Signature]</i>	Barbara Albert	309	Sentry Lane	Upper Merion	2/6/24
24. <i>[Signature]</i>	Linda S. Korpel	340	Coates St	Upper Merion	2/6/24
25. <i>[Signature]</i>	Anne Helenski	597	Summit St	Upper Merion	2/6/24
26. <i>[Signature]</i>	Helen DeLeonard	1046	Stony Brook Dr	Blue Bell Whitpain	2/6/24
27. <i>[Signature]</i>	DOLORIS FORTE	132	Providence Forge	Upper Providence	2/6/24
28. <i>[Signature]</i>	Judith Fenerty	124	Wendover Drive	Norriton	2/6/24
29. <i>[Signature]</i>	JUDITH M. TARTAGLIA	8	Chapin Circle	WORCESTER	2/6/24
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence MONTGOMERY

2 Printed Name of Circulator NANCY J. BECKER

3 Signature of Circulator *[Signature]*

4 Number and Street of Circulator 1798 MEADOW GLEN DR

5 City, Borough or Twp. TOWAMENCIN Zip Code 19446

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>John H. Weierman</i>	JOHN H. WEIERMAN	70	N. WAYNE	HATFIELD BORO	2/3/24
<i>Cynthia Weierman</i>	CYNTHIA WEIERMAN	70	N. WAYNE	HATFIELD BORO	2/3/24
<i>Robert A. Hartzel</i>	ROBERT A. HARTZEL	142	N. MAIN	HATFIELD BORO	2-3-24
<i>Anthony W. Bletscha Sr</i>	Anthony W. Bletscha	142	N. MAIN	HATFIELD BORO	2-3-24
<i>David K. Kresge</i>	David K. Kresge	2247	McMURRAN	HATFIELD TWP.	2-3-24
<i>Bruce L. Schmidt</i>	Bruce L. Schmidt	155	FORESTWAY	HATFIELD BORO	2-3-24
<i>Thomas C. Ziffel</i>	THOMAS C. ZIFFEL	2791	FISCHER ROAD	HATFIELD TOWNSHIP	2/3/24
<i>Patricia M. Hartzel</i>	Patricia M. Hartzel	24	N. MAPLE AVE	HATFIELD BORO	2/3/24
<i>Robert A. Hartzel</i>	Robert A. Hartzel	24	N. MAPLE AVE	HATFIELD BORO	2/3/24
<i>Edward W. Smith</i>	EDWARD W. SMITH	29A	FRETZ ST	HATFIELD BORO	4/6/2024
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence MONTGOMERY

2 Printed Name of Circulator EDWARD W. N. SMITH

3 Signature of Circulator Edward W. N. Smith

4 Number and Street of Circulator 29A FRETZ ST

5 City, Borough or Twp. HATEFIELD BOROUGH Zip Code 19440

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JOHN J. NUCCERO	742	CALABRIA LANE	HORSHAM	2/3/24
	Chris Nucero	742	Calabria lane	Horsham	2/3/24
	CHRIS SALORATTI	739	CACADUA CN	Horsham	2/3/24
	Margaret Klemm	746	Calabria Ln	Horsham	2/3/24
	VALERIE WILLISON	101	HIDDEN CREEK DR	HORSHAM	2/3/24
	Lynda J. Sams	414	Lower State Rd	Horsham	2/3/24
	DOUGLAS J. SAMS	414	LOWER STATE RD	HORSHAM	2/3/24
	BARBARA MURPHY	519	LOWER STATE	HORSHAM	2/3/24
	SAMUEL CERRATO	720	Lower State	HORSHAM	2/3/24
	SAMUEL CERRATO	726	Lower State	HORSHAM	2/3/24
	Vincenzio Cerrato	226	Lower State	Horsham	2/3/24
	Carolyn Stozko	112	August Ln.	Montgomery	2/5/24
	Gary D. Bissin	741	Hemmingway Rd	Horsham	2/6/24
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to sworn falsification to authorities).

1 County of Petition-Signers' Residence Montgomery

2 Printed Name of Circulator Sharon L Davis

3 Signature of Circulator Sharon L Davis

4 Number and Street of Circulator 245 Threemile

5 City, Borough or Twp. Houston Zip Code 19002

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Colette Penland	4062	Mensch Rd	Skipack Twp	2/2/24
	Jason E. Saylor	3077	Palma Ct	Skipack	2/2/24
	WAYNE CHAMPAGNE	26	WISMER	Schuensville	2/2/24
	Michael Penland	4062	Mensch Rd	Skipack	2-2-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Montgomery

2 Printed Name of Circulator Colette Penland

3 Signature of Circulator *Colette Penland*

4 Number and Street of Circulator 4062 Mensch Rd

5 City, Borough or Twp. Slipjack Twp. Zip Code 19474

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	DEAN A. SIWIK	115	summer Hill	DOUGLASS	2-3-24
	JAMES T. ROMBIS	5852	UPPER RIDGE	MARLBOROUGH	2-3-24
	Marcy Toepel	307	Hampston Circle	DouglASS	2/3/24
	Edward Curran	120	crooked Lane	New Hanover	2-3-24
	Elizabeth Buehl	213	Thrup Ln	New Hanover	2/3/24
	Thomas Blank	3225	Rockhill	Perkiomen Twp	2/3/24
	MATTHEW BAINES	331	EMORYER	New Hanover	2/3/24
	Theodore Coffey	429	Glasgow	Stowe	2/3/24
	Brian Hemminger	816	hayfield Rd	New Hanover	2/3/24
	Alysha Rittler	816	Hayfield	New Hanover	2/3/24
	JOHN ONTINO	3	Riverbend	Leona Road	2/3/24
	Miko Millman	2319	Ming	upp PORTS	2-3-24
	Barbara B Furman	138	Carrett Lane	New Hanover	2-3-24
	Edward Furman	138	Carrett Ln	New Hanover	2-3-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	ANITA P. KRATZ	2532	FAUST RD	NEW HANOVER	2-3-24
	JAY W. KRATZ	2532	FAUST RD	NEW HANOVER	2-3-24
	Joseph Romano	2400	Hoffmansville Rd	New Hanover	2-3-24
	Edward H. Shank Jr	1149	BROAD ST	DOUGLASS GARDEN BUTTE	2-3-24
	MARTIN DYAS	2185	MARTIN DR	NEW HANOVER	2-3-24
	Sean A. Frisco	1163	Vally Stream Dr.	Upper Frederick	2-3-24
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Montgomery

2 Printed Name of Circulator MARIA G SWILL

3 Signature of Circulator

4 Number and Street of Circulator 115 Summer Hill Dr.

5 City, Borough or Twp. Doulass Zip Code 19505

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Theresa Modestine	3059	Sunny Ayre Dr	Worcester	1/31/24
	Betsy L. Sale	943	Hartford Dr.	Hatfield Twp	1/31/24
	Stephen Ryan	1390	TROVEL RD	TOWAMENCW TWP.	1/31/24
	Aurora Stecke	110	SSchuyler	W. Norriton	1/31/24
	Donald Hedrick	105	Devonshire Dr	Montg. Twp	1-31-24
	Carolin Hedrick	105	Devonshire Dr	Montgomery Twp	1/31/24
	JOHN HOLSINGER	224	Broad Ave	Montgomery	1-31-24
	Virginia Holsinger	224	Broad Ave Rd.	Montgomery	013124
	Wanda M. Frei	503	CYPRESS ST	LANSDALE	2-5-24
	PETER HABITZ	722	PARAN	WIPAC 6W WOOD	2-5-24
	JEAN N. FRITZ	531	PIERNBROOK AVE	LANSDALE	2-5-24
	JOHN F. O'HARA	265	BELFRY RD	WHITMAN	2-5-24
	Alan J. Lavie	109	Oberlin Tr	Towamencw	2-5-24
	William Barclay	3	Ridgewood Dr	Towamencw	2/5/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Annette Barclay</i>	Annette Barclay	3	Ridgewood Way	Towamencin	2/5/24
<i>Patricia O. Pino</i>	Patricia A. Pino	222	Arbour Ct.	Upper Gwynedd	2-5-24
<i>Giana DePaul</i>	Giana DePaul	575	Fretz Rd	Towamencin	2-5-24
<i>William C. Brosky</i>	William C. Brosky	2946	E. Walnut	Hatfield Twp	2-5-24
<i>Lori Vinitzki</i>	Lori Vinitzki	111	Misty Meadow Ln.	Towamencin	2-5-24
<i>Zachary Vinitzki</i>	Zachary Vinitzki	111	Misty Meadow Ln	Towamencin	2-5-24
<i>Laurence S Kofsky</i>	LAURENCE S KOPSKY	2485	WELLINGTON WAY	HATFIELD	2/5/24
<i>Bruce Warner</i>	BRUCE WARNER	1860	Old Morris	Towamencin	2/5/24
<i>Kristin Warner</i>	Kristin Warner	1780	Old Morris	Towamencin	2/5/24
<i>David Warner</i>	DAVID WARNER	1780	Old Morris	Towamencin	2-5-24
<i>Robert J. McDonald</i>	ROBERT J. McDONALD	537	Derstine Ave	Lansdale	2-5-24
<i>Vince Altieri</i>	VINCE ALTIERI	100	BROAD ACRES RD	MONTCOMERY TOWNSHIP	2-5-24
<i>Richard M Marino</i>	RICHARD M MARINO	1175	BOYD	TOWAMENCIN	2/8/24
<i>Michael A. Lizio</i>	Michael A Lizio	28	Newbury	Towamencin	2-8-24
<i>Joseph E. Gibbons</i>	JOSEPH E. GIBBONS	1202	Knollbrook	Towamencin	2-8-24
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Montgomery County

2 Printed Name of Circulator Harold Charles Wilson III

3 Signature of Circulator *[Signature]*

4 Number and Street of Circulator 28 Newbury Way

5 City, Borough or Twp. Towamencin Zip Code 19446

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	GEORGE GUNNING	210	GREEN VIEW COURT	PLYMOUTH MTG.	2/8/24
	MARIE T. GUNNING	210	Green View Ct.	Plymouth	2/8/24
	LAURA SIMPSON	722	Clover Ln	Plymouth	2-8-24
	ANNA SIMPSON	623	Erben Rd	Plymouth	2/8/24
	STEPHEN SIMPSON	722	clover LN	Plymouth	2/8/24
	SHELDAN SIMPSON	722	clover Ln	Plymouth	2/8/24
	JOHN HANNING	623	Erben Rd	plymouth	2/8/24
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Margamery

2 Printed Name of Circulator James C. Soring

3 Signature of Circulator *James C. Soring*

4 Number and Street of Circulator 46 Terrace Rd

5 City, Borough or Twp. Plymouth Twp Zip Code 19462

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Catherine McCullagh</i>	CATHERINE MCCULLAGH	23315	Shannon dell DRIVE	LOWER PROVIDENCE	2/8/24
<i>Nancy Atchison</i>	NANCY ATCHISON	23122	Shannon dell DR	LOWER PROVIDENCE	2/8/24
<i>Millicent L. Draker</i>	MILlicENT L. DRAKER	16415	SHANNONDELL DRIVE	LOWER PROVIDENCE	2/8/24
<i>Brian J. Sully</i>	BRIAN J. SULLY	14315			2/8/24
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence _____

2 Printed Name of Circulator _____

3 Signature of Circulator _____

4 Number and Street of Circulator _____

5 City, Borough or Twp. _____ Zip Code _____

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JOHN VINCENT HAUSER	22304	SHANNON DR.	LOWER PROVIDENCE	2/8/24
	LIV P. ROTHERBACH	23615	SHANNON DR.	LOWER PROVIDENCE	2/8/24
	MARJORIE CAREY-LAMBERT	25722	SHANNON DR.	LOWER PROVIDENCE	2/8/24
	DAVID LAMBERT	25722	SHANNON DR.	LOWER PROVIDENCE	2/8/24
	SALLY MART	21203	SHANNON DR.	LOWER PROVIDENCE	2-8-24
	LAUREN M. OTT DR	15318	SHANNON DR.	LOWER PROVIDENCE	2-8-24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

**CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW**

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence _____
- 2 Printed Name of Circulator _____
- 3 Signature of Circulator _____
- 4 Number and Street of Circulator _____
- 5 City, Borough or Twp. _____ Zip Code _____

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Brenda G. Hackett</i>	BRENDA G. HACKETT	15319	SHANNONDELL DR.	LOWER PROVIDENCE	2/8/24
<i>Margaret P. Semchis</i>	MARGARET P. SEMCHIS	25210	Shannon	Lower Providence	2/8/24
<i>Michael Semchis Jr</i>	MICHAEL SEMCHIS JR	25200	Shannon	Lower Providence	2/8/24
<i>Mary Park Wedelbrand</i>	Mary Park Wedelbrand	25206	Shannon	Lower Providence	2-8-24
<i>He Roy D. Todd Jr</i>	He Roy D. Todd Jr	13414	SHANNON DRIVE	Lower Providence	2/8/24
<i>Mary Ann Frampou</i>	MARY ANN FRAMPOU	11404	SHANNON	LOWER PROVIDENCE	2/8/24
<i>George Mitchell</i>	George Mitchell	14109	Shannon	Lower Providence	2/8/24
<i>Sylvia Luther</i>	Sylvia Luther	12118	Shannon	Lower Providence	2/8/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence _____
- 2 Printed Name of Circulator _____
- 3 Signature of Circulator _____
- 4 Number and Street of Circulator _____
- 5 City, Borough or Twp. _____ Zip Code _____

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Rochelle Z. Agers</i>	ROCHELLE Z. AGERS	24405	Shannonville Dr.	Lower Providence	2/17/24
<i>Nancee E. Hecht</i>	NANCEE E. HECHT	23738	Shannonville Dr.	Lower Providence	2/17/24
<i>Christine F. Morrison</i>	CHRISTINE F. MORRISON	3875	SHANNONVILLE	LOWER PROVIDENCE	2/1/24
<i>George W. Spaid</i>	GEORGE W. SPAID	25118	SHANNONVILLE DR.	Lower Providence	2/8/24
<i>Simone Collins</i>	SIMONE COLLINS	2854	EGYPT RD.	Lower Providence	2/8/24
<i>Judith A. Hartz</i>	JUDITH A. HARTZ	24432	SHANNONVILLE DRIVE	LOWER PROVIDENCE	2/8/24
<i>Morgan O'Brien</i>	MORGAN O'BRIEN	24535	SHANNONVILLE DR.	LOWER PROVIDENCE	2/8/24
<i>Charles F. Marshall</i>	CHARLES F. MARSHALL	22224	Shannonville Dr.	Lower Providence	2/8/24
<i>Nancy H. Namee</i>	NANCY H. NAMEE	38134	Shannonville Dr.	Lower Providence	2/8/24
<i>Stella P. Kull</i>	STELLA P. KULL	22104	SHANNONVILLE DR.	Lower Providence	2/8/24
<i>Nancy S. Hudson, Jr.</i>	NANCY S. HUDSON, JR.	12416	Shannonville Drive	Lower Providence	2/8/24
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

**CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW**

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence _____
- 2 Printed Name of Circulator _____
- 3 Signature of Circulator _____
- 4 Number and Street of Circulator _____
- 5 City, Borough or Twp. _____ Zip Code _____

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	CAROL TURNER	23107	SHANNONDELL DR	LOWER PROVIDENCE	2/6/24
	MARGARET K TAYLOR	23108	SHANNONDELL DR	LOWER PROVIDENCE	2/6/24
	DAVID M. NELSON	23108	SHANNONDELL DR	LOWER PROVIDENCE	2/6/24
	Jacquelyn J Maurer	23105	ShannondeLL Dr	Lower Providence	2/7/24
	Estrella Pérez	23725	ShannondeLL Dr	Lower Providence	2/7/24
	Dolores A Dzwil	23722	ShannondeLL Dr	Lower Providence	2/7/24
	Bonnie Stelling	23718	ShannondeLL Dr	Lower Providence	2/7/24
	Ann M. Moore	23639	ShannondeLL Dr	Lower Providence	2/7/24
	William P. Denver	23635	ShannondeLL Dr	Lower Providence	2/7/24
	JEAN A DENVER	23635	SHANNONDELL DR	LOWER PROVIDENCE	2/7/24
	Victor Brown	23607	ShannondeLL Dr	Lower Providence	2/7/24
	Denise M. Brown	23607	SHANNONDELL DR	LOWER PROVIDENCE	2/7/24
	GEORGE C. SPILL	23323	SHANNONDELL DR	LOWER PROVIDENCE	2/8/24
	GLADYS P. SPILL	23323	SHANNONDELL DRIVE	LOWER PROVIDENCE	2/8/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>Mary L. Nagle</i>	MARY L. NAGLE	23238	Shannondell Drive	Lower Providence	2/8/24
16. <i>Barbara Henderson</i>	Barbara Henderson	23717	Shannondell Drive	Lower Providence	2/8/24
17. <i>Mary Ann Hauser</i>	Mary Ann Hauser	22304	Shannondell Drive	Lower Providence	2/8/24
18. <i>Patricia Lux</i>	PATRICIA LUX	15112	Shannondell Drive	Lower Providence	2/8/24
19. <i>Francis P. Lukens</i>	Francis P. Lukens	15422	Shannondell Drive	Lower Providence	2/8/24
20. <i>Eugene J. Hill</i>	EUGENE J. HILL	16407	Shannondell Drive	Lower Providence	01/01/24
21. <i>Ines A. Bawdunak</i>	Ines A. Bawdunak	12315	Shannondell Drive	Lower Providence	2-8-24
22. <i>Beverly Dorniny</i>	BEVERLY DOMINY	14216	Shannondell Drive	Lower Providence	2/8/24
23. <i>Francis X. Luther</i>	FRANCIS X. LUTHER	14118	Shannondell Drive	Lower Providence	2/8/24
24. <i>B. J. Vogel</i>	B. J. Vogel				
25. <i>Reeves C. Lukens Jr.</i>	Reeves C. Lukens Jr.	15422			
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence _____
- 2 Printed Name of Circulator _____
- 3 Signature of Circulator _____
- 4 Number and Street of Circulator _____
- 5 City, Borough or Twp. _____ Zip Code _____

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	PHILIP E. PRESBY	3008	SOUTH TULPEHOCKEN	BERN Twp	2/6/24
	Jacqueline B. Dahlan	24110	Shannondell Dr	Lower Providence Twp	2/6/24
	Phyllis Wintz	25301	Shannondell Drive	Lower Providence	2/6/24
	Robert L. Swansky	23507	Shannondell Drive	Lower Providence	2/6/24
	DOLORES MCHENRY	23785	Shannondell Dr	Lower Providence	2/6/24
	Matilda Szavik	25410	Shannondell Drive	Lower Providence	2/6/24
	Joe Slavik	25410	Shannondell Drive	Lower Providence	2/8/24
	George Kachel	25505	Shannondell Dr	Lower Providence	2/8/24
	Dorothy Kachel	25505	Shannondell Drive	Lower Providence	2/8/24
	Patricia Bull	22104H	Shannondell Drive	Lower Providence	2/8/24
	PATRICIA A FAIR	22339	Shannondell Drive	Lower Providence	2/8/24
	Joan S Michel	23418	Shannondell Drive	Lower Providence	2/8/24
	WILLIAN DIESTELOW	21215	Shannondell Drive	Lower Providence	2/8/24
	WILLIAN DIESTELOW		Shannondell Drive	Lower Providence	2/8/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Diane Kuehn</i>	Diane Kuehn	21407	Shannondell Dr	Lower Providence	2/8/24
<i>F. Chester Wurtz</i>	F. Chester Wurtz	23435	Shannondell Dr	Lower Providence	2/8/24
<i>Marie Dinda</i>	MARIE DINIJA	13103	Shannondell Dr	Lower Providence	2/8/24
<i>Pat Lappin</i>	PAT LAPPIN	18107	Shannondell Dr	Lower Providence	2/8/24
<i>Eleanor Ott</i>	Eleanor Ott	16407	Shannondell Dr	Lower Providence	2/8/24
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence _____
- 2 Printed Name of Circulator _____
- 3 Signature of Circulator _____
- 4 Number and Street of Circulator _____
- 5 City, Borough or Twp. _____ Zip Code _____

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Marianne Urban	42	Terrace Rd	Plymouth	2/6/24
	Barry R. Urban	42	Terrace Rd	Plymouth	2/6/24
	MARYANN RIZZO	122	STASSES	Plymouth	2/6/24
	Maryann Beller	234	Jefferson	Plymouth	2/6/24
	RAYmond Belloro	334	JEFERSON	Ply mty	2/6/24
	Karen Joann Ludwig	600	Gary Ln	Norristown	2/6/24
	Mark French	919	Penn Cir	Upper Merion	2/6/24
	Gina Neve	5	Ashwood Ln.	Plymouth	2/6/24
	DARIUS Lendler	1414	Astor St	Norristown	2/6/24
	John P. Sabo	6038	Cumby Hill Rd	Whitemarsh	2/6/24
	Christa Nozomb	8502	Order Dr	Ashlan	2/6/24
	Sabrina Haasis	410	Volpe Rd	PLYMOUTH	2/6/24
	Ann Haasis	410	Volpe Rd	Plymouth	2/6/24
	Kara Haasis	410	Volpe Rd	Plymouth	2/6/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Gary Berkman	1900	Sandy Hill Rd.	Plymouth	2-6-24
	Kelly Isett	615	Turf La	Plymouth Twp	2-6-24
	Edward Isett	615	Turf LA	Plymouth Twp	2-6-24
	George Bruno	122	Shasta Rd	Plymouth	2-6-24
	Carol Furtak	251	Spring Mill Rd	Conshohocken	2/6/24
	Chris Mandath	343	Elletts St.	Conshohocken	2/6/24
	Joseph Pratica	762	Belvoir Rd	Plymouth	2/6/24
	GORDON GREENSLAW	4	IZWERD	WILKINSON TWP CONSHOHOCKEN	2/6/24
	George Nagle Jr	3064	Butler Pike	Conshohocken	2/6/24
	Janice Cusamano	1204	Harding Blvd	Norristown	2/6/24
	Deborah A. Nagle	3064	Butler PK	Conshohocken	2/6/24
	Barbara Cicci	3416	date St	WILKINSON	2/6/24
	Bassem Markus	1521	Sandy Hill	Plymouth	2/6/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Maryland

2 Printed Name of Circulator James C. Sarrig

3 Signature of Circulator

4 Number and Street of Circulator 46 Terrace Rd.

5 City, Borough or Twp. Plymouth Twp Zip Code 19102

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Brian Staerk	212	Woodland	Abington	1/28/24
	PATRICIA FONDE	1120	Manuel M.	Waverick	4/28/24
	WILLIAM P. ...	1231	1/20/24
	Carol P. O'MALLEY	312	Robert Ave	Abington	2/2/24
	Susan Nedbal	2159	Kenmore Ave	Abington	2/2/24
	Michael E. Nedbal	2159	Kenmore Ave	Abington	2-2-24
	Michael Carrigan	340	Roslyn	Abington	2-2-24
	FRED COMADY	1544	FITZWATERTON	WILLOW STONE	2-2-24
	Ken Johnston	626	Roosevelt	Cheltenham	2-2-24
	Susan Johnston	626	Roosevelt	Cheltenham	2-2-24
	M. Alice Davis	743	Roslyn Ave	Abington	2/2/24
	RITA CARRIGAN	340	ROSLYN AVE	ABINGTON	2-2-24
	Brett Davis	743	Roslyn Ave.	Abington	2/2/24
	Portia Tattenshaw	49	Ramsgate	Whitpain	2/2/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Maureen Lomazy	1244	FITZWATERDOWN RD	ABINGTON	2/2/24
	Ellen STARCK	372	Sylvanin	ABINGTON	2/2/24
	Joseph V. STARCK	372	Sylvanin	ABINGTON	2-4-24
	Paul SACIA	1685	Hampden	ABINGTON	2-5-24
	Jennifer Visco	726	Wright	Upper Dublin Maple Glen	2-5-24
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Montgomery

2 Printed Name of Circulator Ellen Starck

3 Signature of Circulator

4 Number and Street of Circulator 372 Sylvanin Coll

5 City, Borough or Twp. Abington Zip Code 19038

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JOSEPH APPELEGATE	205	ELM AVE	ABINGTON	1-23-24
	TOM KEEL	614	MONTGOMERY AVE	ABINGTON	1-23-24
	MICHELLE KEEL	614	MONTGOMERY AVE.	ABINGTON	1-23-24
	BARBARA S. CARNALI	221	ELM AVE	ABINGTON	1-25-24
	OLIVER GEORGE	140	ELM AVE	ABINGTON	1.29.24
	ROSEMARIE GIORGI	140	ELM AVE	ABINGTON	1/29/24
	OLIVER GIORGI JR.	140	ELM AVE	ABINGTON	1/29/24
	Mike Kelley	243	ELM AVE	Abington	2/1/24
	Betty Mason	306	ELM AVE	Abington	2/1/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Northampton Co.
- 2 Printed Name of Circulator Joseph Applegate
- 3 Signature of Circulator Joseph Applegate
- 4 Number and Street of Circulator 205 Elm Ave.
- 5 City, Borough or Twp. Abington Zip Code 19038

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Kiryna Cotroneo	657	Pembroke Rd	Rydal	1/23/24
	Joseph F Cotroneo	657	Pembroke	Rydal	1/23/24
	NIKOLE ROSENBERG	720	Pembroke	Rydal	1/29/24
	Ted Rosenberg	720	Pembroke	Rydal	1/31/24
	MARISA COTRONEO	657	Pembroke	Rydal	2/6/24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	- ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Montgomery
- 2 Printed Name of Circulator Joseph R Cotroneo
- 3 Signature of Circulator *Joseph R Cotroneo*
- 4 Number and Street of Circulator 657 Pembroke Rd
- 5 City, Borough or Twp. Rydal, Abington PA Zip Code 19046

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Suzanne S. Hunter	428	Vernon	Jenkintown	1/24/24
	Anka Hunt	428	Vernon	Jenkintown	1/24/24
	Chigusa Haldema	421	Newbold	Jenkintown	1/24/24
	VIRGINIA ANTHONY	300	ELEMENT RD	JENKINTOWN	1/24/24
	Ann Lovitt	427	Vernon	Jenkintown	1/24/24
	Andrew Czudec	427	Vernon	Jenkintown	1/24/24
	Valerie C. P. Keen	346	Limekiln P-ke	6 legs side Cheltenham	1/24/24
	PAUL M FLANAGAN	725	PAXSON AVE	CHELTEHAM WYNCOTE	1/24/2024
	Kathleen E. Bowes	415	Paxson Ave	Cheltenham	1-25-24
	MYRON GOLDAN	8102	HIGHT SCHOOL RD.	CHELTEHAM	1/25/24
	Cherie Leather	8031	New 2nd Street	Cheltenham	1/25/24
	Judith Peiper	1101	Valley Rd	Cheltenham	1/25/24
	Donald Washington	1101	W. Park St	Philadelphia	1/25/24
	Thomas Estroff	7423	Barney	Cheltenham	1/25/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Donna L. Dear	310	Lorimer Dr	Cheltenham	1-25-24
	Charles L. Dear	310	Wagon Rd	Cheltenham	1-25-24
	Regina C. Bachman	427	Hillside Ave	Jenkintown	1/30/24
	Gary Bachman	427	Hillside	Jenkintown	1/30/24
	Jessica McKeown	109	Webster	Cheltenham	1/31/24
	Gregory Conkins	245	York Rd	Jenkintown	1/31/24
	FRANCIS C. LEATHER	8031	NEW SECOND STREET	CHELtenham	1/31/24
	LAURENCE S. ARNOLD	514	SHOEMAKER	JENKINTOWN	2/1/24
	CAROLE A. ARNOLD	514	SHOEMAKER	JENKINTOWN	2/1/24
	MEGHAN E. ARNOLD	514	SHOEMAKER	JENKINTOWN	2/1/24
	JANE KROLL	403	CEDAR ST	JENKINTOWN	2/1/24
	Mary Jane Haug	405	Cedar St	Jenkintown	2/1/24
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Montgomery

2 Printed Name of Circulator Suzanne S. Hunter

3 Signature of Circulator

4 Number and Street of Circulator 428 Vernon Rd.

5 City, Borough or Twp. Jenkintown Zip Code 19046

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Dennis C Zappac</i>	Dennis C Zappac	742	Campbell	Abington	1-3-24
<i>Robert L Adshear</i>	Robert L Adshear	1828	Allen La	Abington	2-5-24
<i>Jeanne W Adshear</i>	Jeanne W Adshear	1828	Allen La	Abington	2-5-24
<i>Virginia Frias</i>	VIRGINIA FRIAS	8	Chondla	Rockledge	2/5/24
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence _____
- 2 Printed Name of Circulator _____
- 3 Signature of Circulator _____
- 4 Number and Street of Circulator _____
- 5 City, Borough or Twp. _____ Zip Code _____

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Marjellen Reeves	214	Station Ave	Springfield	2/4/24
	Patricia A. Matkowsky-Mills	1307	Rydal Road	Abington	2/4/24
	Thomas Dous	1300	Huntingdon Pike	ABINGTON	2-4-24
	Joyce Dous	1300	Huntingdon Pike	Abington	2/4/24
	Cheryl Bresler	1026	Dr. Herkness	Abington	2-4-24
	Stephanie Donofry	302	Spruce Rd.	Springfield	2-4-24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Montgomery
- 2 Printed Name of Circulator Dorothy M Morse
- 3 Signature of Circulator Dorothy M Morse
- 4 Number and Street of Circulator 755 Glen Rd
- 5 City, Borough or Twp. Abington / Jenkintown Zip Code 19046

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
1.		Patricia A. Matkowsky-Mills	1307	Rydal Road	Abington	2/4/24
2.		Michael Mills	1307	Rydal Road	Abington	2-4-24
3.		Carol Maller Hall	2201	Pleasant Dr	Abington	2-4-24
4.		Cheryl Brestler	1026	Herkness	Abington	2-4-24
5.		J. Schlernitzauer	815	Tennis	Abington	2/4/24
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						



✓

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Montgomery
 2 Printed Name of Circulator Patricia A. Matkowski-Mills
 3 Signature of Circulator Patricia A. Matkowski-Mills
 4 Number and Street of Circulator 1307 Rydal Road
 5 City, Borough or Twp. Abington Zip Code 19046

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Daniel Wilkinson	1245	Bethias Ave	Abington	1/28/24
	Bernadette Wilkinson	1245	Berkus Ave	Abington	1/28/2024
	Jennifer Doyle	2010	Horland Rd	Abington	1/31/2024
	Kevin Wilkinson	1245	Bethias Ave	Abington	2/3/24
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



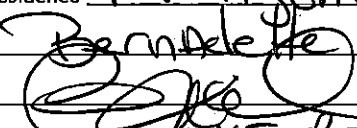
SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Montgomery Co.
- 2 Printed Name of Circulator Bernadette Wilkinson
- 3 Signature of Circulator 
- 4 Number and Street of Circulator 1245 Backus Ave
- 5 City, Borough or Twp. Abington Zip Code 19001

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Jeanne Jasionowski	927	Irvin	Abington	2-2-24
	DEBORAH CIFUNI	1039	OLD FORD RD.	ABINGTON	2-2-24
	DAN CIFUNI	1039	OLD FORD RD	Abington	2-2-24
	ROBERT JASIONOWSKI	927	IRVIN RD	ABINGTON	2-4-24
	JANET M. KOSZALKA	934	IRVIN RD	ABINGTON	2-4-24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Montgomery
 2 Printed Name of Circulator Jeanne Jasionowski
 3 Signature of Circulator Jeanne Jasionowski
 4 Number and Street of Circulator 927 Irvin Rd.
 5 City, Borough or Twp. Abington Zip Code 19006

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	MARINA KATS	1751	Stoctor Rd	ABINGTON	2-1-24
	Alexandra KATS	1751	Stoctor Rd	ABINGTON	2-2-24
	Kelcey KATS	1751	Stoctor Rd	ABINGTON	2/3/24
	IRINA Kurbanova	1751	Stoctor Rd	ABINGTON	2/4/24
	Andrei SHPAK	1751	STOCTOR RD	ABINGTON	02/04/2024
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence ABINGTON

2 Printed Name of Circulator MARINA KATS

3 Signature of Circulator Marina Kats

4 Number and Street of Circulator 1751 Stockton Rd

5 City, Borough or Twp. ABINGTON Zip Code 19046

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	FRANCINE SCHMITTONE	1007	SPRING ST	FT WASH	2/4/24
	MIRIAM B. WOODS	860	BELL LANE	UPPER DUBLIN	2/4/24
	EILEEN SEEBURGER	2833	WENNER WAY	UPPER DUBLIN	2-4-24
	DANIEL J. DOUGHERTY JR.	2505	RAOCHRAE DR	ABINGTON	2/4/24
	Margaret V Myers	50	TurnBrooks	Abington	2/4/24
	Matthew Schick	941	Wesley	Abington	2/4/24
	Liz Ferry	526	Lullas	UPPER DUBLIN	2/4/24
	MICHAEL STARK	733	ABINGT		
	Michelle Shen	720	Fairfax	Abing	2-4-24
	Rhianna Pearl	1051	Huntingdon Pike	Abington	2/4/24
	DANIEL P. DONNELLY	1051	HUNTINGDON PIKE	ABINGTON	2/4/24
	Aurora Kapp	434	20th Washington Ave	FT. WASHINGTON PA 19034	2/4/24
	Joan Frizzell	407	Tenolo Drive	Upper Merion	2/4/24
	Carol Fulforth	1660	The Fairway	Abington	2/4/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>[Signature]</i>	Jane Nef-Murphy	2465	Lafayette	Abington	2/4/24
<i>[Signature]</i>	THOMAS J. MURPHY	2465	Lafayette	ABINGTON	2/4/24
<i>[Signature]</i>	Virginia Caro. Vella	701	Lakel Dr.	Upper Dublin	2/4/24
<i>[Signature]</i>	John F. Sanford	874	Edge Hill Rd	Abington	2/4/24
<i>[Signature]</i>	Peterson Fiedler	309	Rockledge	Clifton	2-4-24
<i>[Signature]</i>	Robert Vici	305	Montgomery	Rockledge	2/4/2024
<i>[Signature]</i>	JAMES H RING	2021	MAPLEWOOD AVE	ABINGTON	2/4/24
<i>[Signature]</i>	John P. Coupe Jr	516	Summit Av	Upper Dublin	2-4-24
<i>[Signature]</i>	NORMA COUPE	576	SUMMIT AVE	UPPER DUBLIN	2/4/24
<i>[Signature]</i>	SAMUEL B. D'ARANGELO	664	MAPLE AVE	ABINGTON	2/4/24
<i>[Signature]</i>	Garl D'Arangelo	664	MAPLE AVE	ABINGTON	2/2/24
<i>[Signature]</i>	Ed Fulforth	761	Hamelave	Abington	2/4/24
<i>[Signature]</i>	Brian J. O'Donnell	126	Montgomery	ABINGTON	2/4/24
<i>[Signature]</i>	MARK T. WILBY	629	MONTGOMERY	ABINGTON	2/4/24
<i>[Signature]</i>	PETRIK J STABA	301	Summit	Jenkintown	2/4/24
<i>[Signature]</i>	Bernard G. Kling	214	Staba	Springfield	2/24/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence MONTGOMERY

2 Printed Name of Circulator JOHN ROONEY

3 Signature of Circulator *[Signature]*

4 Number and Street of Circulator 740 MAPLE

5 City, Borough or Twp. ABINGTON Zip Code 19038

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Brendan Zehner	357	Roberts	Abington	1/26/24
	Mark Zehner	357	Roberts	Abington	1/26/24
	Peggy M. Zehner	357	Roberts	Abington	1-27-24
	Judithanne W. Fox	100	West Chestnut	Jenkintown	2-4-24
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Montgomery
- 2 Printed Name of Circulator Judithanne W Fox
- 3 Signature of Circulator Judithanne W Fox
- 4 Number and Street of Circulator 100 West Ave B18
- 5 City, Borough or Twp. Jenkintown Zip Code 19046

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	W. Gallagher	1052	Kingsley	Abington	1-30-24
	JoAnne Gallagher	1052	Kingsley Rd	Abington	2-2-24
	Richard J. Gaglianese	1014	Beverly Rd	Abington	2-4-24
	Kristina Gaglianese	1074	Beverly Rd	Abington	2-4-24
	Donna Gaglianese	1074	Beverly Rd	Abington	2-4-24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Montgomery
- 2 Printed Name of Circulator Richard J. Gaglianese
- 3 Signature of Circulator Richard J. Gaglianese
- 4 Number and Street of Circulator 1074 Beverly Rd
- 5 City, Borough or Twp. Jenkintown / Abington Twp Zip Code 19046

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JOHN L. COCHRANE	631	HARRISON	ABINGTON	1-24-24
	Victoria A. Cochrane	631	Harrison	Abington	1/24/24
	LINDA KELLY	615	HARRISON	ABINGTON	1/25/24
	Jennelle Kirkpatrick	661	Harrison	Abington	1/26/24
	Lisa Sliwinski	661	Harrison	Abington	1/26/24
	Edward Neuman	678	Harrison	Abington	1-26-24
	LORRAINE SHEELS	2727	JENKINTOWN	ABINGTON	1-26-24
	JOHN TETI	667	HAMEL	ABINGTON	1-27-24
	Harry Horn	2654	Jenkintown	Abington	1-27-24
	Anthony Rozzi	2707	Jenkintown	Abington	1-27-24
	Douglas Sweeney	2747	JENKINTOWN	ABINGTON	1-27-24
	KEVIN SHEARN	444	HAMEL	ABINGTON	1-29-24
	Cheryl Shearn	444	Hamel	Abington	1-29-24
	RAYMOND RE	404	TENNIS	ABINGTON	01/29/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Elizabeth A. Re</i>	Elizabeth A. Re	404	TENNIS	ABINGTON	1/29/24
<i>Sheila Palermo</i>	Sheila Palermo	676	Jackson	Abington	1/29/24
<i>Norman Bauer</i>	Norman Bauer	230	Hamel	Abington	1/29/24
<i>Veronica Gray</i>	Veronica Gray	347	Hamel	Abington	1/30/24
<i>Mehul Patel</i>	Mehul Patel	676	Jackson	Abington	1/30/24
<i>Michael Ruggieri</i>	Michael Ruggieri	2130	Kenmore	Abington	2/1/24
<i>Donna M Smith</i>	Donna M Smith	444	Tennis	Abington	2/3/24
<i>Greg Smith</i>	Greg Smith	444	Tennis	Abington	2/3/24
<i>Greg Smith</i>	Greg Smith	444	Tennis	Abington	2/3/24
<i>Lee A Smolly</i>	Lee A Smolly	451	Tennis	Abington	2/4/24
<i>Kathryn Sullivan</i>	Kathryn Sullivan	2750	JENKINTOWN	Abington	2/4/24
<i>John S. Sullivan</i>	John S. Sullivan	2750	JENKINTOWN	Abington	2-4-24
<i>Joseph Sullivan</i>	JOSEPH SULLIVAN	2750	JENKINTOWN	Abington	2-2-24
<i>Thomas Knight</i>	Thomas Knight	425	Elm	Abington	2/4/24
<i>JAY HARRIS</i>	JAY HARRIS	377	ELM	ABINGTON	2/4/24
<i>Kathleen Fleck</i>	Kathleen Fleck	365	Elm	Abington	2/4/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence MONTGOMERY

2 Printed Name of Circulator JOHN L. COCHRANE

3 Signature of Circulator John L. Cochrane

4 Number and Street of Circulator 631 HARRISON AVENUE

5 City, Borough or Twp. ABINGTON Zip Code 19038

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	MARIO R. DICKERSON	515, 1F	N. York Rd	Upper Moreland	1/27/24
	Jeanette Dickerson	2305	Berry Rd.	Upper Moreland	1/27/24
	ERIK DICKERSON	946	Crefeld	ABINGTON	1/27/24
	Corrin Dickerson	944	crefeld	Abington	1/27/24
	Adam Dickerson	216	Barrett	Upper Moreland	1/27/24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence MONTGOMERY
- 2 Printed Name of Circulator ERIC DICKERSON
- 3 Signature of Circulator Eric D
- 4 Number and Street of Circulator 940 Crefeld Ave
- 5 City, Borough or Twp. Abington Zip Code 19027

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Krystle Gerhard	2120	Wharton	Abington Twp	1/25/24
	Christine Holt	452	Abington	Abington Twp	1/25/24
	DAVID HOLT	452	Abington	Abington Twp	1-25-24
	ELIZABETH CLARK	338	Abington	Abington Twp	1/28/24
	KENNETH J. CLARK	338	Abington	Abington Twp	1/28/24
	Noreen Rose	711	Easton Rd	Abington Twp	1/29/24
	Nancy Sabulsky	2276	Cross Rd	Abington Twp	1/29/24
	Dana Mignagno	2143	woodlawn	Abington Twp	1/29/24
	Maria Bartol	2013	Mt. Carmel	Abington Twp	1/29/24
	Lisa Maganly	552	Crescent	Abington Twp	1/29/24
	Lisa Preston	2169	Charlost	Abington Twp	2/3/24
	Jeff Preston	2169	Charlost	Abington Twp	2/3/24
	Jonathan Gerhard	2120	Wharton	Abington Twp	2/3/24
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

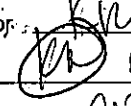
CIRCULATOR-SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Montgomery

2 Printed Name of Circulator Kristle Gerhard

3 Signature of Circulator 

4 Number and Street of Circulator 2120 Wharton Rd

5 City, Borough or Twp. Abington Twp Zip Code 19038

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Dorothy M Morse	755	Glen Rd	Abington	1/30/24
	Paul E Morse	755	Glen Rd	Abington	1/30/24
	Margaret A Metzger	763	Glen Rd	Abington	1-30-24
	ALLEN M. METZGER	763	GLEN RD	ABINGTON	1/30/2024
	JAY BRAMAN	1034	Kingsley	Abington	1/30/24
	BARBARA M. BRAMAN	1034	Kingsley Rd.	Abington	1/30/24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Montgomery
- 2 Printed Name of Circulator Dorothy M Morse
- 3 Signature of Circulator Dorothy M Morse
- 4 Number and Street of Circulator 755 Glen Rd
- 5 City, Borough or Twp. Abington / Jenkintown Zip Code 19046

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	SARAH O'BRIEN	221	ROSLYN	Abington	1-27-24
	DAVID G ENNIS	152	Roslyn	Abington	1/27/24
	JOSEPH P. WIEBSE	156	ROSLYN	ABINGTON	1/27/24
	Daniel George	1016	Roslyn	Abington	1/27/24
	JOSEPH F O'BRIEN	221	ROSLYN	ABINGTON	1/27/24
	David Cooper Smith	2345	Mt Carmel dr	Abington	1/30/24
	Helene M. Cooper Smith	2385	Mt. Carmel	Abington	1/30/24
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence MONTGOMERY
- 2 Printed Name of Circulator SARAH O'BRIEN
- 3 Signature of Circulator Sarah O'Brien
- 4 Number and Street of Circulator 221 ROSLYN AVENUE
- 5 City, Borough or Twp. Abington Zip Code 19030

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Amy R. Haviland	1916	Rockwell Rd	Abington	1-23-24
	JAMES PRIETO	69	WILLIAM LN	HATBORO	1/23/24
	Patricia Mitchell	954	Knapp	Lansdale	1-23-24
	Daniel Prieto	3600 ^{Unit 13}	Jacob Stout Rd	Doylstown	1/23/24
	John Prieto	2899	Snake Hill Rd	Buckingham	1/23/24
	Paul Gaffeo	4609	Louise Saint Claire dr	Plumstead	01/23/2024
	FREDERICK MADER	108	Astor Dr.	Lower Salford	1/23/24
	James R. Wasplenska	104	Bedford Ln	LANSDALE	1/23/24
	Leon A. D'Agostino	65	Township Line	Lincolnburg	1/23/24
	Keith Koch	805	Penn	Abington	1/23/24
	ROBERT SALZANO	369	MASSWICH	ABINGTON	1/23/24
	KENNETH L. WALLACE	1924	ROCKWELL RD.	ABINGTON	1/27/24
	Evelyn H. Wallace	1924	Rockwell Rd.	Abington PA	1/27/24
	PHILIP REPICI	1790	Rockwell Rd	ABINGTON	1/28/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>John H Bothwell</i>	JOHN H BOTHWELL	2112	STRASBURG	ABINGTON	1/28/24
<i>Kenneth R. Cook</i>	KENNETH R. COOK	1843	ROCKWELL	ABINGTON	1/31/24
<i>Janet Hughes</i>	Janet Hughes	2201	Stratford Ave	Abington	2/1/24
<i>Michael B Hughes</i>	Michael E. Hughes	2701	Stratford Ave	Abington	2/1/2024
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1- 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Montgomery

2 Printed Name of Circulator Amy B. Arkivind

3 Signature of Circulator *Amy B. Arkivind*

4 Number and Street of Circulator 1916 Rockwell Rd

5 City, Borough or Twp. Abington Zip Code 19001

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!
A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

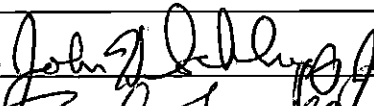

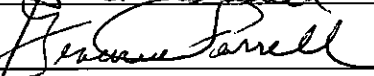
COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JASON CAMPBELL	411	ELK ST	ABINGTON TWP	1-25-24
	Maria Della Monica	2701	Heather Ln	Abington	1-25-24
	Paul Della Monica Jr.	421	Sylvania	Abington	1/25/24
	W. HARRISON HALL III	2907	Heather Ln	Abington	1/26/24
	PAUL DELLA MONICA	2701	HEATHER LN	ABINGTON	1/27/24
	Elizabeth A. Campbell	411	Elk St	Abington	1/27/24
	Mia Striano	20	Cherfield Rd	Glenside	1/27/24
	Jillian Della Monica	421	Sylvania Ave	Abington Glenside	1/27/24
	Mary N. Sykes	305	Elm Ave	Abington Glenside	1/27/24
	ROBERT G. SYKES	305	ELM AVE	Abington Glenside	1-27-24
	Jacqueline Riccio	141	ELM AVE	Abington	1-28-24
	Matthew Stoczko	7806	Laurel Ln	Springfield Twp.	1/28/24
	Julia Stoczko	7806	Laurel Ln	Springfield Twp	1/28/24
	URSULA JELUM	376	Boulderbrook Rd	PLYMOUTH WITMER TWP	1/29/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	John W Schlupp	351	HAMEL AVE	ABINGTON	1/29/24
	PAUL E Farrell	1007	Garfield Ave	ABINGTON	2/2/24
	Geneva Farrell	1007	Garfield Ave	ABINGTON	2/2/24
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents; thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence MONTGOMERY COUNTY
- 2 Printed Name of Circulator PAUL DELLA MONICA
- 3 Signature of Circulator Paul Della Monica
- 4 Number and Street of Circulator 2701 HEATHER LANE
- 5 City, Borough or Twp. ABINGTON Zip Code 19036

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JJ ROONEY	740	MAPLE	ABINGTON	1-23-24
	KEVIN P O'DONNELL	636	FIREHILL RD	ABINGTON	1/23/24
	Beverly Cooper O'Donnell	636	EDGEHILL RD	Abington	1/23/24
	BETH H ROONEY	740	MAPLE	ABINGTON	1/23/24
	John Stadvec	678	Maple	Abington	1/24/24
	JOSEPH R. PAPA	555	PENN	ABINGTON	1/25/24
	Barbara Stadvec	2318	Rosemore	Abington	1/25/24
	Michael J Saleoraj	736	Maple	Abington	1/25/24
	Kathleen Green	2777	Susquehanna	Abington	1/27/24
	William Green	2777	Susquehanna	Abington	1/27/24
	Vito Bertogli III	108	Blake ave	Rockledge	1/28/24
	GEORGE CELONA	1211	NOLEN RD	ABINGTON	1/28/24
	Casilda Celona	1211	Nolen Rd.	Abington	1/28/24
	MAUREEN T. MARRON	82	NORTHVIEW DRIVE	UPPER DUBLIN	1/28/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Philip B. Heine	827	HANDEL AVE	Abington	1/28/24
	James Bottone	1257	Thomson Rd	Abington	1/28/24
	Kim Bottone	1257	Thomson Rd	Abington	1-28-24
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Montgomery

2 Printed Name of Circulator JOHN ROONEY

3 Signature of Circulator

4 Number and Street of Circulator 740 Maple

5 City, Borough or Twp. Abington Zip Code 19038

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	HARRY S. ULRICH	2154	GUERNSEY	ABINGTON	1/23/24
	Anne M. Kaplan	2158	Guernsey	Abington	1-25-24
	JEFFREY A. KAPLAN	2158	GUERNSEY	ABINGTON	1/25/24
	William E. Luce	1133	SUSQUEHANNA	ABINGTON	1/25/24
	Joseph Mitros	2157	RUSH	Abington	1-28-24
	Alaina Mitros	2157	RUSH	Abington	1-28-24
	KEVIN J. BRESLIN	2101	Guernsey	ABINGTON	2-3-24
	Michael T. DiGamillo	1117	Edge Hill Rd	Abington	2-3-24
	George A. Prusty	1055	Arbuta Rd	Abington	2-3-24
	Linda J. Prustley	1055	Arbuta Rd	Abington	2-3-24
	Cynthia Gallagher	1054	Arbuta Rd	Abington	2-3-24
	JOHN W. GALLAGHER	1054	ARBUTARD	ABINGTON	2-3-24
	John Murphy	2112	SUSQUEHANNA	Abington	2-3-24
	THOMAS J. MCKENNA	2100	GUERNSEY	ABINGTON	2-3-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence MONTGOMERY
- 2 Printed Name of Circulator LARRY S ULRICH
- 3 Signature of Circulator Larry S Ulrich
- 4 Number and Street of Circulator 2154 GUERNSEY AVE
- 5 City, Borough or Twp. ABINGTOWN Zip Code 19001

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	VIRGINIA MALLOY	2514	FERWOOD	ABINGTON	1/27/24
	TERRENCE A. MALLOY	2514	Ferwood	ABINGTON	02/04/24
	Sean Bennett	2472	Brookdale	Abington	2/4/24
	DONNA BENNETT	2472	BROOKDALE	ABINGTON	2/4/24
	Nicholas Bennett	2472	Brookdale	Abington	2/4/24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



✓

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence MONTGOMERY
- 2 Printed Name of Circulator VIRGINIA T MALLOY
- 3 Signature of Circulator Virginia T Malloy
- 4 Number and Street of Circulator 2514 FERNWOOD AVE
- 5 City, Borough or Twp. ABINGTON Zip Code 19001

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Eileen Plunkett	2454	Independence	Abington Twp	1-28-24
	Zachary Plunkett	2454	Independence	Abington Twp	1-28-24
	George Plunkett	2454	Independence	Abington Twp	2-3-24
	Jill Noffs-Murphy	2465	Lafayette	Abington	2-3-24
	THOMAS J. MURPHY	2425	Carayetta	ABINGTON	2-3-24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Montgomery

2 Printed Name of Circulator Sifeon Plummett

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 2462 Independence Ave

5 City, Borough or Twp. Abingdon Zip Code 19001

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	LISA MALLON	1330	LENORE RD	Abington	1/26/24
	SANDY TRAVOR	1170	JERICHO RD	Abington	1/27/24
	GREGORY BECKOWSKI	1330	LENORE RD	Abington	1/28/24
	Samantha Bigley	1500	Monroevln	Upper Dublin	1/29/24
	Joshua Bisley	1500	Monroe Lk	Upper Dublin	1/30/24
	Paul Schmidt	1336	Lenore Rd.	Abington	2-1-24
	KANSSA MCCOY	1003	IndianCreek	ABINGTON	2-3-24
	Daniel McCoy	1003	IndianCreek	Abington	2-3-24
9.					
10.					
11.					
12.					
13.					
14.					



✓

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence MONTGOMERY
- 2 Printed Name of Circulator GREGOR BELLAWSKI
- 3 Signature of Circulator *Gregor Bellowski*
- 4 Number and Street of Circulator 1330 LENORE RD
- 5 City, Borough or Twp. MEADOWBROOK Zip Code 19046

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!
A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

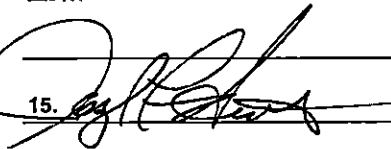
COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	John W. McGlunphy	1556	Rockwell Rd.	Abington	1/23/2024
	DANIEL FOY	2006	WOODLAND RD	ABINGTON	1/23/2024
	LINA LAPA	1328	HILAND	ABINGTON	1/23/2024
	Brandon Lang	702	Tennis	Abington	1/23/24
	Allison Lang	702	Tennis	Abington	1/23/24
	Ann McGlunphy	1323	Stoney Pond Dr.	Horsham	1/23/24
	ROBERT MCGLUNPHY	1323	Stoney Pond Dr.	Horsham	1/23/24
	Betty M. Kelligott	1511	Rockwell Rd	Abington	1/23/24
	JOHN P. MCKELIGOTT	1511	ROCKWELL ROAD	ABINGTON	1/24/24
	Betty McKelligott	1511	Rockwell Rd	Abington	1/24/24
	WAYNE B. SELNER	15	Timber Rd	Horsham	1-27-24
	DONALD ROSS	1325	WHEATSHUF	ABINGTON	1-27-24
	LINDA ROSS	1325	Wheatshuf	Abington	1-27-24
	PHIL LAPA	1328	HILAND	ABINGTON	1-27-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Joseph S Heffl	1037	AEBOTA RD	Abington	1-27-20
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

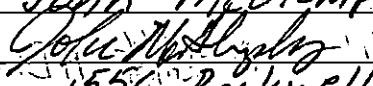
CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Montgomery

2 Printed Name of Circulator John McGlumphy

3 Signature of Circulator 

4 Number and Street of Circulator 1556 Rockwell Road

5 City, Borough or Twp. Abington Zip Code 19001

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Jamie L. Mierz	1561	Marian Rd.	Abington	1/24/24
	Ronald S Maerz Jr	1561	Marian Rd	Abington	1/26/24
	Robert P. Meyer	1558	Marian Rd	Abington	1/26/24
	THERESKA MEYER	1558	MARIAN RD	ABINGTON	1/26/24
	Katherine Paul	1574	Marian Rd	Abington	1/27/24
	David Paul	1574	Marian Rd	Abington	1/27/24
	Marie Blank	1555	Marian	Abington	2/3/24
	Joanne Miccilo	2742	Fernwood	Abington	2/4/24
	Rocco Miccilo	2242	Fernwood	Abington	2/4/24
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence MANTON

2 Printed Name of Circulator ROBERT P. MELIA

3 Signature of Circulator Robert P. Melia

4 Number and Street of Circulator 1558 MANTON RD

5 City, Borough or Twp. BRIDGE TOWN Zip Code 19001

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	KATHLEEN T. WICK	669	FOREST AVE	ABINGTON	1/23/24
	MIKE FLINN	669	FORREST AVE	ABINGTON	1/23/24
	LISA ANN HARTING	677	FOREST AVE	ABINGTON	1-23-24
	KEVIN J. TRACEY	684	FORREST AVE	ABINGTON	1-23-24
	BRENDAN TRACEY	684	FORREST AVE	ABINGTON	1-23-24
	KATRINA ZALEWSKI	661	FORREST AVE	ABINGTON	1-23-24
	CECILIA FRANCISCO	652	FORREST	ABINGTON	1/25/24
	CHARLES FRANCISCO	652	FORREST	ABINGTON	1-25-24
	ROBERT KUMAR	525	SAN GABRIEL	ABINGTON	2-09-24
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence MONTGOMERY

2 Printed Name of Circulator KATHLEEN T. WIDMAN

3 Signature of Circulator [Handwritten Signature]

4 Number and Street of Circulator 669 Forest Ave

5 City, Borough or Twp. ABINGTON Zip Code 19046

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JEAN CAMPBELL BOVA	357	Keswick Ave	Abington	1-25-24
	Vera Gallagher	410	Roberts Ave	Abington	2-1-24
	JOHN H BUDZILOWSKI	410	ROBERTS AVE	ABINGTON	2-1-24
	Paul Hanning	333	Keswick Ave	Abington	2-3-24 2/11/24
	BARBARA HANNING	333	Keswick Ave	Abington	2/1/24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Montgomery
- 2 Printed Name of Circulator JEAN CAMPBELL-BOVA
- 3 Signature of Circulator Jean Campbell-Bova
- 4 Number and Street of Circulator 357 Kenwick Ave.
- 5 City, Borough or Twp. Abington Zip Code 19038

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Doreen Cotter	369	Elm Ave	Abington	01/23/24
	Michael Cotter	369	Elm Ave	Abington	01-23-24
	Sharon Middleton	357	Monroe Ave	Abington	01-24-24
	Maria Hill	2718	Taft Ave	Abington	01-24-24
	David Hill	2718	Taft Ave	Abington	01-24-24
	Madelyn Hill	2718	Taft Ave	Abington	01-24-24
	Jeff Middleton	357	Monroe Ave	Abington	1/27/24
	Erace A. Cotter	139	Central Ave	Abington	01/27/24
	Ryan Conavit	139	Central Ave	Abington	01/27/24
	STEPHEN M. SEID	525	TENNIS AVE	ABINGTON AVE	1-27-24
	SONORA ROONEY	740	MAPLE	ABINGTON	1/28/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence MONTGOMERY
- 2 Printed Name of Circulator DORCEA COTTER
- 3 Signature of Circulator Dorcea Cotter
- 4 Number and Street of Circulator 369 ELM AVE
- 5 City, Borough or Twp. ABINGTON Zip Code 19038

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	CYNTHIA R. WILSON	1177	WHEAT SHEAF LN	ABINGTON	1-23-24
	DAVID P. BARRETT III	1177	WHEAT SHEAF LN.	ABINGTON	1-23-24
	SABINA WILSON BENSCH	1177	WHEAT SHEAF LN	ABINGTON	1-23-24
	ROSEMARY PETERS HINKLE	1164	Wheat Sheaf Lane	Abington	1/24/24
	JOHN C. EPRIGHT	1176	WHEAT SHEAF LN	ABINGTON	1/25/24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



✓

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence MONTGOMERY
- 2 Printed Name of Circulator DAVID R. BARRETT, III
- 3 Signature of Circulator David R. Barrett III
- 4 Number and Street of Circulator 1177 WHEATSHEAF LN.
- 5 City, Borough or Twp. ABINGTON, PA Zip Code 19001

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Jenny T. Maddach	2640	Alnwick Rd	Bryn Athyn	1/25/24
	Ceri B. Stein	1411	Holcomb	Abington	1/25/2024
	Eric J. Stein	1411	Holcomb Rd	Huntingdon Valley	1/27/2024
	Paige Holm	2453	Walton	Huntingdon Valley	1/27/2024
	PETER SHEEDY	845	FETERSMILL	BRYN ATHYN	1/29/24
	Gwendolyn Sheedy	845	Fetersmill	Bryn Athyn	1/27/24
	STEVE HUNTZINGER	3097	Buck Rd.	BRYN ATHYN	1/27/24
	Clara Cole Huntzinger	3097	Buck Rd.	Bryn Athyn	1/27/24
	Grand E. ADNER	3095	Huntingdon Pike	BRYN ATHYN	1/27/24
	Danielle Adner	3095	Huntingdon Pike	Bryn Athyn	1/27/24
	Laura Griffies	1348	Holcomb Rd	Huntingdon Vly	PA 1-27-24
	JAMES N. GRIFFIES SR	1348	HOLCOMB RD	HUNTINGDON VLY PA	1/27/24
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Montgomery County
- 2 Printed Name of Circulator Ceri B. Stein
- 3 Signature of Circulator [Handwritten Signature]
- 4 Number and Street of Circulator 1411 Holcomb Rd
- 5 City, Borough or Twp. Huntingdon Valley Zip Code 19006

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JOHN R. JEFFERSON	724	Abington Ave.	Glenside	1/25/2024
	Joe Chiminio	211	Sandyway	Coakville	1/25/24
	JOHN PETILO	9	CRESSWOOD	OAKS	1/25/24
	Angeline Busa	17	Marian	Phoenixville	1/25/24
	Michael Carrizella	55	Llewellyn	Royersford	1/25/2024
	Linda S. Jefferson	724	Abington Ave	Glenside	1/26/24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence MONTGOMERY
- 2 Printed Name of Circulator LINDA S. JEPHSON
- 3 Signature of Circulator Linda S. Jephson
- 4 Number and Street of Circulator 724 ABINGTON AVE
- 5 City, Borough or Twp. ABINGTON Zip Code 19038

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	DAVE SHEPPARD	215	ROBBINS	ROCKLEDGE	1/25/24
	BETH YEAGER SHEPPARD	215	Robbins Ave	Rockledge	1/25/24
	FRANK H. ENDERLE	48	N SYLVANIA	ROCKLEDGE	1/25/24
	MARCENT K. ENDERLE	48	N. SYLVANIA	Rockledge	1/25/24
	GINA M. BECK	644	N. SYLVANIA	ROCKLEDGE	1/25/24
	WILLIAM R. BECK	44	N. SYLVANIA	Rockledge	1-25-24
	JAMES CAFFREY	43	N SYLVANIA	ROCKLEDGE	1-25-24
	JOHN F. CREEDON	124	Robbins	Rockledge	1-25-24
	DAWN WEBER	124	Robbins Ave	Rockledge	1/25/24
	THOMAS BRIGNER	300	Montgomery	Rockledge	1/25/24
	CYNTHIA BRIGNER	300	Montgomery	Rockledge	1/25/24
	BRIAN CORRIGAN	909	Loney	Rockledge	1/25/24
	FERN CORRIGAN	909	Loney	Rockledge	1-25-24
	H. SEAN BOYLE	115	CENTRAL	ROCKLEDGE	1-25-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JOAN M. DIAZ	115	N. Central	Rockledge, Pa.	1-25-24
	Christina M. Caffrey	43	N. Sylvania	Rockledge	1-26-24
	MARIA KESTOV	206	BLAKE AVE	ROCKLEDGE	1/27/24
	Patricia A. Kestov	206	Blake Ave	Rockledge	1/27/24
	Joyce Hines	21	ELMAVE	Rockledge	1-27-24
	JOSEPH J. COSTELLO	150	ELM AVE	ROCKLEDGE	1/28/24
	Eugene E. Clarke	118	Jarvett	Rockledge	1/29/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence MONTGOMERY
- 2 Printed Name of Circulator JAMES CAFFREY
- 3 Signature of Circulator
- 4 Number and Street of Circulator 43 N SYLVANIA AV
- 5 City, Borough or Twp. ROCKLEDGE BOROUGH Zip Code 19046

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
1.	<i>V. Menniti</i>	Vincent Menniti	21	S. Fox St.	Rockledge	1-23-24
2.	<i>Torie Menniti</i>	Torie Menniti	21	S. Fox St.	Rockledge	1/24/24
3.	<i>James Geiser</i>	James Geiser	137	N. Keswick	Abington	1/26/24
4.	<i>Carl Schenk</i>	Carl Schenk	1143	Mildred Ave	Roslyn	1/26/24
5.	<i>Janet L Menniti</i>	Janet L. Menniti	127	Shelmire St	Abington	1/27/24
6.	<i>Vinny Menniti</i>	Vinny Menniti	21	S Fox St	Rockledge	1/27/24
7.	<i>Gabrielle Geiser</i>	Gabrielle Geiser	137	N Keswick	Abington	1/27/24
8.						
9.						
10.						
11.						
12.						
13.						
14.						



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence MONROEMER
- 2 Printed Name of Circulator JANET L. MENUTI
- 3 Signature of Circulator Janet L. Menuti
- 4 Number and Street of Circulator 127 SHELMIER
- 5 City, Borough or Twp. ARLINGTON Zip Code 19072

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Linda D Frezza	2637	Avondale	Abington	1/23/24
	Nancy G Harris	2964	Sunnycrest Rd	Abington	1/21/24
	ED MCFADDEN	2633	AVONDALE	ABINGTON	1/29/24
	Kathleen Donovan	2624	Avondale	Abington	1-29-24
	JAN L HARRIS	1350	East Ave	Abington	1/29/24
	Diane Harris	2964	Sunnycrest	Abington	1/29/24
	Tiffany Lopes	2614	Avondale Rd	Abington	2-1-24
	Benjamin Frezza	2637	Avondale	Abington	2/1/24
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Montgomery

2 Printed Name of Circulator Linda D Frezza

3 Signature of Circulator Linda D Frezza

4 Number and Street of Circulator 2637 Avondale Ave

5 City, Borough or Twp. Abington Zip Code 19001

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JOANNE AYER	1218	Fairy Hill	Abington	1/27/24
R. W. Ayer	R W AYER	1218	FAIRY HILL	ABINGTON	1/27/24
	Doretta Agostine	353	Wellington Terr	Abington	1/27/24
	Carl Tucker	353	Wellington Ter.	Abington	1/27/24
	Patricia Woll	361	Wellington	Abington	1/27/2024
	Stephen Woll	361	Wellington	Abington	1/27/24
	James Kurek	313	Wellington	Abington	1/27/24
	Kerri Kurek	313	Wellington Ter	Abington	1/27/24
	BARBARA JOHNSON	1110	Wellington Rd	Abington	1/27/24
	Geoffrey R. Johnson	1110	Wellington Rd	Abington	1/27/24
	Geoffrey R. Johnson	1110	Wellington Rd	Abington	1/27/24
	Linda J. Meyers	321	Thorpe Rd.	Abington	1/27/24
	Harry M. Meyers	321	Thorpe Rd	Abington	1/27/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence MONTGOMERY
 2 Printed Name of Circulator JOANNE AYER
 3 Signature of Circulator Joanne Ayer
 4 Number and Street of Circulator 1218 FAIRY HILL RD
 5 City, Borough or Twp. ABBINGTON Zip Code 19046

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.



NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: NORTHUMBERLAND 49

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Thomas L Smyde	1989	MT Rd	Susquehanna	2-09-24
	RICHARD D KASHOWSKI	1651	STATE ST	COAL TWP	2-9-24
	Betty Klingler	4152	Schwaben Ave Rd	Leak Kill	2-9-24
	Kaleb Schlegel	1250	State Route 147	Lower Mahanoy	2-9-24
	BETTY LENKER	211	Lower Rd	Mahanoy Twp	2-9-24
	Anthony Derick	1450	Irish Valley Rd	Paxinos	2-9-24
	Bryan Long	1072	Hickory Rd	Lower Mahanoy	2-9-24
	John Mace	1898	Klingers Road	Jordan	2/9/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Northumberland

2 Printed Name of Circulator Ronald L. Raker

3 Signature of Circulator Ronald L. Raker

4 Number and Street of Circulator 3177 Peters Mtn. Road

5 City, Borough or Twp. Halifax Twp. Zip Code 17032

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY

ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.



NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: NORTHUMBERLAND 49

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Patricia Sander		1311 Plumck	Rokelle	02/09/24
	Randy Long	1204	1204 Middlebrook	WASH TWP	2/9/24
	BARRY SNYDER	1800	T-7 TIGA ST.	COAL TOWNSHIP	2/9/24
	JUSTIN HARMAN	356	TREVERTON RD	ZERBE	2/9/24
	MATT KREPEK	2624	STATE RTE 22S	JACKSON	2-9-24
	Linda Serrato	852	Treverton Rd	Coaltownship	2-9-24
	Kaphil Long	1072	Hickory	Lower Mechumoy	2-9-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief; and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Northumberland
 2 Printed Name of Circulator Ronald L. Raker
 3 Signature of Circulator Ronald L. Raker
 4 Number and Street of Circulator 3177 Peters Mtn. Road
 5 City, Borough or Twp. Halifax Twp. Zip Code 17032

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: NORTHUMBERLAND 49

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Joseph Duzick	1225	Fowler	COAL Twp	2/9/24
	Ernie Schuster	227	Witmer Rd Cemetery Hill Rd	Lower Mahanoy	2/9/24
	Pamela Bensinger			Jordan Twp	2/9/24
	JANICE M. KIEFER	964	Maplewood	Lower Mahanoy	2/9-24
	Carol Kehler	358	Hickory Rd	Mahanoy Twp.	2/9/24
	KAREN SNYDER	7	Tiogast	COAL Twp	2-9-24
	Casey Hartman	356	Trevorton RD	ZERDE Twp	2/9/24
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE-OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.	<i>[Handwritten Signature]</i>	<i>[Handwritten Name]</i>	<i>[Handwritten Address]</i>	<i>[Handwritten City]</i>	<i>[Handwritten Date]</i>
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Northumberland

2 Printed Name of Circulator Ronald L. Raker

3 Signature of Circulator Ronald L. Raker

4 Number and Street of Circulator 3177 Peters Mtn. Road

5 City, Borough or Twp. Halifax Twp. Zip Code 17032

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: NORTHUMBERLAND 49

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
1.		CHRIS A. FEASE	174	CRISSINGOR	DOEWATE, PA	4 FEB 24
2.		KEN DAY COOK	6077	SCHMIDT	LOCK KILL	4 FEB 24
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Schuylkill

2 Printed Name of Circulator John S. [Signature]

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 141 Elm St

5 City, Borough or Twp. Hgvr Zip Code 17928

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: (NORTHUMBERLAND 49)

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Brandon Bayer	241	Houh Rd	Dornsife Pa	2-4-24
	Jade Bayer	241	hoch Rd	Dornsife PA	2-4-24
	Digne Kieffer	296	N Dairy Rd	Dornsife PA	2-24
	Steve Kieffer	296N	DAIRY RD	Dornsife Pa	2-4-24
	Jean Erdman	2656	Hooflander Rd	Jordan Twp	2-4-24
	Charles Erdman	2656	Hooflander	Jordan Twp	2-4-24
	DENNIS ERDMAN	429	Erdman's Farm Rd	Jordan Twp	2-4-24
	Wanda Erdman	429	Erdman's Farm Rd	Jordan Twp	2-4-24
	Del Erdman	1166	Erdmans Farm Rd	Jordan twp	2/4/2024
	LORETTA S. SHANNON	115	MISSOURI LN	KULPMONT	2/4/24
	FRANCIS SHANNON	115	MISSOURI	Kulpmont	2-4-24
	Dawn Palewicz	302	Missouri	Kulpmont	2-4-24
	JUNE BRAY	113	LENTZ Rd	DALMATIA	2/5/24
	Eleanor Lentz	786	K-Town RD	Jordan Twp Her Max Pa-17830	2/5/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Harold J Lenker</i>	HAROLD J LENKER	286	K-TOWN RD	Herndon PA 17830	2/5/24
<i>Matthew A. Lucas</i>	MATTHEW A. LUCAS	480	Old PR Press Road	Klingerstown PA 17941	2-5-24
<i>Jacqueline Lucas</i>	Jacqueline Lucas	480	Old PR Press Rd	Klingerstown	2/5/24
<i>Wesley Brown</i>	Wesley Brown	5249	Schwaben Creek	Leck Kill	2-5-24
<i>Brent Harner</i>	BRENT HARNER	5257	Schwaben Creek	Leck Kill	2-5-24
<i>MARION KISER</i>	MARION KISER	4355	WINEY RD.	Klingerstown	2-5-24
<i>SUE A. POTTS</i>	SUE A. POTTS	1931	OLD STATE RD	DORNSIFE	2-6-24
<i>DAVID L. POTTS</i>	DAVID L. POTTS	1931	OLD STATE RD	DORNSIFE	2/6/24
<i>Willard E Reiner</i>	Willard E Reiner	1054	old state road	Klingerstown	2-6-24
<i>Kaden Reiner</i>	Kaden Reiner	1054	old state road	Klingerstown	2-6-24
<i>Hari Wehry</i>	Hari Wehry	1986	OLD STATE ROAD	Dornsife	2/7/24
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Schuylkill Cty

2 Printed Name of Circulator Jo Ann Steh

3 Signature of Circulator *Jo Ann Steh*

4 Number and Street of Circulator 111 E Mt Rd

5 City, Borough or Twp. Hezns Zip Code 17938

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: NORTHUMBERLAND 49

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Joey E. Troutman</i>	JOEY E. TROUTMAN	1938	Klingerstown Rd.	Herndon Jordan	1-27-24 JET
<i>Christina J Campbell</i>	Christina J Campbell	1938	Klingerstown Rd	Herndon Jordan	1-24-24 CJC
<i>Gregory W Wetzel</i>	GREGORY W WETZEL	1844	Klingerstown Rd	Herndon Jordan	1-24-24
<i>Dale Erdman</i>	Dale Erdman	166	Erdman's Farm Rd	Herndon Jordan	1-24-24
<i>Mary K. Wetzel</i>	Mary K. Wetzel	1844	Klingerstown Rd.	Herndon Jordan	1-27-24
<i>Michelle Troutman</i>	Michelle Troutman	576	Hebe Byrnes Rd	Herndon Jordan	1-27-24
<i>Kathleen A Strohecker</i>	Kathleen A Strohecker	533	Cemetery Hill Rd	Herndon Jordan	1-27-24
<i>Sharon Heintzelman</i>	Sharon Heintzelman	321	Swamp Poodle Ln	Herndon Jackson	1-27-24
<i>Jennifer L. Deitch</i>	Jennifer L. Deitch	771	Winding Hollow Rd.	Herndon Jordan	1-27-24
<i>Jakarta Deitch</i>	Jakarta Deitch	771	Winding Hollow Rd.	Herndon Jordan	1-27-24
<i>Scott Deitch</i>	SCOTT DEITCH	771	Winding Hollow Rd	Herndon Jordan	1-27-24
<i>Pam Osman</i>	Pam Osman	1891	Klingerstown Rd	Herndon Jordan	1-27-24
<i>Dale Rebeck Jr</i>	DALE REBECK JR	321	Swamp Poodle Ln	Herndon Jackson	1-27-24
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
- - - 1- 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Schubert

2 Printed Name of Circulator _____

3 Signature of Circulator *[Handwritten Signature]*

4 Number and Street of Circulator 111 E. Main Rd

5 City, Borough or Twp. Harris Zip Code 17930

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: NORTHUMBERLAND 49

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Sharon Loftus	5288	Schwaben Creek Rd	Leck Kill	2/03/24
	Conrad Loftus	5288	Schwaben Creek Rd	Leck Kill	2-3-24
	Thomas P. Nowroski	137	East 547th St	MCT	2-3-24
	LISA CORONITI	401	North St	Manon Heights	2-3-24
	Suzanne Caya	1213	Scott St	Kappona	2/3/24
	Jean Fisk	105	W 9th St	MC	2-3-24
	Margaret Eisele	724	Truxton	Shamokin	2-3-24
	Donald Smitter	1114	Fern	Coalton	2-3-24
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Schuylkill
 2 Printed Name of Circulator John A. Stuber
 3 Signature of Circulator [Handwritten Signature]
 4 Number and Street of Circulator 10 E 11th St
 5 City, Borough or Twp. Haguen Zip Code 17938

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION:

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PERRY 50

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Robert Troutman	2630	Valley Rd.	Rye Twp.	4/26/2024
	Polly A. Troutman	2630	Valley Rd.	Rye Twp.	4/26/24
	CAMEL Lingle	3445	Valley Rd	Rye Twp	2/7/24
	Emma M. Lingle	3445	Valley Rd.	Rye Twp.	2/7/24
	Holly Kitner	3460	Valley Rd	Rye Twp	2/7/24
	Gage Kitner	3460	Valley Rd.	Rye Twp	2/7/24
	DARWIN J Kitner	3460	Valley Rd	Rye Twp	2/7/24
	Brad L. Sloop	3300	Valley Rd	Rye Twp	2-7-24
	Kimberly A. Sloop	3300	Valley Rd.	Rye Twp	2-7-24
	Robert F. Branco	3693	Valley Rd	Rye Twp	2-7-24
	Ralph Alleman	3420	Valley Rd	Rye Twp	2-7-24
	E. T. ALLEMAN	3420	VALLEY RD	Rye Twp	2-7-24
	GRANT E. Crockett	49	Pine Hill Rd	Rye Twp	2-7-24
	Judy E. Kitner	265	Pisgah State Rd.	Carroll	2-7-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Edgar Lingle	3445	Valley Rd.	Rye twp.	2-8-24
	Steve Fulton	1	Dickens	Rye twp	2-11-24
	Krissy Fulton	1	Dickens	Rye twp	2-11-24
	Dylan Fulton	1	Dickens	Rye Twp	2-11-24
	Dayton Fulton	1	Dickens	Rye Twp	2-11-24
	Susan L. Eichelberger	1391	Flowers lane	Rye twsp	2-11/24
	Dennis R. Eichelberger	1391	Flowers lane	Rye twsp	2-11-24
	Tommy L. Eichelberger	1201	Linda	Rye twp	2-11-24
	Leanne Eichelberger	1201	Lindale	Rye	2/11/24
	Evan Eichelberger	1395	Flowers Lane	Rye Twp	2/11/24
	Daniel Eichelberger	1399	Flowers	Rye	2/11/24
	Jeffrey L. Ervinser	1735	Valley	Rye	2-11-24
	Daisy E. Lightner	1879	Valley Rd	Rye	2-12-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Perry
- 2 Printed Name of Circulator Carrie Lingle
- 3 Signature of Circulator
- 4 Number and Street of Circulator 3445 Valley Road
- 5 City, Borough or Twp. Marysville, Rye twp Zip Code 17053

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Breia Richardson	2721	N. 47 th St	Phila	1/23/24
	Anthony Alvest	503	S. 44 th St	Philadelphia	1/23/24
	Gary Adam Feldman	1026	Kuorr St	Phila	4/29/24
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Phila
 2 Printed Name of Circulator J. Matthew Wolfe
 3 Signature of Circulator [Signature]
 4 Number and Street of Circulator 4256 Regent St.
 5 City, Borough or Twp. Phila. Zip Code 19104

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Antoinette Campbell	1220	Greylock	Phila	1/27/24
2.	Michael C. Dillon	4721	Larchwood AVE	Phila	1/28/24
3.	Stephen Nasobkow	434 th	S. 46 th Street	Phila	1/28/24
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Phila
 2 Printed Name of Circulator J. Matthew Wolfe
 3 Signature of Circulator [Signature]
 4 Number and Street of Circulator 4250 Regent St.
 5 City, Borough or Twp. Phila Zip Code 19104

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Lewis C. Gilchrist	507	N. 55th St	Phila, PA	1-23-24
	Stanton M. Popewing	6919	Shelton St.	Philadelphia Pa	1/22/24
	JASON NAVICK	1315	Hunt's Park	Phila	1-25-24
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Philadelphia

2 Printed Name of Circulator J Matthew Wolfe

3 Signature of Circulator [Handwritten Signature]

4 Number and Street of Circulator 4256 Regent St.

5 City, Borough or Twp. Phila. Zip Code 19104

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	SCOTT COHEN	1012	S 20 TH ST	PHILADELPHIA	1/25/2024
	Gerald M. Berger	477	Retterton ¹⁴⁴	Philadelphia	1/23/2024
	PAUL P. PANEPINTO	7036	Woodburn Ave	Phila	1/23/24
	Michael Boyajan	4112	PINE ST	PHILA	1-25-24
	DENISE M KING	4252	Regent ^{Sq}	PHILA	1/25/24
	J. Matthew Holl	4256	Regent Sq	Phila	1/25/24
	Helen J. Webb	6175	Contra	Phila	1/25/24
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence PHILADELPHIA
- 2 Printed Name of Circulator DERISE M FURRY
- 3 Signature of Circulator *Derise M Furry*
- 4 Number and Street of Circulator 4256 Regent Sq
- 5 City, Borough or Twp. PHILADELPHIA Zip Code 19104

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary-Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>JAMES DOUGHERTY</i>	JAMES DOUGHERTY	445	DOMINIC ^{LA}	PHILA	1-23-24
<i>Clare King</i>	Clare King	1009	S. 2nd St	Phila	1-23-24
<i>Jan Picozzi</i>	Jan Picozzi	1325	Kolumba	Phila	1-23-24
<i>Cynthia Dunlop</i>	Cynthia Dunlop	4112	Pine	Phila	1/25/24
<i>Anna Maria Wilis</i>	ANNA MARIE WILIS	6175	Condon	Phila	1/25/24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Phila.

2 Printed Name of Circulator J. Matthew Wolfe

3 Signature of Circulator [Handwritten Signature]

4 Number and Street of Circulator 4256 Regent Sq.

5 City, Borough or Twp. Phila Zip Code 19104

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Mark A. Vmausky	8422	Cresmontown Ave	Philadelphia	01/23/2024



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Phila.

2 Printed Name of Circulator Matthew Wolfe

3 Signature of Circulator [Handwritten Signature]

4 Number and Street of Circulator 4256 Regent Sq.

5 City, Borough or Twp. Phila Zip Code 19104

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	James M. Woodruff	6923	Rutland St	Philadelphia	2/16/24
	Mrs. Francis Woodruff	6923	Rutland	PHILA	2/3/24
	Jonathan Jones	7160	RUTLAND	PHILA	2-3-24
	Adam Omer	6943	Lynford	Phila	2/3/24
	THOMAS DUNPHY	2005	DISSTON	PHILA	2/4/24
	HAROON BASIT	2217	Belenview	Phila	2/4/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Philadelphia
 2 Printed Name of Circulator MARY FRANCES WOODVALL
 3 Signature of Circulator Mary Frances Woodvall
 4 Number and Street of Circulator 6923 Rutland St.
 5 City, Borough or Twp. Phila. Zip Code 19149

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	VICTOR V. GILL	546	WEST DUNCANSON AVE	PHILADELPHIA	1/29/2024
	JUSTIN PERVIC	1615	BENNER ST	PHILA	
	Saqir Sajid	2233	Glenview St	PHILA	2/05/24
	Eolban Saqir	2233	Glenview St	Phila	2/05/24
	Shekeela Saqir	2233	Glenview St	PHILA	2/05/24
	Saqir Saqir	2233	Glenview	Phila	2/05/24
	Ashbed Saqir	2233	Glenview	Phila	2/5/24
	TABEEL Saqir	2233	Glenview St	PHILA	3/5/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Philadelphia

2 Printed Name of Circulator John James Yust IV

3 Signature of Circulator John James Yust IV

4 Number and Street of Circulator 5676 N 4th Street

5 City, Borough or Twp. Philadelphia Zip Code 19120

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR-GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PIKE 52

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District; to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	RICHARD PANZER	410	RAMOND KIL RD	DINGMAN	2/4/24
	Lizulco Tardy	145	Hawk view	Dingman	2/4/24
	Lowell Ellanson	128	Galahat Rd	Blooming Grove	2/4/24
	Kunio Tomizawa	113	Butternut	Dingman	2/4/24
	Tomie Chiba Schuster	135	Wallenpapack Dr	Greentown	2/4/24
	Johann Schuster	135	Wallenpapack Dr	Greentown	2/4/24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition; and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence PIKE

2 Printed Name of Circulator DORIT SMITH

3 Signature of Circulator Dorit Smith

4 Number and Street of Circulator 115 FARMVIEW COURT

5 City, Borough or Twp. WESTFALL Zip Code 18340

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PIKE 52

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Vincent Stefaneli	105	ESKONE DRIVE	DINGMAN'S FERRY PA	2-4-24
	John Stack	4047	Somerset CT	Westfall Twp	2-4-24
	Tanni Ruvoletti	111	Greeneth Dr	Shohola	2-4-24
	Charles Gofkowschi	142	Bayberry Dr	Dingmans	2-4-24
	JOE MIRRA	196	ORCHARDWAY	MILFORD	2-4-24
	SUSAN HINES	134		Landis Valley	2-4-24
	Jo Ann Ropke	138	Kinsale LN	Delaware	2/4/24
	Joseph Ropke	138	Kinsale Lane	Delaware	2/4/24
	Lauren Grims	117	Reister LOGI DUMPTN DR.	Dingman	2/4/24
	Gina Castoro	105		Dingman	2/4/24
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Pike

2 Printed Name of Circulator Gina Mancato

3 Signature of Circulator Gina Mancato

4 Number and Street of Circulator 103 Vivien Ct

5 City, Borough or Twp. Delaware Zip Code 18328

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PIKE 52

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Dominic Petrillo	332	Rambling Rambling Randy	Dingmans	2/4/24
	Troy O'Staghton	163	Spring Dr	DeLaware	2/4/24
	ANNE AZZA	143	Kuro Drive	Bloom of Glen	2/4/24
	Laurie Kurz	110	E. High	Milford	2/4/24
	Julie Sabella	1194	Delaware Drive	Metamoras	2/4/24
	Melvin Corallo	122	Tiger Lily	Dingmans	2/4/24
	Julie Gemasi	108	Mountain View Ln	Dingmans	2/4/24
	Kenneth Sullivan	139	Columbine Lane	Milford	2/4/24
	Elena G. Ketter	196	Oneida	Milford	2/4/24
	Egon Sewers	3170	EDGE LANE	LEHOCKA	2/4/24
	PENNY BEATA	152	SPRING	DINGMANS	2-4-24
	Kerry Akiva	603	ave H	Metamoras	2-4-24
	Frederick Peterson	100	Brandelice	Lehman	2.4.24
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence RIKE

2 Printed Name of Circulator PATRICIA COOMBS

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 133 MICHELE LANE

5 City, Borough or Twp. DELAWARE TWP. Zip Code 18328

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PIKE 52

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Brian Divis	141	Hobbeshush Dr	Dingman's	2/4/24
	Roger Lake	207	Kiesel Rd	Dingman's	2/4/24
	Eiste Spiveck	101	Alebutus	Dingmans	2/4/24
	Darnett T. Locke	100	Pocahontas circle Drive E	Delaware	2/4/24
	Terry Lynn Stoughton	103	Spring Dr	Delaware	2/4/24
	Gerald Kurz	110	East High	Milford	2/4/24
	ANN-MARIE JONES	322	Zambling Way	Dingmans TWP	2/4/24
	Tina Colette	6	Ave G	Matamoras	2-4-24
	Kathy Gafkowski	142	Bayberry Dr	Dingman Twp	2/4/24
	Franke Been	10	Green Meadow Pt	Milford	2/4/2024
	JOE Bertak	152	Spring Dr	Dingman Twp	2/4/24
	Brian Blount	107	Old Mark	Milford	2/4/24
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Pike
- 2 Printed Name of Circulator Crystal Esmail
- 3 Signature of Circulator *Crystal Esmail*
- 4 Number and Street of Circulator 314 Rambler Way
- 5 City, Borough or Twp. Dingmans twsp Zip Code 18337

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PIKE 52

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Andrew Vogt	102	Doe Stron	Mitford	2-4-24
	ANTHONY GATES	117	RUSTIC HWY	DINGMAN TOWNSHIP	2/4/24
	DAVID WEBSTER	105	LOSTAKE RD	DINGMAN TWP	2/4/24
	Mark R. Billige	119	William Penn	Westfall	2/4/24
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Wife

2 Printed Name of Circulator Ann Homer

3 Signature of Circulator [Handwritten Signature]

4 Number and Street of Circulator 501 Avenue L

5 City, Borough or Twp. Matamoras Zip Code 18336

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PIKE 52

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Shaun menz	136	PETSCHELANE	SHOHOLA	2-4-24
	Jill Hardina	130	WILLOW	BLOOMING GROVE	2/4/24
	JENNIFER KURZ	110	E HIGH	MILFORD	2/4/24
	DAN O'LEARY	109	WEAD	DELANCO	2/4/24
	Andrew Joseph	1194	DELOWE	MELBURN	2/4/24
	EDWARD SCHAFFNER	104	WHITE PARK ROAD	PRIMA	2/4/24
	CAROL RYAN	105	VASUVIA'S LA	DINGMAN	2/4/24
	LORANO COKER	6	AVE G	METAMORA	2-4-24
	JIM CAPUTO	3033	GREENWOOD WAY	WESTERN	2-4-24
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

**CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW**

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Pike

2 Printed Name of Circulator Linda L. Tausant

3 Signature of Circulator Linda L. Tausant

4 Number and Street of Circulator 4025 Rivercrest Court

5 City, Borough or Twp. Westfall Twp Zip Code 18337

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PIKE 52

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Robert Johnson</i>	Robert Johnson	111	Ave. C	MATAMORAS	1/28/24
<i>Cannon Dalgado</i>	Cannon Dalgado	3041	Grey Cliff	Westfall Twp	2/3/24
<i>Rita Prosa</i>	Rita Prosa	4026	RIVERCROFT	Westfall Twp	2/3/24
<i>Dennis William</i>	Dennis William	4102	MCD	MILFORD PA	2/4/24
<i>Frank William</i>	FRANK WILLIAM	4102	MCD	Milford, PA	2/4/24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Pike

2 Printed Name of Circulator Dyan Homer

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 501 Avenue L

5 City, Borough or Twp. Matamoras Zip Code 18336

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PIKE 52

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Anna Feely	124	Highview Rd	Milford	2/1/24
	Jeff Harrison	134	Highview Rd	Milford	2/1/24
	THOMAS R FEELY	124	HIGHVIEW RD	MILFORD	2/1/24
	Sarah Cullen	447	Route 6209	Milford	2/1/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Miller

2 Printed Name of Circulator Anna Kety

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 12411 Pennwood

5 City, Borough or Twp Millersburg PA Zip Code 15337

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PIKE 52

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Christ Kelly	1670	Hemlock Farms	Lock Valley Pa	1-24
	Sharon Herzog	8	White Tail Place	Cherry Ridge Broadford PA	1-22-24
	Anthony V. Herzog	8	WHITETAIL PLACE	CHERRY RIDGE HONESDALE	1/22/24
	George Kise	500	Sugar Bush Lane	Tafton 18464	1/27/24
	Vincent Benedetto	469	Route 390	TAFTON	1/27/24
	Linda Touhsant	4025	Rivercrest Ct.	Westfall Twp	1/27/24
	Hector Flores Rosario	114	Townsend Cir	Dinwiddie Twp DELEWARE	1-28-24
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Pike

2 Printed Name of Circulator Gina Mancato

3 Signature of Circulator Gina Mancato

4 Number and Street of Circulator 103 Vivienne Ct.

5 City, Borough or Twp. Delaware Zip Code 18328

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PIKE 52

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Laurence DeLaRue	126	Petsch Ln	Shokola	1/30/24
2.	Barbara Daggett	124	cobblestone Dr.	Dingmans	1/30/24
3.	Jennifer Lauriello-Hagenby	173	Vancouver Hill Rd	Dingmans	1/30/24
4.	Bob A. Pace	135	MSA DR.	Dingmans	1/31/24
5.	Stuart Dooley	117	Willowdell Rd	Delaware	1/31/24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Pike County
- 2 Printed Name of Circulator Christina Balla's
- 3 Signature of Circulator Christina Balla's
- 4 Number and Street of Circulator 101 Acres Court
- 5 City, Borough or Twp. Delaware Township Zip Code 18328

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PIKE 52

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Michelle Tonkin</i>	Michelle Tonkin	115	oak ridge Dr	PALMYRA	2/1/24
<i>Edward A. Nikles</i>	Edward A. Nikles	191	Kiesel Rd.	DINGMAN TWP.	2/2/24
<i>Duane Brady</i>	DUANNE BRADY	2	AVENUE N	MATAMORAS	2/2/24
<i>Michael Wadley</i>	Michael Wadley	111	Whitelack Rd	Matamoras	2/7/24
<i>Diane Chudoba</i>	DIANE CHUDOBA	131	SPICE BUSH LN.	MILFORD	2/5/24
<i>Beth E. Nikles</i>	Beth E. Nikles	108	Preserve ave	Shohola	2/1/24
<i>James F. Leight</i>	JAMES F. LEIGHT	122	HOOKS DR	DINGMAN	2/1/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1-5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence PIKE

2 Printed Name of Circulator Bette Egan

3 Signature of Circulator Bette Egan

4 Number and Street of Circulator 115 OAK RIDGE DRIVE

5 City, Borough or Twp. PALMYRA Twp. Zip Code 18428

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PIKE 52

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
1.		Maribel Casiano	114	Townsend	Delaware County ^{Town}	1/28/24
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Pike

2 Printed Name of Circulator Giya Mancato

3 Signature of Circulator [Handwritten Signature]

4 Number and Street of Circulator 103 Vivien Ct.

5 City, Borough or Twp. Delaware Zip Code 18328

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL
DISTRICT NUMBER: Statewide
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor
OCCUPATION: Auditor General
RESIDENTIAL STREET ADDRESS: 2231 Boas Street
CITY, BOROUGH OR TWP.: Susquehanna Township
COUNTY OF SIGNERS: PIKE 52 **PARTY OF SIGNERS:** Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Jesus Ramirez Jr.	3017	Grey Coat Way	West PA Twp	1/26/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

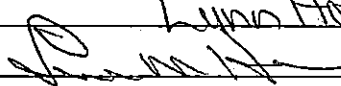
CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence: Pike

2 Printed Name of Circulator Lynn Homer

3 Signature of Circulator 

4 Number and Street of Circulator 501 Avenue L

5 City, Borough or Twp. Matamoras Zip Code 18336

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PIKE 52

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Corey Trzaski	131	Meridale	Blooming Grove	2/3/24
	Laurie Porter	110	Horseshoe	Blooming Grl.	2/3/24
	Gary Reiser	761	1424K Viera Ct	Dillsburg	2/3/24
	Dawn Marie Marino	2137	Valley View Dr.	Bushkill PA	2-3-24
	Jasmine Ruiz	101	LOOKOUT Drive	Blooming Grove	2/5/24
	Ernestine Hofmann	106	Worner Lane	Blooming Grove Twp	2/6/24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Pike

2 Printed Name of Circulator Terrie Powell-Reilly

3 Signature of Circulator Terrie Powell-Reilly

4 Number and Street of Circulator 132 Wagoner Lane

5 City, Borough or Twp. Lords Valley Zip Code 18428

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: LYCOMING 41

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Floyd R Swales Jr.	1740	Clarkstown Rd	Wolf	1/31/24
	Michael S Lovelace	498	442 Hwy	Muncy Creek	1/31/24
	Della M. Lovelace	498	Rt. 442	Muncy Creek	1/31/24
	Douglas S. Vandwe	5	Harro Dr.	Wolf	2/3/24
	Ann Stino	421	McConnell Parkway	Wolf	2-3-24
	James Stino	421	McConnell Parkway	Wolf	2-3-24
	RANDY HOLMES	105	NTHIRD ST	HUGHESVILLE Borough 1	2-4-24
	Lori Holmes	105	N. Third St.	Hughesville Borough 1	2-4-24
	Mary K. Harman	1462	Fogelman Rd	Muncy Creek	2-4-24
	Christine Vander	5	Hucker Drive	Wolf	2-4-24
	Virginia Wheel	1604	Clarkstown Rd	Wolf	2-5-24
	Alan Wheel	1604	Clarkstown Rd	Wolf	2-5-24
	TOOD WHITMOYER	1404	SONES RD	FRANKLIN TWP	2-6-24
	FRANKLIN HARVEY	222	BEAVER RUN	FRANKLIN	2-6-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Rebecca A Swales</i>	Rebecca A Swales	1740	Clarkstown Rd	Wolf	2.7.24
<i>Betty L Reese</i>	Betty L Reese	1730	Clarkstown Rd	Wolf	2-7-24
<i>Annette S Whitmayer</i>	Annette S Whitmayer	1404	Sones Rd	Franklin	2/2/24
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Lycoming

2 Printed Name of Circulator Floyd R Swales, Jr

3 Signature of Circulator Floyd R Swales, Jr

4 Number and Street of Circulator 1740 Clarkstown Rd

5 City, Borough or Twp. Wolf Zip Code 17756

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: LYCOMING 41

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Deborah K. Stout	123	Pennywood Ave	Clinton Township	1/26/24
	LARRY W. STOUT	123	Pennywood Ave	Clinton Township	1/26/24
	Craig M. Stamile	1214	Browse Rd	Clinton Twp	1/26/24
	Casey P. Parker	196	W Blind Rd	Clinton Twp	1/26/24
	Gretchen Clapper Hemen	208	PENNYWOOD AVE	CLINTON TWP	2/3/24
	Charles PAGANA	81	Pennywood AVE	Clinton Twp	2/3/24
	Ami M. PAGANA	81	Pennywood Ave.	Clinton Twp	2/3/24
	Sandra L. Douglas	367	Grampian Bldg	Williamport	2/8/24
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Lycoming
- 2 Printed Name of Circulator Larry W. Stout
- 3 Signature of Circulator [Signature]
- 4 Number and Street of Circulator 123 Pennywood Ave.
- 5 City, Borough or Twp. Clinton Twp Zip Code 17752

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: LYCOMING 41

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Fred J. Schuler</i>	Fred J Schuler R	172	COLD WATER TOWN ROAD	Bastress Twp.	1-31-24
<i>Chris Schuler</i>	Chris Schuler	2385	Sackshollow	Armstrong Twp	1/31/24
<i>Ann Marie Schuler-Furman</i>	Ann Marie Schuler-Furman	175	Coyote Lane	Watson Twp.	02/04/2024
<i>William L. Pfirman Jr.</i>	William L. Pfirman Jr	175	COYOTE LN	Watson Twp	2-4-24
<i>Donna K Duck</i>	Donna K Duck	1302	River Rd	PUTER TWP	2-5-24
<i>Victor Welshars</i>	Victor Welshars	2015	Pine Woods Rd	Limestone Twp	2-8-24
<i>Randall Allison</i>	Randall Allison	1308	ELMIRA ST	Williamsport	2-8-24
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Lycoming

2 Printed Name of Circulator Ann Marie Schuler-Pfirman

3 Signature of Circulator Ann Marie Schuler-Pfirman

4 Number and Street of Circulator 175 Croyte Lane

5 City, Borough or Twp. Watson Twp. Zip Code 17740

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: LYCOMING 41

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JOHN C O'NEAL	1864	BIDDLE ROAD	UPPER FAIRFIELD	1/28/24
	TERRIL L O'NEAL	1864	BIDDLE ROAD	UPPER FAIRFIELD	1/29/24
	DAVID E HOOVER SR	302	ROUTE 864	Upper Fairfield	1-29-24
	Susan G Hoover	302	ROUTE 864	Upper Fairfield	1-29-24
	Wayne Schriest	1966	BIDDLE ROAD	UPPER FAIRFIELD	1-29-24
	DONALD LEE SHAHEEN	2109	BIDDLE ROAD	UPPER FAIRFIELD	1-29-24
	WILLIAM SCHLACHTER	157	FOX FIRE RIDGE ROAD	UPPER FAIRFIELD	1/29/24
	Thomas M. Withers	101	FOX FIRE Ridge Road	Upper Fairfield	1/29/24
	BRIAN COFFMAN	723	DEERWOOD FARMS Rd	UPPER FAIRFIELD	1-30-24
	Jay Gardner	720	Red Montoursville	UPPER FAIRFIELD	1-30-24
	Christine Gardner	720	Deerwood Farms Rd. Montoursville	Upper Fairfield	1-30-24
	Olivia McElroy	926	Nicey Avenue	Montoursville	1-30-24
	Steven D Baur	809	Pine ST	Montoursville	1-30-24
	David A Huffman	2424	Reeder Rd	UPPER FAIRFIELD	1-30-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>Chal M Frey</i>	CHARLES G. FREY	1702	CAREY HILL ROAD	UPPER FAIRFIELD TWP	1-31-24
16. <i>Barbara A. Frey</i>	BARBARA A. FREY	1702	CAREY Hill Road	UPPER FAIRFIELD TWP	1-31-24
17. <i>Carl R. Wentzler</i>	CARL R. WENTZLER	1479	ST. ROUTE 864 HWY.	UPPER FAIRFIELD TWP.	1-31-24
18. <i>Teresa L. Wentzler</i>	Teresa L. Wentzler	1479	St Rte 864 Hwy	UPPER FAIRFIELD TWP	1-31-24
19. <i>Joe Suter</i>	Joe Suter	2130	St. Rt 804	Upper Fairfield Twp	1/31/24
20. <i>Carol Suter</i>	Carol Suter	2130	Rt 804	Upper Fairfield Twp	1/31/24
21. <i>Timothy R. Dettart</i>	Timothy R. Dettart	2042	Biddle	Upper Fairfield	1/31/24
22. <i>Kelly Dettart</i>	Kelly Dettart	2042	Biddle Rd.	Upper Fairfield	1/31/24
23. <i>Doug Sylvius</i>	Doug Sylvius	2008	Biddle Rd	Upper Fairfield	1/31/24
24. <i>Edward K. Steinbecker</i>	Edward K. Steinbecker	947	Chalmers Dr	Upper Fairfield	2-2-24
25. <i>Deborah K. Steinbecker</i>	Deborah K. Steinbecker	947	Chalmers Dr	Upper Fairfield	2-2-24
26. <i>Allen Larson</i>	ALLEN LARSON	601	N. Montour St	Montoursville	2-2-24
27. <i>Lorraine A. Manos</i>	LORRAINE A. MANOS	661	day Hill Rd	Upper Fairfield	2-2-24
28. <i>Tammy Schlachter</i>	Tammy Schlachter	157	Foxfire Ridge Road	Upper Fairfield	2-2-24
29. <i>Kevin E. Moore</i>	Kevin E Moore	324	Laurel Ln	Cogan House	2-4-24
30. <i>Patricia A. Moore</i>	Patricia A Moore	324	Laurel Ln	Cogan House	2-4-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence LYCOMING

2 Printed Name of Circulator JOHN C. O'NEAL

3 Signature of Circulator *John C O'Neal*

4 Number and Street of Circulator 1864 BIDDLE ROAD

5 City, Borough or Twp. UPPER FAIRFIELD Zip Code 17754

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CAMERON 12

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Penny M. Sowers	57	E. 6th St	Emporium	1/26/24
	George T. Sowers	57	E 6th St	Emporium	1/26/24
	Douglas M. Cook	347	E 5th St	Emporium	1/29/24
	Jacob Cook	347	E 5th St	Emporium	1-29-24
	Cynthia Cook	347	E 5th St	Emporium	1-29-2024
	Tracy Hall	352	E 5th St	Emporium	1-29-24
	Sabrina Clingan	66	E 5th St	Emporium	1/29/24
	Sabrina Clingan	416	E 3rd St	Emporium	1-29-24
	Pete C. Clingan	416	E 3rd St	Emporium	1-29-24
	David J. Merritt	39	Zimmer	Emporium	2-1-24
	Cassandria Lyon	321	OLD POSTAGE ROAD	Emporium	2/1/24
	Regine M. Smith	245	E 4th St	Emporium	2/06/24
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state, that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence CAMERON (12)
- 2 Printed Name of Circulator George T. Sowers
- 3 Signature of Circulator George T. Sowers
- 4 Number and Street of Circulator 57 EAST 6th STREET EXT.
- 5 City, Borough or Twp. EMPOCIUM BOROUGH PA Zip Code 15834

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CAMERON 12

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	ROBERT McLEAN	562	MENARD RD	SHIPPEN	1/26/24
	DON PERRY	215	TANNERY HCTS	SHIPPEN	1/26/24
	Curt Gaiser	368	Sizerville Rd	Emporium	1/27/24
	Tina J Solak	66 S.	Pine St	Emporium	1/28/24
	Frank R Galione	424	Ridgely	Shippen	1/30/24
	GREG MAGARO	210	VLYVIEW RD	SHIPPEN	1-31-24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence CAMDEN 12

2 Printed Name of Circulator ROBERT MURPHY

3 Signature of Circulator Robert Murphy

4 Number and Street of Circulator 562 Meadow Road

5 City, Borough or Twp. Stellen Zip Code 15834

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CAMERON 12

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Carol A Hudson	1196	Rt. 46	Emporium	7/6/24
	CAROLA Hudson	1196	Rt 46	Emporium	2/6/24
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Cameron

2 Printed Name of Circulator Craig Hudson

3 Signature of Circulator Craig Hudson

4 Number and Street of Circulator 1196 RT 46

5 City, Borough or Twp. Emporium Zip Code 15834

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ELK 24

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Janet VanCerde</i>	JANET VAN EERDEN	362	N. MICHAEL	ST MARYS	2/1/24
<i>Beth Malburg</i>	Beth Malburg	211	Wendel	St. Marys	2/1/24
<i>Kate Brock</i>	Kate Brock	741	MAURUS	St. Marys	2-1-24
<i>Jaqueline Hubert</i>	Jaqueline Hubert	118	ELK rd	St. Marys	2-1-24
<i>Lee A. Neuwiter</i>	Lee A Neuwiter	130	Laurel Ln	Fox Twp	2-6-24
<i>Angela L. Emmert</i>	Angela L. Emmert	127	Russ Lane	St. Marys	2-6-24
<i>Toni L Smith</i>	Toni L Smith	504	Willard St.	Ridgway	2-6-24
<i>Chellie Lydyle</i>	Chellie Lydyle	415	MAIN	FOX TWP	2-6-24
<i>Thomas K. Fullam</i>	THOMAS K FULLAM	301	WALNUT ST	RIDGWAY	2-6-24
<i>JAMES BOAZO</i>	JAMES BOAZO	69	BLUESMIRE	BENNETT	2-6-24
<i>Dartene Rhoades</i>	Dartene Rhoades	1450	Resch Rd	Kersey(Fox)	2-6-24
<i>Christy Reigel</i>	Christy Reigel	140	Delaware	Highland	2-6-24
<i>Sharon Zambanini</i>	Sharon Zambanini	592	Brandy Camp	FOX	2-6-24
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence ELK

2 Printed Name of Circulator Cheryl Assetta

3 Signature of Circulator Cheryl Assetta

4 Number and Street of Circulator 400 N. Michael St.

5 City, Borough or Twp. St. Marys Zip Code 15857

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FOREST 27

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Timothy B. Sneeringer	3570	Main	Harmony	1-24-24
	Pamela K. Sneeringer	3570	Main	Harmony	1-24-24
	James D. Howe	17457	Rt 666	Endeavor	1-24-24
	DAVID Johnson Sr	3409	MAIN	HARMONY	1-25-24
	JAMES R. BAILEY	102	DAVIS ST	TRONESTA BORO	1/25/24
	Cora Lynn Passauer	1725	Passauer Ln	Harmony Twp	1/25/24
	Marilyn W. George	2050	McIntown Pa	Southwest Twp	1/26/24
	Sheldon L. McFarland	3129	Walnut	Harmony Twp	1-27-24
	Elizabeth A. Kagle	3125	Walnut St.	Harmony Twp	1/27/24
	William E. KAGLE	3125	WALNUT ST	HARMONY TWP.	1-27-24
	Perry D. Wallin	367	Ferry Ln	Harmony Twp	1-27-24
	CARLA J. Wallin	367	Ferry Ln	Harmony Twp	1-27-24
	Mary Shuman	222	Scenic Valley River Road	Harmony Twp	1-27-24
	Benjamin Shuman	222	Scenic Valley River Road	Harmony Twp.	1-27-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Franklin H. Shuman	238	Scenic Valley River Road School	Harmony	1-27-24
	JoAnn Lynn	107	Horse School	Harmony	1-22-24
	Wendy Flynn	107	horse house	Harmony	1-27-24
	Patrick Flynn	107	School house	Harmony	1-27-24
	Patricia C. Alberts	843	Preacher Hill	Harmony	1-27-24
	Earla Beach	3506	MAIN	Harmony	1-27-24
	Derrick Beach	3506	Main	Harmony	1-27-24
	Seth Sprenger	3443	main	Harmony	1-27-24
	Andrea Sprenger	2443	main	Harmony	1-27-24
	Doug Hoover	3443	Main St.	West Hickory	1-27-24
	Tom Divido Jr	17451	RT 666	Hickory	1-27-24
	Carly M Divido	17451	Rt 666	Hickory	1-27-24
	Charlene James	17708	Rt. 666	Hickory	1-28-24
	Verne M James	17708	RT 666	Hickory	1-28-24
	Jessica McFarland	3129	Walnut	Harmony	1-29-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Forest

2 Printed Name of Circulator Timothy G. Sprenger

3 Signature of Circulator

4 Number and Street of Circulator 3570 Main

5 City, Borough or Twp. Harmony Township Zip Code 16370

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FOREST 27

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	MARK S KINGSTON	7100	RT 62	TIONESTA TWP	1/26/24
	PATRICK F. KLINE	236	KLINE LN,	GREEN TWP	1/29/24
	Norman J. Wimer	155	Elm St	Tionesta Boro	1/29/24
Margaret F. Carns	MARGARET F. CARNS	304	MAY ST	TIONESTA BORO	1-31-24
	ERIC VANRIDE	136	Station Rd	MONROE TWP	1-31-24
Beth B Gilford	BETH B GILFORD	114	May St	Tionesta Boro	2/5/24
	STEVEN J. GILFORD	114	May St.	Tionesta Boro	2/5/24
	ANGELA R LESKO	2449	Route 36	Tionesta Twp	2/5/24
	ADAM LESKO	2449	RT 36	Tionesta Twp	2/5/24
	RIK C WITHERELL	552	Tionesta Hill Rd	Tionesta Twp	2/6/24
Robert McWilliam	ROBERT MCWILLIAMS	201	BRIDGE ST	TIONESTA BORO	2-6-24
Mark Call	MARK CALL	122	S. ELM ST	TIONESTA BORO	2-6-24
Daniel Schwab	DANIEL SCHWAB		5827 Henning Hill Rd	Tionesta	2-6-24
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Lynette Greathouse	1120	German Hill Rd	Tionasta	2/6/24
	Jessica Call	54	Rt 36	Green	2/7/24
	William Henry Kohl Jr	220	GREEN OAK LANE	GREEN TWP	2/7/2024
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence FOREST
- 2 Printed Name of Circulator MARK S KINGSTON
- 3 Signature of Circulator Mark S Kingston
- 4 Number and Street of Circulator 7100 RT 62
- 5 City, Borough or Twp. TIONESTA TWP Zip Code 16353

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FOREST 27

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	GRANDORA MENDES	108	CYPRESS	SOLKS	1-27-24
	JANET CAROL BARNETT	237	Paul	Harmony	1-30-24
	BONNIE JEAN POTTS	333	Pearl St	Harmony	1-30-24
	MARTIN TAUSCHER	5149	Hopetown	Hickory	1/30/24
	Helen L. Kline	4177	Neiltown Rd.	Harmony	1/30/24
	PATRICIA M. NIXON	2216	PLATEAU DR	KINGSLEY	1/31/24
	CINDY NIXON	2216	PLATEAU DR	KINGSLEY	1-31-24
	MARILYN S SNYDER	172	Brecht Rd	Hickory	2-5-24
	Roger Snyder	172	Brecht Rd	Hickory	2-5-24
	Sharon A Schrader	160	Brecht Rd	Hickory	2-5-24
	CASANDRA M. WALTERS	2379	Gerard Hill	Kingsley	2-6-24
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence FOREST
 2 Printed Name of Circulator MARTIN JALLEGNER
 3 Signature of Circulator Martin Jallegner
 4 Number and Street of Circulator 5149 APPLE AVE.
 5 City, Borough or Twp. MCKEY TWP Zip Code 16353

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FOREST 27

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Jennifer L Brady	202	Dale St	Tionesta Boro	1/30/24
	Crissa L. Woodworth	22109	Rt 672	Hickory Twp	1/30/24
	Miriah L. Trach	524	German Hill Rd	Tionesta Twp.	1/30/24
	Denise J. Saxton	321	Grange Hall Rd	Green Twp	1/31/24
	Donna L. Zofcin	1586	Bridge St	Harmony Twp	1/31/24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Forest
- 2 Printed Name of Circulator Mirijah L. Tkach
- 3 Signature of Circulator Mirijah L. Tkach
- 4 Number and Street of Circulator 524 German Hill Rd.
- 5 City, Borough or Twp. Tionesta Twp. Tionesta Zip Code 16353

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FOREST 27

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Gregory V. Say	307	Williams ST	Tionesta	1/26/24
	Stacey L Barnes	1546	Rt 36	T. Twp	1/26/24
	Stacy A Custer	128	Bloody Run Rd	Nickony	1/26/24
	Jamie L Sey	307	Williams St	Tionesta Boro	1/29/24
	Jenn Barnes	1546	Rt 36	T. Twp	2/6/24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Forest

2 Printed Name of Circulator Stacey L. Barnes

3 Signature of Circulator Stacey L. Barnes

4 Number and Street of Circulator 15416 Rt 36

5 City, Borough or Twp. T. Twp Zip Code 16353

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FOREST 27

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Cheyenne Thomson	208	N Forest St	Jenks Twp	1/26/24
	William Carbaugh	336	Blue Ridge Rd	Barnett Twp	1-30-24
	Aimee Carbaugh	336	Blue Ridge Rd	Barnett Twp	1-30-24
	Shaylee Marshall	336	Blue Ridge Rd	Barnett Twp	1/30/24
	Caden Marshall	336	Blue Ridge Rd	Barnett Twp	1/30/24
	TERESA S. WOLFGANG	113	E Spruce St.	Jenks Twp	02/01/24
	Robert L. Wolfgang	113	E Spruce St	Jenks Twp	02/01/24
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Forest County
- 2 Printed Name of Circulator William David Carbaugh
- 3 Signature of Circulator [Handwritten Signature]
- 4 Number and Street of Circulator 336 Blue Ridge Road
- 5 City, Borough or Twp. Barnett Twp Zip Code 15828

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FOREST 27

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Cynthia Smith Cristler	275	Rudolph Rd	Hickory TWP	1/30/24
	William Scott Cristler	275	Rudolph Rd	Hickory TWP	2-1-24
	Sterling Kent Rakston	132	Sterry Ln	Hickory Twp	2/6/24
	THOMAS L. MOHRNEY	201	DALE ST	TIONESTA	2/6/24
	Christie Blode	165	gm st.	Tionesta	2/10/24
	Judith M. McDavid	106	Bridge St.	Tionesta Boro	2-6-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Forest
- 2 Printed Name of Circulator Lyndia Smith Crutzer
- 3 Signature of Circulator *Lyndia Smith Crutzer*
- 4 Number and Street of Circulator 275 Rudolph Rd
- 5 City, Borough or Twp. Hickory Twp Zip Code 16353

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: WARREN 62

PARTY OF SIGNERS: Republican

To the **SECRETARY OF THE COMMONWEALTH:**

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro. or Twp.	
	Kelly Van Cise	932	ROBERT HOLLOW	ELK	1/24/24
	Matt P. Wallin	1958	Petersburg	ELK	1/24/24
	Jeffrey W. Carson	6021	Standard	ELK	1/24/24
	Sherry M. Moore	7114	Scardard	ELK	1/24/24
	Joseph Prevost	5302	SCARDIA RD	ELK	2-7-24
	Christy Prevost	5302	Scardia	ELK	2-7-24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence WARREN

2 Printed Name of Circulator Joseph Prevost

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 5302 SCANDIA RD

5 City, Borough or Twp. ELK TWP. Zip Code 16345

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: WARREN 62

PARTY OF SIGNERS: Republican

To the **SECRETARY OF THE COMMONWEALTH:**

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Thomas L Brown	76	Linda Lane	Pleasant	2-8-24
	Joseph Perrin	5	depot st	Broken straw	02/08/2024
	STEPHEN M. DORCAS	495	ELDRD CENTER RD	GRAND VALLEY	2/8/24
	SATHYAVATHI LINGARAJU-DURKAC	495	ELDRD CENTER RD	GRAND VALLEY	2/8/24
	David Wartwe	400	W 5th Ave	Warne	2/8/24
	Khlare R Bracken	202	Redwood St.	Warren	2/8/24
	WM F. CHAMPLIN	512	MARKET	WARREN	2/8/24
	Joannet P. Orvatt	366	Patti Lane	Pittsfield	2/8/24
	David Walters	314	Autumn Ln	Warren	2/8/24
	Frances M. Kenney	570	SWEDE HOLLOW	SUGAR GROVE	2/8/24
	Ann M Barnes	457	Townline RD	Farmington	2/8/24
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence WARREN

2 Printed Name of Circulator KATHERINE TEMO JENSEN

3 Signature of Circulator [Handwritten Signature]

4 Number and Street of Circulator 165 CENTER RD

5 City, Borough or Twp. COLUMBUS Zip Code 16409

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FRANKLIN 28

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	James R Wyrick	1050	Cranberry Drive	Hamilton Twp	Feb 6 2024
	Donald C Clopp	5237	Kaiser Ln	Garfield Twp	Feb 6 2024
	Quentin Currier	5237	Kaiser Ln	Garfield Twp	Feb 6 2024
	Allison Flannery	11670	Wilby March	Guilford	Feb 6, 2024
	Matthew Toney	7235	Furnace Rd	Quincy Twp	2/6/24
	Debbi Toney	7235	Furnace Rd	Quincy Twp	2/6/24
	Erick E. Hallock	125	Linda Ave	Mercersburg	2/6/24
	Erica Peck	4897	Manheim Rd	Quincy	2/6/24
	Alan Peck	4897	Manheim Rd	Quincy	2/6/24
	Paige Stewart	11810	Orchard	Washington	2/8/24
	RONALD D. ANDERSON	11557	^{LWN} MYSTIC ROCK	WASHINGTON	2/8/24
	Nancy C. Bull	322	Ridge Ave	Waynesboro	2/10/24
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Franklin

2 Printed Name of Circulator Joshua G. Peters

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 8925 Mentzer Gap Rd

5 City, Borough or Twp. Quincy Zip Code 172108

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: JUNIATA 34

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Jonathan D. Hershey	2007	Route 35 S	Milford	1/23/24
	Sarah L. Hershey	1890	Cuba Mills Rd	Fermanagh	1/23/24
	Wendy Hershey	20017	Route 36 S	Milford	1/24/24
	Laurie S. Hower	351	Pinebrow Dr	Fermanagh	1/29/24
	Tracy Howell	3778	Arch Rock Rd	Mifflintown Fermanagh	1-29-24
	Guy L. Howell	2778	Arch Rock Rd	Mifflintown Fermanagh	1-29-24
	Christine Hockenberry	432	Flint Rd	Walker	1/29/24
	Denise Wenrick	9276	Rt 75 S	Lack	1-29-24
	Joshua J. Fultz	138	Britcher Dr	Fermanagh	1/29/24
	Justin L. Snyder	38158	Route 35 N	Richfield	1/29/24
	C. S. Kenstetter	437	MAIN ST.	FAYETTE	1/28/24
	Connie L. Kenstetter	119	Westfall St	Fayette	1/29/24
	Kimberly E. Clark	47	Longview Dr	Mifflin	1-29-24
	Monica K. West	48	Foster Rd	Mifflintown	1/29/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>Todd Alan Graybus</i>	TODD ALAN GRAYBUS	67	BERETTA DR	TRON TSO-BURN DELAWARE TWP	1/29/24
16. <i>John E. Kipp</i>	JOHN E. KIPP	155	CRESVIEW DRIVE	MIFFLIN	1/29/24
17. <i>Ronald G. Hornberger</i>	Ronald G. Hornberger	268	Kauffman	Delaware Twp	2/8/24
18. <i>Paul E. Geedes</i>	PAUL E. GEEDS	384	Geedey Ln	Fermanagh	2/8/24
19. <i>Melissa E. Leister</i>	Melissa E. Leister	119	Mauger Path Rd	Sprucehill	2/8/24
20. <i>Renee Fry</i>	Renee Fry	1993	Pleasant New Rd	Sprucehill Twp	2/8/24
21. <i>Sandra L. Wagner</i>	Sandra L. Wagner	35	Milbary Dr	Fermanagh	2/28/24
22. <i>James B. Swartz</i>	James B. Swartz	1046	Gwynn Valley Rd	Beale	2/8/24
23. <i>Barbara A. Geedey</i>	Barbara A. Geedey	384	Geedey Lane	Fermanagh	2-8-24
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Inyo

2 Printed Name of Circulator Jonathan D. Hershey

3 Signature of Circulator *Jonathan D. Hershey*

4 Number and Street of Circulator 20017 Rave 351 S

5 City, Borough or Twp. Milford Twp Zip Code 17058

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): -Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

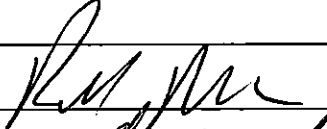

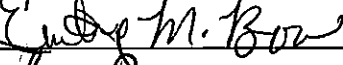
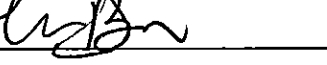
COUNTY OF SIGNERS: JUNIATA 34

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Ronald E Miller	92	Scenic view	Fremont 94	1-29-24
	Eric LASHEN	131	Long Rd	Mtchristown	1-29-24
	Jonathan Fry	20581	RT 35 S	Mifflin	1-30-24
	Daniel Adams	1329	Intermed Rd	Port Royal	1-30-24
	Gregory L Loach	1801	Stoller Rd	Mt. Pleasant	1-29-24
	Kristi A. Chrisman	679	Stony Brook Rd	Richfield	1-30-24
	Lori Long	76	Long Rd	Mifflin	1-31-24
	Stephen Long	76	Long Rd	Mifflin	1/31/24
	Shelbylyn Kistner	243	Darville	mifflintown	1/31/24
	John F. Shirk	100	N 5th	Mifflintown	02/01/2024
	AUSTIN T. BARRETT	12109	35 S	MARPLEN	2/1/24
	STEPHEN EARNDOL	1253	Amherst Rd	FERRANASH	2-2-24
	SAMUEL G. KINT	110	VINCENT	FERRANASH	2-3-24
	MATT PECK	5426	in R	WADSWORTH	2-3-24

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
15.		Randy Mark	1435	Thorn	Port Royal	2-9-24
16.		Emalee C. Brown	40	Hook Lane	Port Royal	2-9-24
17.		Emiley M. Brown	40	Hook Lane	Port Royal	2-9-24
18.		Chase J. Brown	40	Hook Lane	Port Royal	2-9-24
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

STATEMENT OF CIRCULATOR

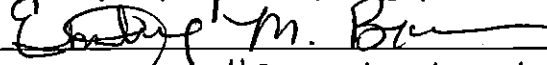
CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Juniata

2 Printed Name of Circulator Emiley M. Brown

3 Signature of Circulator 

4 Number and Street of Circulator 40 Hook Lane

5 City, Borough or Twp. Port Royal Zip Code 17082

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: JUNIATA 34

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	James Lee	258	McGeary Rd	Delaware	1-26-24
	Lindsay D Myers	77	W Mill	Thompsonstown	1/26/24
	Diane Strawser	169	Farm Drive	Thompsonstown Delaware	1-27-24
	Stephen Phillips	169	Farm Drive	Delaware	1-27-24
	Robert Spangler	270	McGeary	Delaware	1-27-24
	Tammy Spangler	270	McGeary	Delaware	1-27-24
	Shirley Lyter	296	McGeary	Thompsonstown	1-27-24
	Jesse Rank	206	Pin Oak Rd	Thompsonstown	1-27-24
	John K. Durst III	178	PIN OAK RD	Thompsonstown (Delaware)	1-27-24
	Catherine F. Durst	178	PIN OAK RD	Thompsonstown Delaware	1-27-24
	Paris M. Miller	138	Pin Oak	Delaware	1-27-24
	Patricia D. Bowers	138	PIN OAK RD	Delaware Twp	1-27-24
	Darrell Loomis	135	Pin Oak Rd	Delaware Twp	1-27-24
	Rachelle K. Harter	158	Farm Dr.	Delaware Twp	1-27-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Wendy S Kerstetter	50	Pine Dr	Thompsonstown	1-27-24
	Jeremy Charles Kerstetter	50	Pine Dr	Delaware	1-27-24
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Juniata

2 Printed Name of Circulator James Lee

3 Signature of Circulator

4 Number and Street of Circulator 258 McGeary Road

5 City, Borough or Twp. Delaware Township Zip Code 17094

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: JUNIATA 34

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Nancy L Amiller	795	Cedar Springs Rd	Mt. Pleasant	1/29/24
	Judy V Buckley	10820	Rt 235	Thompsonstown	1/30/24
	Mistee E. Trego	3589	Bunker Run Rd	Monroe	1/30/24
	Nicole J Whitesel	22790	RT 355	Mifflin	1-30-24
	Kira Zimmerman	314	Washington Ave	Mifflintown	1-30-24
	Aspen Bryner	727	Indian road	Port Royal	1-30-24
	Lindsey Beaton	175	Melvin Ln	Mifflin	1-30-24
	Terilyn Greedy	272	Half Moon Rd	Port Royal	1-30-24
	Judy M Swartz	357	Shirley Rd	Richfield	1-30-24
	Reneca L Brubaker	4003	Route 235	McAlisterville	1/30/24
	Anissa Hahn	1003	William Penn Hwy	Mifflintown	1/30/24
	Sharon Wehler	23709	Rt. 35n	Mifflintown	1-30-24
	Bobbie Leister	2373	Dunn Valley	Fayette	1/30/24
	Jennifer Mahoney	1538	Zandt Hollow	Mifflintown	2-6-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Lou Ann Davidson</i>	Lou Ann Davidson	646	Cuba Mills Rd	Fermanagh	2-7-24
<i>Lisa A Kipp</i>	Lisa A Kipp	155	Centerville Rd	Mifflintown	2/8/24
<i>Haley N. Loudenberger</i>	Haley N. Loudenberger	785	Cedar Springs Rd	Mifflintown	2/10/24
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1-5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Juniata

2 Printed Name of Circulator Nancy Ann Miller

3 Signature of Circulator *Nancy Ann Miller*

4 Number and Street of Circulator 785 Cedar Springs Rd

5 City, Borough or Twp. Mifflintown Zip Code 17059

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: JUNIATA 34

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Marie Graybill</i>	Marie Graybill	1043	Long Rd.	Mifflintown	2-8-24
<i>David Graybill</i>	David Graybill	1043	Long Rd	Mifflintown	2-8-24
<i>Sandra Lyn Hershey</i>	Sandra Lyn Hershey	1890	Cuba Mills	Mifflintown	2-8-24
<i>Brenda A. Hershey</i>	Brenda A. Hershey	1890	Cuba Mills	Mifflintown	2-8-24
<i>Anna Mary Brackbill</i>	Anna Mary Brackbill	108	N 3rd St.	Mifflintown	2/8/24
<i>Brenda K Anker</i>	Brenda K Anker	272	Sunset Dr.	Mifflintown	2-8-24
<i>Daniel Anker</i>	Daniel Anker	272	Sunset Dr	Mifflintown	2-8-24
<i>Heather Rossman</i>	Heather Rossman	1011	Cedar Springs Rd	Mifflintown	2-8-24
<i>Brend Brackbill</i>	Brend Brackbill	108	N 3rd St	Mifflintown	2-11-24
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Snyder

2 Printed Name of Circulator Jonathan D. Hershey

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 20017 Route 135 S

5 City, Borough or Twp. Milford Twp Zip Code 17058

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: JUNIATA 34

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Elaine M. Corman</i>	Elaine M. Corman	91	Dogle Ln	Mt. Pleasant Walker	
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Juniata County

2 Printed Name of Circulator Laurie S Hower

3 Signature of Circulator Laurie S Hower

4 Number and Street of Circulator 351 Pine Grove Dr

5 City, Borough or Twp. Fermanagh Zip Code 17059

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the Instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BLAIR 07

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	LouAnn Dick	2145	Blairfield Rd	Taylor	2/5/24
	Mark Stephens	5537	Montrose Ave	Altoona	2/5/24
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Blair
- 2 Printed Name of Circulator Sandra K Devers
- 3 Signature of Circulator Sandra K Devers
- 4 Number and Street of Circulator 120 Wildcat Lane
- 5 City, Borough or Twp. Greenfield Zip Code 16637

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BLAIR 07

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
1.		DAVID W. BURKHOLDER JR	284	OSBORN AVE	ALTOONA	2-2-24
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence _____
- 2 Printed Name of Circulator _____
- 3 Signature of Circulator _____
- 4 Number and Street of Circulator _____
- 5 City, Borough or Twp. _____ Zip Code _____

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: ATTORNEY GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Dave Sunday

OCCUPATION: District Attorney

RESIDENTIAL STREET ADDRESS: 1291 Woodland Road

CITY, BOROUGH OR TWP.: Spring Garden Township

COUNTY OF SIGNERS: BLAIR 07

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Linda C. Daniels	851	Washington Ave.	Tyrone	1-27-24
	Victoria Collins	250	Bristol Ave	Frankstown	1-27-24
	Lisa Augst	400	Maple St.	Roaring Spring	1-27-24
	Susan Gray	5942	Morgan Run Rd	West Decatur	1-22-24
	Michelle Daniels	41	White Birch Ck	Scott Township	1-31-24
	Matthew Daniels	41	White Birch Ck	Scott Township	1-31-24
	Jack Woomer	521	Tyrone Ctr	Tyrone	2-3-24
	John E Ramsey	524	W 21st St	Tyrone	2/3/24
	Robin Shultz	528	W 21st St	Tyrone	2/3/24
	Loretta Long	529	W 21st St	Tyrone	2-3-24
	Charles F Shultz	528	W 21st St	Tyrone	2-3-24
	Debra L Weston	535	W 21st St	Tyrone	2-3-24
	Chelsie Lucas	535	W. 21st St	Tyrone	2-3-24
	Richard Weston	416	Washington Ave	Tyrone	2-3-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Richard L Weston III</i>	Richard L Weston III	535	West 21 st	Tyrone	2-3-2024
<i>Karen A Light</i>	KAREN A LIGHT	14	9TH ST	TYRONE	2/3/2024
<i>Rose M. Castagnola</i>	Rose M. Castagnola	205	W. 11 ST.	TYRONE	2/4/24
<i>Viola B. Dollar</i>	Viola B. Dollar	5	Leared Dr	Tyrone	2/4/24
<i>L Stewart Neff</i>	L Stewart Neff	4124	Warriors Mark Pkwy	Warriors Mark	2/4/24
<i>Linda Adams</i>	Linda Adams	811	Washington Ave	Tyrone	2/4/24
<i>Joyce Alley</i>	Joyce Alley	402	Washington Ave	Tyrone	2/6/24
<i>Julie White</i>	Julie White	4657	Spring Ridge	Warriors Mark	2/6/24
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence BLAIR
- 2 Printed Name of Circulator LINDA C. DANIELS
- 3 Signature of Circulator *Linda C. Daniels*
- 4 Number and Street of Circulator 851 Washington Ave.
- 5 City, Borough or Twp. Tyrone Zip Code 16686

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Rose M Kuhn</i>	Rose M Kuhn	9607	Franklin Center Rd	PLATEA	1/29/24
<i>William R. Kuhn</i>	WILLIAM R. KUHN	9607	FRANKLIN CENTER RD	PLATEA	01/29/24
<i>Stanley Freedland</i>	Stanley Freedland	9911	FRANKLIN CTR RD	Platea	01/29/24
<i>Alexander Muenz</i>	Alexander Muenz	8470	Peach St	Platea	1/29/24
<i>Sheri Muenz</i>	Sheri Muenz	8470	Peach St	Platea	1/29/24
<i>Larry D Huston</i>	LARRY D HUSTON	8470	Peach St	Platea	1-29-24
<i>Faye D Huston</i>	FAYE D HUSTON	8470	Peach St	PLATEA	1-29-24
<i>Larry L Herl</i>	LARRY L. HERL	8615	Meadville Rd	Platea	1-29-24
<i>Mary J. Herl</i>	Mary J. Herl	8615	Meadville Rd	Platea	1-29-24
<i>David A. Gilkinson</i>	David A. Gilkinson	9657	Franklin Ctr	Platea	1-29-24
<i>Maria Gilkinson</i>	Maria Gilkinson	9657	Franklin Center Rd	Platea	1-29-24
<i>Marcelle Risjan</i>	Marcelle Risjan	8801	Miller Rd	Platea	1-29-24
<i>Jeffrey Risjan</i>	Jeffrey Risjan	8801	Miller Rd	Platea	1/29/24
<i>Riachelle Kuhn</i>	Riachelle Kuhn	9607	Franklin Ctr Rd	Platea	1/29/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	LYNNE M. DANIELS	2774	CARLETON COURT	ERIE PA	02/05/24
	Michael Simpkins	9976	E. Peach	Platea	2/5/24
	RICHARD M. MOORE	11572	OLD ALGION	SPRINGFIELD	2/5/24
	Ruth A. Addis	5164	Albion Rd	Girard	2/6/24
	WALTER ADDIS	5764	A1 BIRNPL	GIRARD	2/6/24
	TRAVIS J. PETTIS	8050	Simit LN.	GIRARD, PA FAIRFELD TOWNSHIP	2/6/24
	GORDON A. KUHN	12060	CARTER RD	CONNERT TWP	2/8/24
	JUDY M. KUHN	12060	carter Rd	Connert Twp	2/8/24
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Erie ERIE
- 2 Printed Name of Circulator WILLIAM R. KUHN
- 3 Signature of Circulator William R. Kuhn
- 4 Number and Street of Circulator 9607 Franklin Center Rd
- 5 City, Borough or Twp. Cranesville Pa Zip Code 16410

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
1.		Randy Perri	10565	Gorge Rd	Connetquot Twp	2-8-24
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence ERIE

2 Printed Name of Circulator Byron Eddy

3 Signature of Circulator Byron Eddy

4 Number and Street of Circulator 16375 FRANKLIN Rd

5 City, Borough or Twp. Fairview Zip Code 16415

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: (AUDITOR GENERAL)

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): (Tim DeFoor)

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Barbara Shannon</i>	Barbara Shannon	309	Backgrove Dr	Millcreek	2/1/24
<i>Twila Eddy</i>	Twila Eddy	6375	Franklin Rd.	Fairview	2/2/24
<i>Clyde Davis</i>	Clyde Davis	847	Green Hill Dr	Girard	2/2/24
<i>Carol Pfeife</i>	Carol Pfeife	2723	Greenacre Dr	Millcreek	2-2-24
<i>Lyell P Cook</i>	Lyell P Cook	11319	RAINBOW ROAD	Washington	2-3-24
<i>Frederick Thompson</i>	FREDERICK THOMPSON	20	WOODSIDE DR	McKEAN	2-3-24
<i>Shirley J. Brozell</i>	Shirley J. Brozell	1710	Pinewood	Fairview	---
<i>Shirley J. Brozell</i>	Shirley J. Brozell	1710	Pinewood	Fairview	2-3-24
<i>Richard J. Brozell</i>	Richard J. Brozell	1710	Pinewood	Fairview	2-3-24
<i>Brenda Hatcher</i>	Brenda Hatcher	11390	Cross Station	Girard	2-4-24
<i>Sandra M. Carlson</i>	SANDRA CARLSON	3273	Georgian Ct	FAIRVIEW	2/7/24
<i>Ned Carlson</i>	NED CARLSON	3273	GEORGIAN CT	FAIRVIEW	2.7.24
<i>Sherry Hopkins</i>	Sherry Hopkins	2660	Kenn St	Lake City	2.8.24
<i>Charlene M. Kerr</i>	Charlene M. Kerr	10121	Griffey	Conneaut Twp	2/8/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Mark Sieg</i>	MARK SIEG	5223	DENFIELD	MALCESSER PA	2-8-24
<i>Douglas Thompson</i>	Douglas Thompson	60	Dewey Dr	Levittown	2-8-24
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence ERIE

2 Printed Name of Circulator BYRON Eddy

3 Signature of Circulator *Byron Eddy*

4 Number and Street of Circulator 6375 FRANKLIN Rd

5 City, Borough or Twp. Fairview Zip Code 16415

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	John M. Guyton	3516	Priscilla Dr.	Millcreek	1-28-24
	Christine Lutz	3210	Ankerst	Millcreek	1-29-24
	John W. Bowers	2723	W. 33rd	Millcreek	1-29-24
	Sue Bowers	2723	W. 33rd	Millcreek	1/29/24
	Elaine E. Davison	3620	Hampshire	Millcreek	1/30/24
	Harold L. Davison				
	Harold L. Davison	3620	HAMPSHIRE	MILLCREEK	1/30/24
	Deborah A. Lundberg	2629	W 22nd St	Millcreek	1/30/24
	STEPHEN P. LUNDBERG	2629	W 22ND ST	MILLCREEK	1/30/24
	Nicole Gregorzewski	3726	Hampshire Rd	Millcreek	1/30/24
	Matt Gregorzewski	3726	hampshire	millcreek	1/30
	Jeremy Levin	3625	Hampshire	millcreek	1/30



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Eric

2 Printed Name of Circulator John M Guyton

3 Signature of Circulator John M Guyton

4 Number and Street of Circulator 3516 Priscilla Dr

5 City, Borough or Twp. Millcreek Zip Code 16506

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ERIE 25

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Betty M Kelley	14629	Dutchtown Rd	Le Boer Twp	2/3/24
	Greg Hayes	5755	Gibson Hill Rd	Wash. Twp	2/3/24
	Bernice Williams	5200	Henderson Rd	Millcreek TWP	2-3-24
	KATHY A SCHEUER	1717	WOODSIDE DR	MILLCREEK	2-3-24
	Sheila F Sterrett	528	Courty Side Ln	Hankscreek	2-3-24
	Betty Wist	11889	Sharp Rd	Waterford	2-3-24
	MICHAEL P. PACE	770	W. TOWNHALL	SUMMIT	2/3/24
	Bend Pasquoff	223	W. TOWNHALL	Millcreek	2/3/24
	GARY D. CARVER	5011	WALNUT RD	MILL CREEK TWP	2/3/24
	CHERYL CARVER	5011	WALNUT RD	MILLCREEK	2/3/24
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Erie

2 Printed Name of Circulator Melanie Brewer

3 Signature of Circulator [Handwritten Signature]

4 Number and Street of Circulator 125 Usonia Ave

5 City, Borough or Twp. Erie Zip Code 16809

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ERIE 25

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Katherine Nagle	8800	Bateman Rd	Girard Twp	2/3/24
	Peggy Laughlin	4619	Autumnwood	Milkcreek	2-3-24
	Mary Schermer	331	Shorehaven	Milkcreek	2-3-24
	Tim Moor	331	Shorehaven	Milkcreek	2-3-24
	Eric Page	6962	Old Ridge	Fairview	2-3-24
	Geo. Ceramie	4802	Wolf Run	Milkcreek	2/3/24
	Timothy Wachtel	7211	Willow Run	Fairview	2/3/24
	Timothy Laughlin	13247	Rt. 19	Waterford	2/3/24
	Michael Kokot	5422	Glenwood Pk	Erie	2/3/24
	Cheryl Lawson	13247	Rt 19	WFD	2/3/24
	Patricia Laughlin	5301	Schwartz	Fairview	2/3/24
12.					
13.					
14.					



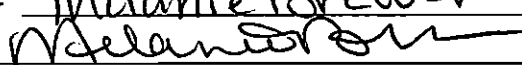
SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Erie
- 2 Printed Name of Circulator Melanie Brewer
- 3 Signature of Circulator 
- 4 Number and Street of Circulator 128 Usonia Ave
- 5 City, Borough or Twp. Erie Zip Code 16509

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!



- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CRAWFORD 20

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Cheryl Weiderspahn	1883	State Road	Fairfield Twp	1-24-24
	FRANCES F. WEIDERSPAHN	1883	STATE ROAD	FAIRFIELD TWP	01/24/2024
	SCOTT SCOBLE	110	IND	CRAWFORD	1-24-24
	BRADLEY T. ROAE	24520	PLANK ROAD	EAST MEAD TWP	01/26/2024
	Rebekah Curry	22430	CUMMINS WOODS	WOODCOCK	1/31/24
	Patricia A. Netherbre	28003	STAYPT	Richmond Twp	1/31/24
	Christine L. Krzysiak	19860	Bear Rd	Venggo Twp	2/6/24
	Renee Kiser	362	Ross Dr	Saegertown Boro	2/7/24
	Megan Demaison	11026B	11026B	Pine Rd Woodcock	2/7/24
	Beth M. Forbes	9331	Mercer Pike	UNION TWP	2/7/24
	Paula DiGiawmo	181	Meadow St	Meadville	2-7-24
	Dana Roae	24520	Plank Rd	East Mead	2-10-24
	MICHAEL B. FORBES	9331	MERCER PIKE	UNION	2-10-24
	Richard J. DiGiawmo	181	Meadow St	Meadville	2-10-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>SAMUEL FEELY</i>	Samuel Fiely	726	N Morgan St	Meadville	2/10/24
16. <i>Patricia A Feely</i>	Patricia A Feely	726	N Morgan St	Meadville	2/10/24
17. <i>Gar / C</i>	Garry Kearns	10338	Cir 2E East	Meadville	2-10-24
18. <i>Joella E. Kearns</i>	Joella E Kearns	60238	Circle 6 S.	Meadville Verona	2/10/24
19. <i>Eric Henry</i>	Eric Henry	9420	Frankville	West Mead	2/10/24
20. <i>James R. Roha</i>	James R. Roha	230	Walnut Street	Meadville	2/10/24
21. <i>Luigi Francesco</i>	Luigi F. Francesco	27502	Hwy 77	RICHMOND TWP	2/10/24
22. <i>Tom Schell</i>	Tom Schell	410	3rd St	Cochranston	2/10/24
23. <i>Lucas Johnson</i>	Lucas Johnson	17040	Patricia Dr.	Meadville	2/10/24
24. <i>Denise Johnston</i>	Denise Johnston	17040	Patricia Dr.	Meadville	2-10-2024
25. <i>Marian C. Hornstein</i>	MARIAN C. HORNSTEIN	16417	BAILEY RD.	MEADVILLE	2-10-2024
26. <i>Jennifer Tucker</i>	Jennifer Tucker	17262	Mullen Rd.	Meadville	2/10/24
27. <i>John D. Tucker</i>	John D. Tucker	17262	Mullen Rd	Meadville	2-20-24
28. <i>Dixie L Gordon</i>	Dixie L Gordon	10203	Hollis Rd	Meadville	2-10-24
29. <i>Darlene A. Frazer</i>	Darlene A. Frazer	206	W. Elm St	Titusville	2-10-24
30. <i>Lynn Schreck</i>	Lynn Schreck	434	Chestnut St	Meadville	2-10-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence LANCASTER
- 2 Printed Name of Circulator MICHAEL D. FORBES
- 3 Signature of Circulator Michael D. Forbes
- 4 Number and Street of Circulator 9331 MERCER PIKE
- 5 City, Borough or Twp. UNION TWP Zip Code 16335

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: LANCASTER 36

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Stephen Cook	2427	Mt Pleasant Rd	MT JOY Twp	2/10/24
	Diane Cook	2427	Mt Pleasant Rd	Mt Joy Twp	2-10-24
	Jay Bradford Knetsley	32	W Main Street	Mount Joy Borough	2/10/24
	Rebecca J. Dunkle	115	S. Charlotte St	maheim Boro	2/10/24
	MAGGIE CHAN	1275	WILLOW CREEK	RAPHO	2/10/24
	PAK CHAN	1275	WILLOW CREEK DR	Rapho Twp	2/10/24
	Carolyn R. Benshoof	1423	Fieldstone Dr	Rapho twp	2/10/24
	SAMUEL E. CROWL	840	Ermain St.	Mount Joy Boro	2/10/24
	FREDERICK L STATES	1410	Rock Circle Dr	Rapho	2/10/24
	Jim Sensenich	228	N. Market Ave	Mt Joy Boro	2-10-24
	Debra Farley	2280	Andrews Ave	Mt Joy Twp	2/10/24
	Tamara Sieber	71	Trial Rd. S.	Mt. Joy Twp	2/10/24
	Scott E. Nagle	224	E. Market st	Marietta	2/10/24
	Dalett Greber	3144	Pleasant Hill	Rapho Twp	2/10/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Lancaster
- 2 Printed Name of Circulator Danielle Lancaster
- 3 Signature of Circulator Danielle Lancaster
- 4 Number and Street of Circulator 358 Mt. Gretna Rd
- 5 City, Borough or Twp. Mt Joy Twp Zip Code 17022

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: LANCASTER 36

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Scott Bopp	121	N Market St	Mount Joy	2/10/24
	JAMES V. Bletcher	703	Crestwood Circle	Rapho Twp	02/10/24
	JANET E. POPJES	1565	Stickney Run Court	Mt. Joy	2/10/24
	DORIS E. GOOD	1809	Clouvenet Road	Mt. Joy Township	2/10/24
	Ann Derrick	2768	Zink Rd	Rapho Twp	2/10/24
	Ted Derrick	2768	Zink Rd	Rapho Twp	2/10/24
	Charles Cooper	262	Cider Press	Rapho	2/10/24
	MARGARET COOPER	202	CIDER PRESS	Rapho	2/10/24
	Carol E Schaum	347	Chocolake Ave	Mount Joy Boro	2/10/24
	EMANUEL HOFFER	82	E Main St	Mount Joy Boro	2/10/24
	Denise K Miller-Tsld	25	Fieldstone Circle	Elizabeth Twp	2/10/24
	William L Tokudy Jr	28	Fieldstone Cir	Elizabeth Twp	2/10/24
	BRIAN YOUNGERMAN	663	FLORIN AVE	MOUNT JOY	2/10/24
	Rodney D. Schuman Jr	347	Chocolate Ave	Mount Joy Boro	2/10/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Bonnie J. Hershey</i>	Bonnie J. Hershey	360	Hossler Rd	Rapho	2-10-24
<i>Barbara A. Zimmerman</i>	Barbara A. Zimmerman	121	N. Charlottg	Manheim's Boro	2/10/24
<i>Robert E. Shutt</i>	ROBERT E. SHUTT	7010	E TOWN	manheim Twp	2-10-24
<i>Betty Chapman</i>	BETTY CHAPMAN	397	Radio Rd	mt joy	2/10/24
<i>John Chapman</i>	JOHN CHAPMAN	397	RADIO RD	MT Joy	2/10/24
<i>Sara E. Gubbin</i>	SARA E. GUBBIN	171	Red Rd Calabrook	Manheim	2/10/24
<i>Jackie Doratek</i>	JACKIE DORATEK	636	Shorem	MT Joy	2-10-24
<i>Barbara A. Payne</i>	Barbara A. Payne	332	Hill St	mont joy twp	2/10/24
<i>Robert H. Franzeck</i>	ROBERT H. FRANZECK	300	School Lane	Mount Joy	2/10/24
<i>Dale W. Yoder</i>	DALE W. YODER	1247	Wissler Ln	MT Joy Twp	2/10/24
<i>Audrey J. Yoder</i>	Audrey J. Yoder	1247	Wissler Lane	MT Joy Twp	2/10/24
<i>Lynda D. Shrum</i>	Lynda D. Shrum	4	Chas Dr	MT Joy Twp	2/10/24
<i>James D. Shrum</i>	JAMES D. SHRUM	4	Chas Dr	MT Joy Twp	2/10/24
<i>Linda Mummert</i>	Linda Mummert	625	Hampden	Elizabethtown	2/10/24
<i>Clarence Mummert</i>	CLARENCE MUMMERT	625	HAMPDEN	ELIZABETH TOWN	2/10/24
<i>Barry Lee Bucher</i>	Barry Lee Bucher	2022	Shree Road	MT Joy Twp	2/10/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Lancaster
- 2 Printed Name of Circulator Kyle R. Schreffler
- 3 Signature of Circulator *[Signature]*
- 4 Number and Street of Circulator 1729 Merganser Lane
- 5 City, Borough or Twp. MT Joy Twp Zip Code 17022

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: LANCASTER 36

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Larry D Hershey	360	Hosler Rd	Rapho	2-10-24
	JACOB H. HESTON	1159	DIAGON	RAPHO	2/10/24
	William Zimmerman	121	N Charlotte St	Manheim Boro	2/10/24
	Carol A Shutt	7010	E-town	Rapho	2-10-24
	James H. Wert	640	Ivy Dr.	Mount Joy Boro	2-10-24
	Delores J. Wert	640	Jay Dr	mt Joy Boro	2-10-24
	Robert Zimmerman	4419	Crown Pk	Rapho	2/10/24
	Robin Lynn Payne Buckel	2022	Sheaffe Rd	Mount Joy Twp	2/10/24
	Joyce Kresley	32	W Maen	Mount Joy Boro	2/10/24
	Tim Dunjee	115	S Charlotte	Manheim Boro	2/10/24
	Timothy Benschel	1423	Feldstone Dr	Rapho Twp	2/10/24
	Clair E Wall	1126	mill Rd	Manheim / Rapho	2-10-24
	Sandra Jane Burke	1421	Barrington Dr	Rapho	2/10/24
	Glenn E. Weaver	712	Fairview St	Mount Joy Boro	2-10-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Greg Dager</i>	Greg Dager	1112	Sunwood Lane	E. Hempfield	2/10/24
<i>Sandra M States</i>	Sandra M. States	1410	Rock Circle Dr.	Rapho	2/10/24
<i>Peggy Drager</i>	PEGGY DRAGER	1112	Sunwood Lane	E-Hempfield	2/10/24
<i>Frederick L States</i>	FREDERICK L STATES	1410	Rock Circle Dr	Rapho	2/10/24
<i>Robt W Williams</i>	ROBERT WILLIAM	46	Old English Lane	Mt Joy Twp	2/10/24
<i>Jean Carraker</i>	Jean Carraker	1582	Mi 11 Rd	Mt Joy Twp	2/10/24
<i>Mike Carraker</i>	MIKE CARRAKER	1582	Mi 11 Rd	Mt. Joy Twp	2-10-24
<i>Daniel S. Berry</i>	Daniel S. Berry	9880	Andrew ave	E-Town	2/10/24
<i>Sharon J Donogh</i>	Sharon J Donogh	203	Poplar St	Mount Joy Boro	2/10/24
<i>Neloris J Taylor</i>	Neloris J. Taylor	2044	Shady Oak Dr	Mt Joy Twp.	2/10/24
<i>John R Gallagher</i>	John R Gallagher	2538	Camp Rd	Rapho	2/10/24
<i>Shirley Gallagher</i>	Shirley Gallagher	2538	Camp Rd.	Rapho	2-10-24
<i>Carol D. McMamee</i>	Carol D. McMamee	1022	Wood St	Mt. Joy Boro	2-10-24
<i>Todd Sieber</i>	TODD SIEBER	71	TRAIL RD SOUTH	Mount Joy Twp	2/10/24
<i>Robert L. Hettner</i>	Robert L. Hettner	2847	Meadeville	Rapho Twp	2/10/24
<i>Jane Poston</i>	Jane Poston	20	N. 2nd St.	Conoy	2-10-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Lancaster

2 Printed Name of Circulator Danielle Lindemuth

3 Signature of Circulator Danielle Lindemuth

4 Number and Street of Circulator 558 Mt. Gretna Rd

5 City, Borough or Twp. Mt Joy Twp Zip Code 17022

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: LANCASTER 36

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Anne Phillips	46	Market Sq	Manheim Boro	2/10/24
	Chloe Phillips	46	Market Sq	Manheim	2/10/24
	Paul Chalecki	1254	Cherry Ln Fieldstone Dr.	Worthington Twp	2/10/24
	Carolyn R. Benshoof	1423		Rapho Twp	2/10/24
	Peggy A Crowl	840	E Main St.	Mount Joy Boro	2.10.2024
	Denise L. Sensenich	228	N. Market Ave	Mount Joy Boro	2-10-24
	Sze Noble	26	N. 2nd St	Crimby	2-10-24
	Lynn D Hubler	1827	Ridge Rd	Mount Joy Twp	2/10/24
	LEE ANN DEPUE	1506	Crescent Cir	Rapho	2-10-24
	David Gibson	1332	Woodcrest	Mt Joy	2/10/24
	Tena Hoffer	82	E. Main St	Mount Joy Boro	2/10/24
	STEVE A. BRUBAKER	1435	MILL RD	MOUNT JOY TWP	2/10/24
	Roylyn Bert	1906	West Pleasant rd	Mount Joy Boro	2/10/24
	Sarah E Slobozien	22	Morning Cir	East Donegal	2/10/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Larry L. Adair</i>	Larry L. Adair	204	Sage Court	Mt Joy	2-10-24
<i>Berta L Adair</i>	Berta L Adair	204	Sage Ct	Mt Joy	2/10/24
<i>Mary Lou Brubaker</i>	Mary Lou Brubaker	1435	Mull Rd.	Mt. Joy Twp.	2/10/24
<i>Christa Bert S</i>	Christian Bert S	155	EAST Park Street	Elizabethtown Boro	2/10/24
<i>Joanne Pinkerton</i>	Joanne Pinkerton	127	Parklane	Mt Joy Boro	2/10/24
<i>Christopher Dorr</i>	Christopher Dorr	645	Kroybill Church Rd	East Donegal	2/10/24
<i>Lydia Dorr</i>	Lydia Dorr	645	Kroybill Church	E. Donegal	2/10/24
<i>Danielle Lindemuth</i>	Danielle Lindemuth	558	Mt Gretna Rd	Mt Joy Twp	2/10/24
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Lancaster
- 2 Printed Name of Circulator Danielle Lindemuth
- 3 Signature of Circulator Danielle Lindemuth
- 4 Number and Street of Circulator 558 Mt. Gretna Rd
- 5 City, Borough or Twp. Mt. Joy Twp Zip Code 17022

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL
 DISTRICT NUMBER: Statewide
 YEAR OF PRIMARY: 2024
 CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor
 OCCUPATION: Auditor General
 RESIDENTIAL STREET ADDRESS: 2231 Boas Street
 CITY, BOROUGH OR TWP.: Susquehanna Township
 COUNTY OF SIGNERS: SCHUYLKILL 54 PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	KAREN Zubowicz	25	wood	Union	2/20/24
	JEFF Zubowicz	25	wood	Union	2/10/24
	CYNTHIA NOVATKA	12	COLLIER RD	MAHANAY	
	Raymond J. Dunbar	123	E. Main	Ringtown	2/10/24
	Theresa Gilliam	217	S. West	Shenandoah	2/10/24
	Roseann Cooco	139	S. 24th	Pottsville	2/10/24
	Jack R Orner	139	S. 24th st	Pottsville	2/10/24
	TONY GLADSKI	285	CALIFORNIA	SHEN HSTP	2-10-24
	MIKE KOYES	340	chickaree	W. Mahanoy Twp.	2-10-24
	MARY ANN KAYES	390	OHIO AVE	W. MAHANAY TWP	2/10/24
	MIKE YARNOVICH	301	W. MAHANAY ST	MAHANAY CITY	2/10/24
	Clara Ballestero	718	W. Center St	Mahanoy City	2/10/24
	Jon Luke Sinek	718	W. Center st	Mahanoy City	2/10/24
	Michael Tedesco	178	wood	Ringtown	2/10/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Schuylkill County

2 Printed Name of Circulator Anthony Merchinsky

3 Signature of Circulator [Handwritten Signature]

4 Number and Street of Circulator 510 Morca Road

5 City, Borough or Twp. Mahanoy Township Zip Code 17948

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL
 DISTRICT NUMBER: Statewide
 YEAR OF PRIMARY: 2024
 CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor
 OCCUPATION: Auditor General
 RESIDENTIAL STREET ADDRESS: 2231 Boas Street
 CITY, BOROUGH OR TWP.: Susquehanna Township
 COUNTY OF SIGNERS: SCHUYLKILL 54 PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JOHN BONISCAVANO	212	ZION GROVE RD.	Union Twp	2/10/24
	Diane BINDIE	99	WESTON PLACE	W. MAHANTY Twp.	2-10-24
	ALBERT BINDIE	99	WESTON PLACE	W MAHANTY Township	02-10-24
	Jonathan Biros	36	Hemlock Drive	East Union Township	2-10-24
	Melissa Biros	36	Hemlock Dr.	East Union Township	2-10-24
	Mark Stefura	7	Oak Ln	West Brunswick	2/10/24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Schuylkill

2 Printed Name of Circulator Seth J. Huber

3 Signature of Circulator [Handwritten Signature]

4 Number and Street of Circulator 101 Maple Street

5 City, Borough or Twp. Branch Twp Zip Code 21854

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SCHUYLKILL 54

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Howard D. Merrick</i>	Howard D. Merrick JR	87	MAIN ST	MT. CARBON	1/28/24
<i>Dorothy J. Fetterolf</i>	Dorothy J. Fetterolf	314	S. Spencer St	West Mahanoy Twp	01/28/2024
<i>Kerstin Cappella</i>	Kerstin Cappella	110	PODBRY ST	PALO ALTO	1/30/24
<i>O.E. Ned Chonors</i>	O.E. Ned Chonors	1800	MAHANTZBURG	POTTSVILLE	1/30/2024
<i>Anne Connors</i>	Anne Connors	1313	W. NARRAGANSETT	POTTVILLE	1/30/2024
<i>ROBERT L. ALLAN</i>	ROBERT L. ALLAN	703	CENTER ST	NORTH MAHANOY	1/31/2024
<i>PAUL S. DATTE</i>	PAUL S. DATTE	1650	HOWARD AVE	POTTSVILLE	2/1/2024
<i>Robert Lettich</i>	Robert Lettich	16	MILL RD	WAGLEY TWP	2/1/2024
<i>Sharon Tackenschick</i>	Sharon Tackenschick	1403	Sweet Acre Rd	Wagoner Twp	2/1/24
<i>CAROL BRUNNE</i>	CAROL BRUNNE	240	WINTERGLEN	EAST BRUNSWICK	2-1-2024
<i>ROBERT S. BYLONE SR</i>	ROBERT S. BYLONE SR	240	WINTERGLEN	EAST BRUNSWICK	2-1-2024
<i>Dolores A. Malec</i>	Dolores A. Malec	246	W. 2ND MOUNTAIN RD	N. MANHEIM	02/01/2024
<i>LAWY WERTZ</i>	LAWY WERTZ	709	ORCHARD RD	WEST PENN	2/1/2024
<i>JOHN R. HANDLER</i>	JOHN R. HANDLER	246	N BROAD ST	TAMMARA PA	2/1/2024

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	RAYMOND JONES JR	1730	RACE ST	ASHLAND, PA	2/1/2024
	David Merrick	87	Main St	Mt Carbon	2/4/24
	John C. Collette	1153	Peachmont RD	Pottsville PA	2-6-24
	Aimee L. Cappella	1153	Peachmont rd.	Pottsville PA	2-6-2024
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Schuylkill
 2 Printed Name of Circulator Howard D. Merrick Jr
 3 Signature of Circulator
 4 Number and Street of Circulator 87 Main St
 5 City, Borough or Twp. Mt. Carbon Pa Zip Code 17901

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SCHUYLKILL-54

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
1.	<i>Aidan Teter</i>	Aidan Teter	1404	Ridge Road	Klingerstown	2-3-24
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Schuylkill

2 Printed Name of Circulator John Steh

3 Signature of Circulator [Handwritten Signature]

4 Number and Street of Circulator 111 E. Market

5 City, Borough or Twp. Lehigh Zip Code 17938

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SCHUYLKILL 54

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Jacqueline Florio	31	S. Gilbert	Schuylkill	2-3-24
	Machella Schaeff	318	Park	Hegins	2/3/24
	Susie Busch	323	Ridge	Pitman	2-3-24
	Karlee Klinger	11651	Ridge Rd	Klingerstown	2-3-24
	Kylene Deeter	1180	Main	Valleyview	2-3-24
	Alan Harring	176	Ridge Road	Pitman	2-3-24
	Demet Thomas	24	Zion Church	Pitman	2-3-24
	Tommy Klinger	483	Valley Rd	Hegins	2-4-24
	Chris Klinger	483	Valley Rd	Hegins	2-4-24
	Tara Kimmel	1172	Ridge. Rd.	Klingerstown	2-4-24
	CHRIS Hartman	36	CREDITORS RD	Klingerstown	2-4-24
	Melissa Kimmel	36	Creditors Rd	Klingerstown	2/4/24
	Mariene Paul	1554	Ridge Rd.	Klingerstown	2-5-24
	Cathy Reed	1524	W. Maple	Hegins Twp	2-7-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	James A Reed, Jr	7524	W Maple St	Hogans Twp	2-7-24
	Sherry Reed	721	Ferris Rd	Sacramento	2/7/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Schuylkill Cty

2 Printed Name of Circulator Jo Ann Stein

3 Signature of Circulator

4 Number and Street of Circulator 141 E. Main Rd

5 City, Borough or Twp. Hogans Zip Code 17958

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SCHUYLKILL 54

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	TOM STEHR	111	EMERALD RD	Hegins	1/28/24
	BRIAN STRAUSC	111	EMERALD RD	Hegins	1/28/24
	ROBERT J ZIMMERMAN	358	ORCHARD RD	Pine Grove	1-28-24
	DAVID DEIBERT	25	Second	Sacramento	1-28-24
	GLENN BESSINGER		Bessinger Rd	Pitman	1-28-24
	RAY ZIMMERMAN	240	PITMAN RD	PITMAN	1-28-24
	NATHAN VETZAL	219	Mt Hill	Pitman	1-28-24
	GERALD STEHR	288	VISTA	KITOWN	1-28-24
	MATTHEW FRANK	60	Old Forge Rd	Pine Grove	1-28-24
	CHARLES CULBERT	225	S. Tulip	Pine Grove	1-28-24
	BRIAN SCHROCK	11	WATERFALL RD	Pine Grove	1-28-24
	MATT BRAUST	625	SUNDRY RD	Pine Grove	1-28-24
	LEAH FRANZ	60	Old Forge Rd	Pine Grove	1-28-24
	EVELYN HARNER	2254	E. MAIN ST	SACRAMENTO	1-29-24



	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
15.		Julie Specht	284	N COAKSPRING	Hegins	1/29/24
16.		Chris Trasatti	97	main	Raman	1/30/24
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Schuylkill

2 Printed Name of Circulator John Steyer

3 Signature of Circulator

4 Number and Street of Circulator 111 Elmwood Rd

5 City, Borough or Twp. Hegins Zip Code 17938

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SCHUYLKILL 54

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	James K. Boyer	59	Chelton	Shenandoah	2/3
	RICHARD WOLFGANG	263	MILL HILL	PITMAN	2/3/24
	ELAINE WOLFGANG	263	MILL HILL	PITMAN	2/3/24
	Vincent Latchers	205	Walnut St	MARTIN	2/2/24
	ROBERT FLORIO	341	OHIO	SHENANDOAH	2/3/24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Cherry Hill
 2 Printed Name of Circulator Joseph Stell
 3 Signature of Circulator [Signature]
 4 Number and Street of Circulator 111 Emerald Rd
 5 City, Borough or Twp. Haddon Zip Code 17938

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SCHUYLKILL 54

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	MARK A SPRANK	705	MARSH	Hegins	2/4/24
	Bridget L Summer	9	Municipal	Ktown	2/4/24
	CINDY L KROWT	1236	GREEN RD	PITMAN	2/4/24
	Carol A. Artz	405	Ridge	Pitman	2/4/24
	Errol L Artz	405	Ridge	PITMAN	2-4-24
	Arise Murray	246	Clerks Valley Rd	Tower City	2-4-24
	James Stehr	1009	creek Rd	sacramento	2/4/24
	Tommy Bordner	55	Vista Rd	Klingersban	2/4/24
	Michael Bordner	55	Vista Rd	Klingersban	2/4/24
	Kenneth Heim	365	MAIN	PITMAN	2/4/24
	Margaret Mitchell	204	Maplewood Rd	Ashland	2/4/24
	Helen A. Wedde	211	Maplewood Rd	Ashland	2-4-24
	Lydia Bongardner	124	Ridge Road	Pitman	2-4-24
	Renee Witmer	255	Taylor Rd	Pitman	2-4-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>Mary E. Towey</i>	Mary E. Towey	1717	Race St. Ashland	Ashland	2-4-24
16. <i>[Signature]</i>	Thomas Steh	903	Maple St	Valley View	2-5-24
17. <i>[Signature]</i>	Rj Bartholomew	324	Franklin	Hamden	2/8/24
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Schuylkill

2 Printed Name of Circulator Seth J. Huber

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 701 Mage Street

5 City, Borough or Twp. Branch - Twp Zip Code 17054

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: NORTHUMBERLAND 49

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Mike Erdley	617	Urban Rd	Herndon	2-1-24
	Donna L. Erdley	849	Urban Rd.	Herndon	2-1-24
	DAVID EROLEY	849	URBAN RD.	HERNDON	2-1-24
	Shana Erdley	617	Urban Rd	Herndon	2-1-24
	BAILEY DRESSLER	617	URBAN RD	HERNDON	2-2-24
	Noah Shaffer	549	Cemetery Rd	Dalmatia	2-2-24
	Shanna Kietter	252	Forster Valley Road	Dornsife	2-2-24
	Bridgette Kietter	252	Forster Valley	DORNSIFE	2-3-24
	John L. Wehner	1986	old State Rd	Dornsife	2-3-24
	Traci Reiner	1054	Old State Rd	Klingerstown	2-3-24
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Schuylkill

2 Printed Name of Circulator James Steer

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 111 E. 1st St

5 City, Borough or Twp. Harrisburg Zip Code 17101

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SCHUYLKILL 54

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro. or Twp.	
	Julie Massa Bulley	44	Spud Ln	Habley Twp	2/1/24
	Chad Klock	1116	E. Main St.	Hegins	2/1/24
	Michael Deeter	111	DIVISION	HEGINS	2/1/24
	Nikki Lettich	1727	W. MAPLE	VALLEY VIEW	2/1/24
	Brayden Smith	317	Mahantongo	Hegins	2/1/24
	Janelle Welgosh	211	Grove Dr	Hegins	2/2/24
	RICH MILLER	60	OCMILWA	HEGINS	2/2/24
	Daniel Scheib	1134	Ridge Rd	Klingorstown	2/2/24
	Robert Shadt	108	ANDY ST	Hegins	2/2/24
	Gerald G. Zimmerman	82	Church Rd	Hegins	2-2-24
	ALVIN WERTZ	289	WEST MAIN ROAD	Hegins	2-2-24
	Philip Scheusen	107	BERRY'S ROAD	Ashland	2-2-24
	KENNETH STACH	15	GROVE RD	PITMAN	2-2-24
	Tammy Borders	55	Nobard	Klingorstown	2-2-24

Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SCHUYLKILL 54

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>[Signature]</i>					
<i>Gary F. Snyder</i>	GARY F. SNYDER	944	E. MAIN	HEGINS	2/8/24
<i>Michelle L. Snyder</i>	MICHELLE L. SNYDER	929	E. Main-Rear	Hegins	2/8/24
<i>Sharon Snyder</i>	SHARON SNYDER	944	E. Main	Hegins	2-8-24
<i>Eric Hunsinger</i>	ERIC HUNTSINGER	16	Hickory	Valleyview	2-8-24
<i>Henry Rutecki</i>	HENRY RUTECKI	403	DEEP CREEK	HEGINS	2/8/24
<i>Robert Runkle</i>	ROBERT RUNKLE	31	Kushwa Rd	Habley	2/8/24
<i>Shirley Klinger</i>	SHIRLEY KLINGER	1505	W. Maple St	Valley View PA	2/8/24
<i>Dale Troutman</i>	DALE TROUTMAN	Box 742	Valley View	Hegins	2/8/24
<i>Bonita Schwalm</i>	BONITA SCHWALM	257	Deep Creek	Barry Twp.	2-8-24
<i>Darlene K. Klinger</i>	DARLENE K. KLINGER	369	5. Goolspring Rd	Hegins	2/8/24
<i>Randy Young</i>	RANDY YOUNG	1436	CRICK RD.	ELDRED Twp	2-8-24
<i>David Updegrave</i>	DAVID UPDEGRAVE	111	TRAVIS WALKER	ELDRED Twp	2-8-24
<i>Margaret Ludwig</i>	MARGARET LUDWIG	785	Deep Creek	FASHLAND,	2-8-2024
<i>Steven S. Nohr</i>	STEVEN S. NOHR	243	FAH ANTONIO STREET	HEGINS	2-8-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>Karen Haring</i>	KAREN HARRING	91	MAIN ST	EDROD	2-8-24
16. <i>Garry Haring</i>	Garry Haring	91	MAIN RD	Edrod Twp	2-8-24
17. <i>Darlene Schor</i>	DARLENE SCHOR	244	COLUMBIA	HUB LK	2-5-24
18. <i>LeRoy Shuey</i>	LeRoy Shuey	32	Hill	Hegins	2-8-24
19. <i>Gregory Nye</i>	GREGORY NYE	743	EAST MAIN ST	HEGINS	2/8/24
20. <i>Kenneth West</i>	Kenneth West	201	Valley Rd	Hegins	2-8-24
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Schuylkill

2 Printed Name of Circulator Seth J. Holder

3 Signature of Circulator *Seth J. Holder*

4 Number and Street of Circulator 101 Maple Street

5 City, Borough or Twp. Branch Twp Zip Code 17804

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SCHUYLKILL 54

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	ROBERT M. SHUEY	1	NORTH HAND ST.	Tower City	2/8/24
	PAUL RUTEN	1002	COVIER	TOWER CITY	2/8/24
	NINA RUBENDALL	430	W. CANISEO	TOWER CITY	2/8/24
	DALE HARRIS	831	W MAPLE	Valley View	2/8/24
	EMILY CARL	60	Carl Ln	Hegins, PA	2-8-24
	THOMAS CARLITA	600	CARL LN	HEGINS PA	2-8-24
	CHRISTINE E REINER	135	EAST GRAND AVE	TOWER CITY	2-8-24
	TAMMY L. ERDMAN	29	TRAP CLUB	Hegins	2-8-24
	JOHN R KLUGE	29	TRAP CLUB	Hegins	2-8-24
	HAROLD ALBRIGHT	488	100 FT CREEK RD	HEGINS	2/8/24
	BEVERLY K SHICK	18	N. CRISWELL ST	Tremont	2-8-24
	MIL O J. SHICKEL	1A	W. GRAND	TOWER CITY	2/8/24
	GEORGETTE PILLAR	220	W. GRAND	TOWER CITY	2-8-24
	LEW GRAUER	220	W. GRAND	TOWER CITY	2-8-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Schuylkill
 2 Printed Name of Circulator Christine Verdier
 3 Signature of Circulator [Handwritten Signature]
 4 Number and Street of Circulator 69 Sunny Dr
 5 City, Borough or Twp. Schuylkill Twp Zip Code 17952

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SCHUYLKILL 54

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Brent S. Smith	312	MohamTango st.	Halden Twp	2-5-24
	THOMAS R. MILLER	270	ROBERT ST	Valley View	2-5-24
	KRIS A. WETZEL	320	SCHNENKES RD	HELENS	2/6/24
	Anthony Schiavo	62	Bridgford	Higgins	2/6/24
	DEHETRIUS KASHARI	514	WEST MAIN	VALLEY VIEW	2-6-24
	DUSTIN DOUGHERTY	67	AUCX AV	Tremont	2-6-24
	Amanda Dougherty	67	Vaux Av	Tremont	2/6/24
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Lehigh

2 Printed Name of Circulator John Seibert

3 Signature of Circulator *John Seibert*

4 Number and Street of Circulator 14 E. 1st St

5 City, Borough or Twp. Lehigh Zip Code 17935

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SCHUYLKILL 54

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	BRUCE D Klouser	563	GAP ST	Hegins Twp	1-25-24
	Dorothy Klouser	563	Gap St	Hegins Twp	1/25/24
	Roger A Wetzel	1733	west Maple	Hegins Twp.	2-5-24
	Barbara A. Wetzel	1733	West Maple	Hegins Twp.	2-5-24
	Sandra Richter	1723	West Maple	Hegins Twp.	2-5-24
	SONORA Richter	1723	west Maple	Hegins Twp	2-5-24
	Linda Maurer	438	W. mtn. Rd	Hegins Twp	2-8-24
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Schuylkill
 2 Printed Name of Circulator Bruce D. Klouser
 3 Signature of Circulator Bruce D Klouser
 4 Number and Street of Circulator 563 Gap St
 5 City, Borough or Twp. Valley View, PA Zip Code 17983

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SCHUYLKILL 54

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Sharon Wetzel</i>	Sharon Wetzel	287	West MTR	Valley View	2-05-2024
<i>Larry Wetzel</i>	Larry Wetzel	287	West MTR	Valley View	2-05-2024
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Schuylkill
- 2 Printed Name of Circulator John S. [Signature]
- 3 Signature of Circulator [Signature]
- 4 Number and Street of Circulator 10 E. 1st St
- 5 City, Borough or Twp. Phila Zip Code 19108

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SCHUYLKILL 54

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	John Wreck	401	Main	Lafayette	2-3-24
	LEON BALONIS	1190	SPRUCE	COAL TWP	2-4-2024
	Kathleen Yuchig	105	ENCLAVE ST	Marion Heights	2-3-2024
	Duane Brandy	614	W SPRUCE ST	Shamokin	2/7/24
	Ty Coleman	2147	R. MAIN	VALLEY VIEW	2-8-24
	Dennis Herring		Wmaph	Ort Hillview	2-8-24
	Mary L. Hamer	111	Kushner Rd	Hegins	2-8-24
	Randy Stutzman	320	E. Main	Hegins	2-8-24
	Dawson Bolte	521	Broad St	Hegins	2/8/24
	Ken Harper	111	Kushner Rd	Hegins	2/9/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Schuylkill

2 Printed Name of Circulator John S. [Signature]

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 114 E. [Signature] Rd

5 City, Borough or Twp. Hg... Zip Code 17938

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SCHUYLKILL 54

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Ricki D. Snyder	92	Vista Rd.	Klingerstown	01-29-24
	MARLIN HEIM	92	120 RICEBANK	Pitman	01-29-24
	Ricky R. Kehler	238	Pitman Rd	Pitman	1-29-24
	Harold Zimmerman	161	Ranch Rd	Pitman	1-29-24
	Andrew Belding	464	Main St	Ashland	1-29-24
	TRACY SNYDER	62	Snyder Rd	Pitman	1-29-24
	Keyla Brill	464	Main St	Ashland	1-29-24
	Wanda Kehler	16	Stiel Rd	Klingerstown	1-31-24
	DARRELL W. KEHLER	16	Stiel Rd	Klingerstown	1-31-24
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Schuylkill

2 Printed Name of Circulator Joseph Skiff

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 141 E 10th St

5 City, Borough or Twp. Phila Zip Code 17925

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.



NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FAYETTE 26

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Roger Campbell	151	Quarrick	Uniontown	2/3/24
	RUSSELL E BREWING	116	DAVIS ST	COUNSELLSVILLE	2/3/24
	ROBERT ARUOK	140	Ohyle Ave	N Union	2-3-24
	CHARLES WELSIT	1412	DOWN RD	NORTH UNION	2-3-24
	Marshall Cramer	520 1/2	Morgantown	Point Marion	2-3-24
	Lindsay Cramer	520 1/2	Morgantown St	Point Marion	2-3-24
	Dana Riffe	410	Kennecraft	Lozerne	2-3-24
	Angela Riffe	410	Kennecraft Rd	Lozerne	2-3-24
	MARGARET A. REAGAN	256	Chalfant Rd	Setterson Twp	2-3-24
	THOMAS REAGAN	256	Chalfant Rd	JEFFERSON TWP	2-3-24
	Michael Maandel	100	Spritz Valley	Wharton	2-3-24
	Trent E Langley	3018	Langley Rd	Uniontown	2-4-24
	Diane Mann	570	Kentuck Rd	Ohio Pyle	2-4-24
	ROBERTA M. SHOW	317	HOPWOOD-COOLSPRING	NORTH UNION	2-4-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Jill Mathysik	7002	National Pike	Menallen	2/4/24
	William K. Jafa	190	Sooke Rd	Redstone	2-7-24
	Cole Rankin	190	Jackson rd	Redstone	2-4-24
	Daniseh Zundel	805	Buena Vista Rd	Vanderbilt, PA	2-4-24
	John E. Zundel	805	Buena Vista Rd	Vanderbilt, PA	2-4-24
	Thomas A. Ryczek Jr	31	Shaffer Ln	Smithfield	2-4-24
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence FAYETTE
- 2 Printed Name of Circulator William P. Kozlovich
- 3 Signature of Circulator
- 4 Number and Street of Circulator 7881 NATIONAL PIKE
- 5 City, Borough or Twp. MENALLEN TWP Zip Code 15401

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FAYETTE 26

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Charmaine P. Steve</i>	CHARMAINE P STEVE	739	Bunker Hill Rd	Springhill	1/24/24
<i>Jay W Steve</i>	Jay W Steve	739	Bunker Hill Rd	Spring Hill	1/24/24
<i>Bernard C. Steves</i>	BERNARD E. STEVE	231	MILLER Rd.	GEORGES #1	1/24/24
<i>Kathleen M. Steve</i>	KATHLEEN M. STEVE	231	MILLER RD	GEORGE #1	1/24/24
<i>Scott C. Steve</i>	SCOTT C. STEVE	231	MILLER RD	GEORGES #1	1/24/24
<i>Cindy Rankin</i>	Cindy Rankin	101	Rankin Rd	Georges #1	1/25/24
<i>Frances Clark</i>	FRANCES CLARK	121	MILLER ST	Georges Twp	1/25/24
<i>David S. Miller</i>	DAVID S MILLER	132	GANS WOODBRIDGE RD	SPRINGHILL	1/29/24
<i>Brandon S Miller</i>	Brandon S Miller	132	Gans Woodbridge rd	Springhill	1/29/24
<i>Valli Durham</i>	VALLI DURHAM	129	MAIN ST	Springhill	1/29/24
<i>Bill Durham</i>	Bill Durham	129	MAIN ST	Springhill	1/29/24
<i>Maryann McDowell</i>	MARYANN McDOWELL	467	Main St	Springhill	1-29-24
<i>Harry Clemmer</i>	HARRY CLEMMER	394	BLANDY HOLLOW	SPRINGHILL SOUTHFIELD	1/29/24
<i>Betty Clemmer</i>	BETTY CLEMMER	394	Beaneys Hollow Rd	Springhill	1-29-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>Maria Teets</i>	MARIA TEETS	200	BUNKER Hill Rd	Springhill	1/29/24
16. <i>David Sweeder</i>	DAVID L. SWEEDER	186	Bunker Hill	Springhill	1-29-24
17. <i>Helen Sweeder</i>	HELEN SWEEDER	176	BUNKER Hill	SPRINGHILL	1-29-24
18. <i>Chris Kennedy</i>	CHRIS KENNEDY	675	Bunker Hill	Springhill	1-29-24
19. <i>Michelle Kennedy</i>	MICHELLE KENNEDY	675	Bunker Hill	Springhill	1-29-24
20. <i>Lester A. Shaffer</i>	LESTER A. SHAFFER	2570	SPRINGHILL FCS Rd.	SPRINGHILL	1-29-24
21. <i>Linda C. Carlier</i>	LINDA C. CARLIER	599	Bunker Hill	Springhill	1-30-24
22. <i>Kathryn Larew</i>	KATHRYN LAREW	701	Bunker Hill	Springhill	1-30-24
23. <i>Carol Lee Podupski</i>	CAROL LEE PODUPSKI	162	PRINCE ALBERT	GEORGES	2/1/24
24. <i>Eva M Thomas</i>	EVA M THOMAS	4495	Morgantown Rd	Springhill Twp	2/1/24
25. <i>Janice Woods</i>	JANICE WOODS	289	LAKELYN RD	SPRINGHILL	2/2/24
26. <i>James Haught</i>	JAMES HAUGHT	289	LAKELYN RD	SPRINGHILL	2/2/24
27. <i>Robert Grimm</i>	ROBERT GRIMM	203	Blair Hollow	Springhill	2/2/24
28. <i>George W Steve</i>	GEORGE W STEVE	739	BUNKER HILL	SPRINGHILL	2/2/24
29. <i>Richard J. Sizer</i>	RICHARD J. SIZER	176	TORRENCE	SPRINGHILL	2/2/24
30. <i>David Burke</i>	DAVID BURKE	497	GANS WOODS RD	SMITHFIELD, PA Springhill	2/2/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Fayette

2 Printed Name of Circulator CHARMAINE P. STEVE

3 Signature of Circulator Charmaine P. Steve

4 Number and Street of Circulator 739 BUNKER HILL ROAD

5 City, Borough or Twp. SPRINGHILL Zip Code 15451

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL.

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FAYETTE 26

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Wade Stock	92	Lafayette St. Delaware	Clinton Wharfen	2/2/24
	Jenka P. Colomani	90	Hatfield	Redstone	2/4/24
	Janet Dean Trees	1200	Flatwoods Rd	Franklin	2-4-24
	Bryan O'Neil	100	Georgese Church Rd	Georgese	2-4-24
	Mi JEFFERIES	31	Cleese km	UnionTown	2-4-24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence FRYETTE
- 2 Printed Name of Circulator GREGORY DUNNASH
- 3 Signature of Circulator *Gregory Dunnash*
- 4 Number and Street of Circulator 40 HERITAGE HILLS RD.
- 5 City, Borough or Twp. SOUTH UNION TWP Zip Code 15401

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FAYETTE 26

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Jouanne Cross</i>	Louanne Cross	357	Searight Herbert Rd	Uniontown PA	2-4-24
<i>Jeffrey J. Bill</i>	Jeffrey J. Bill	8	Smithfield Dr	Georges	2/4/24
<i>Kimberly Hellen</i>	Kimberly Hellen	214	GA. 15 Woodbridged	Springhill	2/4/24
<i>Betty Rae Smith</i>	Betty Rae Smith	100	Elwell St	Fayette City	2-4-24
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Fayette
- 2 Printed Name of Circulator Melany Chras h
- 3 Signature of Circulator Melany Chras h
- 4 Number and Street of Circulator 40 Heritage Hills Rd
- 5 City, Borough or Twp. South Union Zip Code 18401

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FAYETTE 26

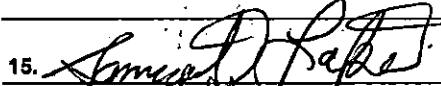






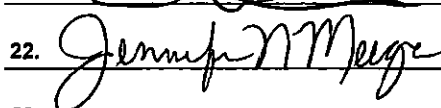
PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Jennifer Blout	17	Misty Meadow	Menallen	1-24-24
	Peter J. Robinson	603	Cans Woodbury Rd	Smithfield	1-24-24
	EVELYN Burchianti	309	Lewis Drive	German Twp	1-24-24
	Patrick J. Stefano	491	Park Rd	Baldwin Twp	1-24-24
	Tonya Lux	164	Juniper St	Union	1-24-24
	Joe Arentt	120	Birch Lane	Uniontown	1-24-24
	De Robert Baker	2024	chawood Dr	sate Union twp	1-24-24
	Brian J Krupa	174	Lorwin mill	Springhill	1-24-24
	CHRIS R. ORLER	643	SPRUCE HOLLOW RD	White	1-24-24
	HENRY SCHIFFMAN	217	BARBARA Ln	COUNEESVILLE	1-24-24
	Agnes M. Spooner	193	Haddenfelder Rd	Merrellen	1-26-24
	JASON TONGATE	149	Heritage Hills Rd	So Union	1-26-24
	Miriam J Ofsank	435	Morganturn St.	Uniontown	1-27-24
	Kelly Baggett	201	prospect	Connellsville	1-27-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JAMUEL LAPE	356	FAYETTE SPRING	UNIONTOWN	1-30-24
	DAVID E. BEHRENS	40	ARMONOTHCT	SOUTH UNION	1-30-24
	Jennifer Williams	45	Shady Ln	Uniontown	2-4-24
	Sandra Bartlett	10	Abbott	Fairchance	2-4-24
	Herman J Moaks	7	Kiger	Smithfield	2-4-24
	Julie O'Neil	100	Glendale Church	Georges	2-4-24
	CRAG WILLIAMS	45	Shady Lane	Uniontown	2-4-24
	Jennifer Meegan	134	Gardner Ave	North Union	2-4-24

STATEMENT OF CIRCULATOR

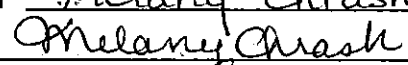
CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Fayette

2 Printed Name of Circulator Melany Chrash

3 Signature of Circulator 

4 Number and Street of Circulator 40 Heritage Hills Rd

5 City, Borough or Twp. South Union Zip Code 15401

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FAYETTE 26

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	William P Kozlovich	7881	NATIONAL PIKE	MENALLEN TWP	1-27-24
	Linda Kozlovich	2881	NATIONAL PIKE	Menallen 2	1/27/2024
	Kelly Addis	115	Sullivan	S. C'ville	1-27-24
	Jeffrey D Addis	115	SULLIVAN ST	S. C'ville	1-27-24
	Ray Butcher	219	DOGWOOD	DOWBOR	1-27-24
	James A. Bayant	7	VIA NUTS	SMACK	1-27-24
	James A. Bayant	1136	Mt Pleasant Rd	Bullskin	1-27-24
	Linda Groves	112	EVANS ST	Uniontown	1-27-24
	Norman Groves	24	3rd St	Dugbud	1-27-24
	MARK HAY	470	Broadford	C'ville	1-28-24
	Maria Cross	41	Midland	Georges Twp.	1-28-24
	FRANCIS Keilbach	130	XOUEG STOWN Rd	N. UNION	1-28-24
	Crystal Sines	724	Coal St	Redstone	1-28-24
	William Fisher	724	COAL ST	Redstone	1-28-24



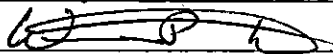
SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Will H Hoff III</i>	William H Hoff III	124	Independence	Perryopolis	1-28-24
<i>Michelle Hoff</i>	MICHELE HOFF	124	INDEPENDENCE SE.	PERRYOPOLIS	1-28-24
<i>Richard Show</i>	RICHARD SHOW	29	ASH	UNION TWP	1-28-24
<i>Cameron Collins</i>	CAMERON COLLINS	21	BRYSON ST	DUNBAR	1-28-24
<i>Deborah Veltre</i>	DEBORAH Veltre	34	LESLIE ST	U'TOWN	1-28-24
<i>George W. Senaus</i>	George W. Senaus	244	Bennington Road	North Union	1/28/24
<i>Darlene Pounds</i>	Darlene Pounds	108	Willowwood	Sp. Dunbar Twp.	1-28-24
<i>George Kenrick</i>	George Kenrick	405	4th	DUNBAR	1-28-24
<i>Denise Davis</i>	DEANNA DAVIS	550	Banbury Rd	Lowmtyr	1/28/24
<i>Martien Davis</i>	Martien DAVIS	550	Banbury Rd	Lowmtyr	1-28-24
<i>Tom Comiskey</i>	Tom Comiskey	702	Morgan Hill	SPRINGHILL	1-28-24
<i>Brian Richter</i>	Brian Richter	301	McClintock rd.	CONNELLSVILLE	2-8-24
<i>Lucille E Craig</i>	Lucille E Craig	7475	National Pike	Menallentwp	2-3-24
<i>Michelle Siple</i>	Michelle Siple	106	WINE ST	CONNELLSVILLE	2/3/24
<i>Donald G. Siple</i>	Donald G. Siple	106	EAST WINE	CONNELLSVILLE	2/3/2024
<i>Jesus DeJesus</i>	Jesus DeJesus	45	Bushwood	Uniontown PA	2/3/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence FAYETTE
- 2 Printed Name of Circulator William P. Kozlovich
- 3 Signature of Circulator 
- 4 Number and Street of Circulator 7881 NATIONAL PIKE
- 5 City, Borough or Twp. MEDALLIED TWP Zip Code 15401

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FAYETTE 26

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>William J. Walls</i>	William J. Walls	99	Sheldon Ave	Georges Twp	1/24/24
<i>Judith K. Walls</i>	Judith K. Walls	99	Sheldon Ave	Georges Twp	1/24/24
<i>Ruth E. Conway</i>	Ruth E. Conway	149	DRY KNOB Road	Georges Twp	1/24/24
<i>J. F. →</i>	James F. Conway	149	DRY KNOB Road	Georges Twp	1/24/24
<i>Monica L. Ruble</i>	Monica L. Ruble	9	Fayette St Smithfield	Fairchance Boro	1/25/24 MLR
<i>Christa J. Roberts</i>	Christa J. Roberts	574	Madison Dr	Georges Twp	1/25/24
<i>Kathleen M. Shaw</i>	Kathleen M. Shaw	180	Kissing Rd	Georges Twp	1-26-24
<i>Roger Geason</i>	Roger Geason	100	Codder Ave	Georges Twp	1-26-24
<i>Sandra Wilinski</i>	Sandra Wilinski	158	Dry Knob Rd	Georges Twp	1-26-24
<i>Conrad Altman</i>	Conrad Altman	75	N Main St	Fairchance	1-28-24
<i>Stephen A. Leindeck</i>	STEPHEN A. LEINDECK	412	VICTOR DR	SOUTH UNION	1-28-24
<i>Gerald Thimms</i>	Gerald Thimms	52	Nitt Brownfield Rd	Uniontown	1-28-24
<i>Cathy M. DeBerry</i>	Cathy M. DeBerry	1275	Brownfield Rd	South Union	1-28-24
<i>Nancy Anne Colman</i>	Nancy Anne Colman	7839	Nat'l Pike	Marshall	1-28-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	E. June Craoottin	13	W. Elm ST	Fairchance	1/28/24
	Joyce D. Hebb	546	Madison Dr	Georges Twp, Pa	1/29/2024
	James E. Hebb	546	MADISON Dr	Georges Twp Pa	1/29/2024
	Edmund Wolinski	758	Dry Knob	Georges Twp Pa	1-29-24
	E.C. MILLER, JR.	168	DRY Knob Rd	Georges Twp	1-29-24
	Timothy W. Fickler	28	Selden Dr	Georges Twp	1-29-24
	THOMAS HUTCHINSON	8	FOREST AVE	FAIRCHANCE	1-30-24
	John Shew	180	KIESNER Rd	Georges Twp	1-30-24
	Neil Reddington	3931	National Pike	Wharton	1-30-24
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Fayette

2 Printed Name of Circulator E.C. MILLER, JR.

3 Signature of Circulator

4 Number and Street of Circulator 168 DRY Knob ROAD

5 City, Borough or Twp. Georges Twp Zip Code 15478

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FAYETTE 26

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	William R. Smith	335	SARATOGA DR	Uniontown	1/27/24
	LINDA L. Smith	335	Saratoga Dr.	Uniontown	1/28/24
	Kenneth N Riddell	45	Reservoir Road	South Union	1/29/24
	Stephanie Smith	1000	CROSS CREEK DR	SOUTH UNION	1/29/24
	Joe H. Stobart	101	oaks	NEWTON	1/30/24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Fayette
- 2 Printed Name of Circulator William R. Smith
- 3 Signature of Circulator William R. Smith
- 4 Number and Street of Circulator 335 SARATOGA DR
- 5 City, Borough or Twp. Uniontown Zip Code 15401

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FAYETTE 26

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Douglas M. Miller	96	Princeton	Uniontown, PA	1/27/24
	Wendy Davis	509	Greenfield	Vanderbilt	1/28/24
	Joan Bowers	3	Liberty	Fairchance	1/28/24
	D. Wayne Bower	3	Liberty	Fairchance	1/28/24
	Wanda O'Brien	47	W Elm St	Fairchance PA	1/28/24
	D Wayne Bowers	3	Liberty	Fairchance PA	1/28/24
	Joyce A. Palya	116	Harvey St	Hopwood	1-28-24
	Kenneth F. Grohol	35	Wilmington	Uniontown	1-30-24
	Kimberly A. Rhoads	157	Centerville Church	Georges Twp	1/30/24
	SHERYL PEPIOT	365	Tree Farm	German Twp	1/30/24
	Candi WORKS	430	Hopwood Cockspring rd	N. UNION	1/30/24
	Cherrido Smith	1215	N. GIBBON AVE EXT	N. Uniontown	1-30-24
	George Yeagley	565	Roxford and shaft	N. Union	1-31-24
	Victoria Gray	214	First Ave	Elco	2-1-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Maria Fingrean</i>	Maria Fingrean	144	Brushwood	S. Union	2-1-24
<i>Sharyn K. Bond</i>	Sharyn K. Bond	98	Corpor Drive	N. Union	2-3-24
<i>Michelle Howard</i>	Michelle Howard	508	Dutemp Rd.	Springhill Twp	2-3-24
<i>Nicholas Cook</i>	Nicholas Cook	84	Connors	South Union	2-3-24
<i>Douglas Stewart</i>	DOUGLAS STEWART	70	Martview St	Uniontown	2-4-24
<i>Charles Moser</i>	Charles Moser	460	Lumanville	Hopwood	2-4-24
<i>Connie Cumberland</i>	Connie Cumberland	509	Greenfield	Vanderbilt	2/4/24
<i>Elena Cumberland</i>	Elena Cumberland	509	Cecilia	Vanderbilt	2/4/24
<i>Kevin R Croci</i>	Kevin R Croci	58	Nassau	Uniontown	2/5/24
<i>Kim A. Croci</i>	Kim A. Croci	58	Nassau	Uniontown	2/5/24
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1-5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Fayette

2 Printed Name of Circulator DANA L. FAYOCK

3 Signature of Circulator *Dana L. Fayock*

4 Number and Street of Circulator 164 STOCKTON AVE

5 City, Borough or Twp. UNIONTOWN Zip Code 15401

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FAYETTE 26

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	PAMELA SOISSON	1062	FARM Rd	GEORGES Twp	1-24-24
	CARLA FOLSCH	108	Township Dr.	South Union	1-31-24
	Dolores Walters	108	Township Drive	South Union	2-1-24
	April Wooten	C-5	Berkeley	South Union	2-2-24
	Tracy Medved	1	Sidler	Pf Maroon	2-2-24
	Deborah KRAKAU	207	Stoffus Corn	South Union	2-2-24
	Dianne Stasko	107	Hopwood	North Union	2-2-24
	LISA Lynch	105	East St	South Union	2-2-24
	Patricia Snyder	29	FARGUS ST	North Union	2/2/24
	Neil R Perazich	139	N. Wolf Run	Springtown	2/2/24
	Paula Pryce	137	DICKER AVE	S. UNION	2-3-24
	SCOTT WILSON	15	Cornel ST	S. Union	2-3-24
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Fayette
- 2 Printed Name of Circulator Dolores Walters
- 3 Signature of Circulator Dolores Walters
- 4 Number and Street of Circulator 108 Twp Dr H 15401
- 5 City, Borough or Twp. S. UNION Zip Code _____

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FAYETTE 26

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Marcia J. Martin</i>	Marcia J. Martin	28	W. Elm St	Fairchance	1/27/2024
<i>Stephen T. Martin</i>	STEPHEN T. MARTIN	28	W. Elm St.	Fairchance Pa.	1-29-24
<i>Donna Hopkins-Harrison</i>	Donna Hopkins-HARRISON	19	S. Main St.	Fairchance	1-30-24
<i>Harold Lane Harrison</i>	Harold Lane Harrison	19	S Main St.	Fairchance	2-2-24
<i>Alexis Martin</i>	Alexis Martin	100	Big Six Rd.	Georges	2/3/24
<i>Olivia Martin</i>	Olivia Martin	100	Big Six Rd.	Georges	2/5/24
<i>Jacqueline S. Ogeed Rankin</i>	Jacqueline S. Ogeed Rankin	100	Big Six Rd.	Georges	2/3/24
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1--5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Fayette
- 2 Printed Name of Circulator Marcia J. Martin
- 3 Signature of Circulator Marcia J. Martin
- 4 Number and Street of Circulator 28 W. Elm St.
- 5 City, Borough or Twp. Fairchance Zip Code 15436

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FAYETTE 26

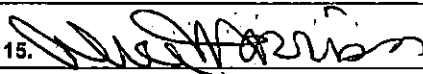
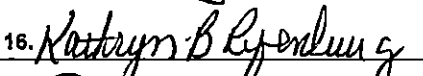

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Scott D Dunn	1	Hazel Av	Dunbar Boro	1-24-24
	Charles Martin Stone	13	Amy Way	South Union	1-24-24
	Kathy Spellman	138	Wiggins Ln	South Union	1-24-24
	John Richard Spellman	138	Wiggins Ln	South Union	1-24-24
	John W Perry	625	Margaret Ln	South Union	1-31-24
	Gregory Herman	601	Ruff Road RD. 203	Connellville	02/01/24
	Jodi Victor	403	Jefferson Tr. 011	Lebanon	2/1/24
	Michael Emerick	943	N GALLATI AVE EXT	North Union	02/02/24
	Delbert Casper	336	Quaker Church Road	Perry	02/02/24
	Michael P. Gage	56	Famous Dr	South Union	2/4/24
	Tom Matthews	947	N. Gallatin Ave	North Union	2/4/24
	Roseann Matthews	947	N. Gallatin Ave	North Union	2/4/24
	Michele Emerick	943	N. Gallatin Ave, Ext.	North Union	2/4/24
	Heather Cice	281	Brown Rd	North Union	2/5/24



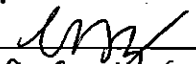
SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Alice Morison	110	Camden	Dunbar	2/05/24
	Kathryn B Rifenburg	56	Sylvanus	N Union	2/6/24
	Pamela Grange	205	Republic	N Union	2/6/24
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1-5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Fayette
- 2 Printed Name of Circulator Michele Emerick
- 3 Signature of Circulator 
- 4 Number and Street of Circulator 943 N. Gallatin Avenue, Ext.
- 5 City, Borough or Twp. Uniontown (North Union) Zip Code 15401

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: GREENE 30

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Ronald Hanson	390	SUGAR Run Rd	WAYNESBURG PA	2/6/2024
	Robert Berdein	186	Fanshild Rd	Rices Landing	2/6/24
	Becci L Watson	786	Clyside Rd	Holbrook	2/6/24
	Donald P. Wilson	425	Haines Hill	Waynesburg	2/6/24
	Kelly Anton	3104	Mary Hoge Rd	Franklin Twp	2-6-24
	Donna Marie Whipkey	192	Hidden Valley Rd	Gray Twp	2-6-24
	MARYLISA Dohanich	201	N Vine St.	Carmichaels Pa.	2/6/24
	Fry Van Derende	856	Garards Fort Rd	Waynesburg PA	2/6/24
	Elizabeth Betsy McLean	326	Sugar Run	Franklin	2/6/24
	Chara Mae Henry	207	Salem	Carmichaels	2/6/24
	Crystal Walters	236	Turkey Knob	Carmichaels	2-6-24
	Lisa Wheeler	1300	6th St APT E	Waynesburg	2-6-24
	Carol Sewer	330	Whites Ridge	WRC	2/6/24
	Steven P. Mehl	119	Antwerp Rd	Wbg	2/6/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Nora Metzler</i>	Nora Metzler	119	ANKAOM	Waynesburg	15370
<i>Deborah K Metten</i>	Deborah K Metten	1682	Jollytown	New Freeport	2/6/24
<i>David R. Baile</i>	David R. Baile	104	Country Ln	Franklin Twp	2/6/24
<i>Philomena Blaney</i>	Philomena Blaney	373	Kennel Rd	Morgan Twp Waynesburg	2/6/24
<i>Robert Gary Whitten</i>	Robert Gary Whitten	192	Hidden Valley Rd	Craigsville	2/6/24
<i>Sherry Stoneking</i>	Sherry Stoneking	240	W. Lincoln	Waynesburg	2/6/24
<i>Wayne A. Hart</i>	WAYNE A. HART	424	Washington Rd	Franklin Twp	2-6-24
<i>Jennifer Maas</i>	Jennifer Maas	552	Byard Rd	Washington Twp	2/6/24
<i>Jeffrey Waggett</i>	Jeffrey WAGGETT	171	Stevenson Ln	Cumberland	2-6-24
<i>Stephanie Waggett</i>	Stephanie Waggett	171	Stevenson Ln	Cumberland	2-6-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Greene Co.

2 Printed Name of Circulator Clinton A Blaney

3 Signature of Circulator *Clinton A Blaney*

4 Number and Street of Circulator 373 Kennel Rd

5 City, Borough or Twp. Waynesburg Pa. Zip Code 15370

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): -Tim.DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: FAYETTE 26

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	CHARLES R. HILEMAN	825	PAULINA LANE	NORTH UNION	1-24-24
	LOU ANN HILEMAN	825	PAULINA LN.	NORTH UNION	1-24-24
	Taryn Fayock	164	Stockton	Uniontown	1-24-24
	DANA H. FAYOCK	164	STOCKTON	UNIONTOWN	1-25-24
	Cheryl Burks	225	Park Lane	Uniontown	1-26-24
	LARRY BURKS	225	VARIOUS	UNIONTOWN	1-26-24
	Heather Busby	2	ELK ST	Uniontown	1-26-24
	Alec Busby	2	wine	Uniontown	1-26-24
	JULES STOSH	219	BUENA VISTA	NANDICA/BURT	1/26/24
	CAROL HARDY	35	SILVANUS AVE	UNIONTOWN	1/27/24
	ROY KENNEY		GOLDEN DRIVE	UNIONTOWN	1-27-24
	JAN GEORGE	52	DOWNER AVE	UNIONTOWN	1-27-24
	Paige Miller	76	Princeton Ave	Uniontown	1-27-24
	Natalie Stewart	70	Merchist	Uniontown	1-27-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Janice M. Moser</i>	JANICE MOSER	460	JUMONVILLE	N. UNION TWP.	1-28-24
<i>Charles Moser</i>	Charles Moser	✓	✓	✓	✓
<i>Christopher L. Lucia</i>	Christopher Lucia	268	Fairview	Connellsville	1-28-24
<i>Susan Sepic</i>	Susan Sepic	198	Misty Meadow	U' town	1-28-24
<i>Cheri E. Provanice</i>	Cheri E. Provanice	48	Summit View	U town	1-29-24
<i>Peter J. Mayolo</i>	Peter J. Mayolo	37	S. MAIN ST	Fairchance	1-30-24
<i>John E. Loukota</i>	John E. Loukota	283	Linda Ave	South Union Twp	2/1/24
<i>Nick Lehman</i>	Nick Lehman	158	Askren	Uniontown	2-1-24
<i>Nicholas Francone</i>	Nicholas Francone	449	Gans Rd	SPRINGHILL TWP	2-1-24
<i>Tyler Engeman</i>	Tyler Engeman	144	Bushwood	South Union	2-1-24
<i>Choi Hee Kalino</i>	Choi Hee Kalino	23	Montview	Uniontown	2-4-24
<i>David Works</i>	David Works	430	Hopwood	NORTH UNION	2/4/24
<i>R. Scott Schussler</i>	R. Scott Schussler	293	Russell Mill Rd	GEORGES TWP	2-4-24
<i>Donald S. Rosier</i>	Donald S. Rosier	7	Clinton Dr.	South Union	2-4-24
<i>Colt Pezot</i>	Colt Pezot	365	Tree Farm	GERMAN	2-4-24
<i>Pamela Chaney</i>	PAMBLA CHANEY	60	CIRCLEVIEW	UNIONTOWN	2-4-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence FAYETTE
- 2 Printed Name of Circulator GREGORY OHRASH
- 3 Signature of Circulator *Gregory Ohrash*
- 4 Number and Street of Circulator 40 HERITAGE MILLS BLVD
- 5 City, Borough or Twp. SOUTH UNION TWP Zip Code 15401

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: YORK 67

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Amanda Klinefelter	625	York Haven Rd	Newberry Twp	1-29-24
	Mystery Wintermyer	2770	Lewisberry Rd	Newberry Twp	1-24-24
	FiFi Reinhardt	140	Cedar Hill Dr	Newberry	1-24-24
	Steve Reinhardt	140	Cedar Hill Dr	Newberry	1-24-24
	Amanda Klinefelter	625	York Haven Rd	Newberry	1-24-24
	Morgan Thrift	35	Shalimar Dr	Newberry	1-24-24
	Marica Hansen	571	River Drive	Newberry	1-24-24
	David Brinton	28	Springers Ln	Fairview	1/31/24
	JANE M. HAEMAN	205	Hemlock Ln	Newberry Twp	2/8/24
	Connie L. Flasher	395	Eden Dr	Newberry Twp	2/8/24
	Cottlin Klinefelter	625	York Haven Rd	Newberry Twp	2/8/24
	Susan K. Stearbayl	571	River Drive	Newberry Twp	2/8/24
	Hailee Berninger	106	Sugar Maple	Newberry Twp	2/8/24
	Misty Donmayer	100	Sugar Maple	Newberry Twp	2/11/24

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
15.		Kayla Wintermyer	2770	Lewisberry Rd	Newberry Twp	2-11-24
16.		Marie Eckert	815	York Rd	Newberry	2-11-24
17.		Kelly Eckert	815	York Road	Newberry	2-11-24
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence York
- 2 Printed Name of Circulator Mystey Wintermyer
- 3 Signature of Circulator
- 4 Number and Street of Circulator 2770 Lewisberry Rd
- 5 City, Borough or Twp. Newberry Twp Zip Code 17370

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: YORK 67

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	LEON KUNKLE	126	CHRISTOPHER ESTATES	JACKSON Twp	2-3-24
	James Herring	232	2nd Ave	Norwood B	2/3/24
	DEEPIKA KICHAR	421	WILSON WAY	FAIRVIEW	2-11-24
	Ryan Buxton	611	Sandpiper Lane	Fairview Twp	2-11-2024
	Maureen A. Breenak	305	Lewisberg Ct.	Lewisberry Boro	2-11-2024
	Kirstin Treaster	838	Limekiln	Fairview Twp	2-11-24
	Michael Treaster	838	Limekiln	Fairview	2-11-24
	Matthew Haar	11	Honesty	Fairview	2-11-24
	DR Heidinger	126	yellow B Drive	Fairview	2-11-24
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1-5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence York

2 Printed Name of Circulator Linda Sue Myers

3 Signature of Circulator [Handwritten Signature]

4 Number and Street of Circulator 200 Genesee St

5 City, Borough or Twp. Harrisburg Zip Code 17070

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: YORK 67

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Lisa Nittinger</i>	Lisa Nittinger	2514	Turnberry C	York/Manchester	2/6/24
<i>Kimberly Anne George</i>	Kimberly Anne George	1180	Overbrook Cir	Spring Garden	2-6-24
<i>William George</i>	WILLIAM GEORGE	1180	OVERBROOK CIRCLE	SPRING GARDEN	2/6/24
<i>Thomas N. Saxman</i>	THOMAS N SAXMAN	1019	ORIGANON CIR	SEVEN VALLES	2/6/24
<i>Barbara L. Taylor</i>	Barbara L. Taylor	137	Palomino Way	York Twp	2/7/24
<i>Brenda C. Gohn</i>	BRENDA C. GOHN	12149	GUM TREE RD.	CHANCEFORD TWP.	2-7-24
<i>Robert M. Gohn</i>	Robert M. Gohn	12149	Gum Tree Rd.	CHANCEFORD TWP.	2-7-24
<i>Virginia C Shultz</i>	Virginia C Shultz	516	Middleview Drive	York Twp	2-7-24
<i>Michael A. Cline</i>	MICHAEL A CLINE	3	CLEAR RUN DR.	SHREWSBURY BORO	2-7-2024
<i>Judith A. Cline</i>	Judith A. Cline	3	CLEAR Run Drive	Shrewsbury Borough	2-7-24
<i>Thomas L. Kearney III</i>	Thomas L. Kearney III	51	Davidson Dr	Springettsburg	2-7-24
<i>Diane B. Kearney</i>	Diane B. Kearney	51	Davidson Dr.	Springettsburg	2-7-24
<i>Therese Laucks</i>	Therese Laucks	2727	JOPPA RD	YORK TWP	2-8-24
<i>Randall W. Laucks</i>	RANDALL W. LAUCKS	2727	JOPPA RD.	YORK TWP.	2/8/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Timothy Jon Barber</i>	Timothy Jon Barber	291	Silver Spur Dr	Springettsbury	2/8/24
<i>David J Miller</i>	David J Miller	11795	Linc Rd	N. Hopewell	2/11/24
<i>Pamela K. Gale</i>	Pamela K Gale	127	Woodland Dr.	York Spring Garden 17403	11 Feb 24
<i>John D. McCall</i>	John D. McCall	3000	Round Hill	York 17402	2/11/24
<i>Joseph B. Illhart</i>	Joseph B. Illhart	568	Owen Rd	York Twp	2/11/24
<i>Kate Anne Klunk</i>	Kate Anne Klunk	7	Oak St	Hannover Boro	2/11/24
<i>Edwina Miller</i>	Edwina Miller	11795	Linc Rd	N. Hopewell	2/11/24
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1-5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence York

2 Printed Name of Circulator Kelly K. Crandall

3 Signature of Circulator *Kelly K. Crandall*

4 Number and Street of Circulator 129 Whitford Dr.

5 City, Borough or Twp. W. Manchester Zip Code 17331

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: YORK 67

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Robert Ardeane	594P	Fisher	Concord	2-3-22
	Bill Rankin	2131	Pineview Cir	Dover Twp	2-3-24
 	 	 	 	 	
 	 	 	 	 	
 	 	 	 	 	
 	 	 	 	 	
 	 	 	 	 	
 	 	 	 	 	
 	 	 	 	 	
 	 	 	 	 	
 	 	 	 	 	
 	 	 	 	 	
 	 	 	 	 	

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence York County

2 Printed Name of Circulator Rebecca H. Peam Weigle

3 Signature of Circulator Rebecca H. Peam Weigle

4 Number and Street of Circulator 1670 Northview Road

5 City, Borough or Twp. Springettsbury Twp. Zip Code 17406

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: YORK 67

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Angela J Kline	3561	Colonial Rd	Dover Twp	1/23/24
	JOHN NEAL	96	Harat St	Seven Valleys Boro	1/23/24
	GERALD M. TIPTON	74	2 nd St.	JACKSON TWP	1/23/24
	Brian W. Smysor	2691	E. BROWN RD	DOVER TWP	1/23/24
	Karen Crone	6279	Crone Rd	Dover Twp	1/23/24
	Wendy Harbacher	57	Hull Dr	Washington Twp	1/23/24
	Ethan Harbacher	57	Hull Dr	Washington Twp	1/23/24
	Dara L Womer	3471	Colonial Rd	Dover Twp	1/23/24
	Wayne Eschenbach	5024	Canal Rd	Paradise Twp	1-23-24
	Ron Abrahams	1122	Big Mount Rd	Paradise Twp	1-23-24
	Theron L. Mills	4381	Conewago Rd	Dover Twp	1-24-24
	Penny M. Mills	4381	Conewago Rd	Dover Twp	1-24-24
	Beverly M. Faith	124	Cranbrook Dr	Dover Boro	1-24-24
	Linda Reynolds	732	West Siddonsburg Rd	Carroll Twp	1-25-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Cheryl L Dentler</i>	Cheryl L. Dentler	1120	Ficker Rd.	Warrington Twp.	1/26/24
<i>Janna J Dentler</i>	Janna J Dentler	1120	Ficker Rd.	Warrington Twp.	1/26/24
<i>William R Womer</i>	WILLIAM R WOMER	3471	COLONIAL RD	DOVER TWP	1/26/24
<i>Rosara R. Harlach</i>	ROSARA R. HARLACH	23020	BARLEY CR	DOVER TWP.	1/27/24
<i>Joel Everhart</i>	Joel Everhart	315	Foxley Dr.	Harrow Boro	1-28-24
<i>Sam Marozzi</i>	SAM MAROZZI	8010	8010 WARRINGTON	PARADISE	1-28-24
<i>Melissa Abrahams</i>	Melissa Abrahams	1122	Big Mt Rd	Paradise	1-28-24
<i>Gary Burgard</i>	Gary Burgard	5508	East Berlin Rd.	Paradise	1-28-24
<i>Wanda Shoemaker</i>	Wanda Shoemaker	6233	BIG MOUNT RD.	WASHINGTON TWP	1-28-24
<i>Jeffrey Shoemaker</i>	JEFFREY SHOEMAKER	6233	BIG MOUNT RD.	WASHINGTON TWP	2/4/24
<i>Pamela Bortner</i>	Pamela Bortner	5212	Admiral Rd	JACKSON TWP	2/4/24
<i>Dorothy Rishel</i>	Dorothy Rishel	3130	Barley Circle	Dover Twp	2/4/24
<i>Carl Rishel</i>	Carl Rishel	3130	Barley Circle	Dover Twp	2/4/24
<i>Robert D Kline</i>	Robert D Kline	3561	Colonial Rd	Dover Twp	2/10/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence York
- 2 Printed Name of Circulator Angela Kline
- 3 Signature of Circulator Angela Kline
- 4 Number and Street of Circulator 3561 Colonial Rd
- 5 City, Borough or Twp. Dover Twp Zip Code 17315

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: YORK 67

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
1. <i>Gloria Gross</i>	GLORIA GROSS	4881	Paradise rd	Lower Twp	2/6/24
2. <i>Meryl Gross</i>	MERYL GROSS	4881	Paradise	Lower Twp	2-6-24
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence York

2 Printed Name of Circulator Angela Kline

3 Signature of Circulator Angela J Kline

4 Number and Street of Circulator 3561 Colonial Rd

5 City, Borough or Twp. Dover Twp Zip Code 17315

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: YORK 67

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Larry R Harbald	34	South Water	Franklintown	1/26/24
	BRENDON MYERS	659	Saw Mill Rd	Fairview	1/26/24
	PATRICK A. TOPPER	6420A	SALEM RUN RD	DOVER TWP	1-27-24
	Deborah A. Topper	6420 A	Salem Run Rd	Dover Twp	1-27-24
	ROBERT HALE	103	Big Dam Rd	WASHINGTON TWP	1-27-24
	Paul Howell	1	5 Bulfinch St	Franklintown	2-2-24
	Toriye Harbald	34	S. Water St.	Franklintown	2/4/24
	Hayley Fennimore	9	S. Water St.	Franklintown	2/4/24
	Jeffrey Fennimore	9	S Water St	Franklintown	2/4/24
	Kimberly Fennimore	9	S Water St	Franklintown	2/4/24
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence York
- 2 Printed Name of Circulator Larry R Harbold
- 3 Signature of Circulator [Signature]
- 4 Number and Street of Circulator 34 South Water St
- 5 City, Borough or Twp. Franklin town Zip Code 17823

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: YORK 67

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Sonya Brown	816	Girandview	Spring Garden	1/25/24
	Jean A. Lehman	400	Creston Rd	Spring Garden Twp	1/25/24
	Tanya Jarrett	495	Marion Rd.	Springettsbury Twp.	1/26/24
	Jessica Lehman	241	REYNOLDS MILL RD	YORK TOWNSHIP	1/20/24
	MICHAEL LEHMAN	241	REYNOLDS MILL RD	YORK TOWNSHIP	1/26/2024
	ROBERT A. SHAFER	707	S. Pine St	Red Lion Boro	1/27/24
	Trudy L. Shaffer	707	S Pine St	Red Lion Boro	1/27/24
	DUSTAN M. Yezzo	580	Apple Tree Ln	East Manchester	1/28/24
	Patrick Crummins	1292	Shore Ln.	Hellam TWP	1-28-24
	Emily Longenecker	508	Dogwood	Hellam Twp	1-28-24
	London Longenecker	508	Dogwood Dr	Hellam TWP	1/28/2024
	Elisabeth Crummins	1292	Shore Ln	Hellam Twp	1/28/24
	Emmauel Marie Swartz	916	STREAM View Ln.	Spring Garden	01/08/2024
	Jason Hoffman	315 B	Skylight	York TWP	1-28-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Lee A. Hoffert	3158	S Kynlight	York	1/28/24
	Jean McKee	116	E. Scarborough Ave	Hopewell	1/28/24
	Ariel Yergo	580	Apple Valley	E. Manchester Twp	1/28/24
	William V. McKeeyr	116	E Scarborough Ave	Hopewell	1/28/24
	JOANNA KRAUSS	9	Katie Ct	Hopewell	1-28-24
	Pamela A. Pizer	1097	Druck Valley Rd	Springettsburg	1/28/24
	Leslie Atherholt	95	INDIAN ROCK DAM RD	YORK	1/28/24
	ROSEMARY SKUNGLI	2553	N. SHERMAN	SPRINGETTSBURG	1/28/24
	JOHN SKUMSKI	2553	N SHERMAN	SPRINGETTSBURG	1/28/24
	Jerome Atherholt	95	INDIAN ROCK DAM ROAD	York Twp	1-28-24
	Elaine Atherholt	95	Indian Rock Dam Rd.	York Twp	1/28/24
	Laura A. Saad	2200	N. Beaver St.	Manchester Twp.	1/28/24
	DIRK WEBBER	340	W. PRINCESS	YORK	2/30/24
	Eugene Groves	114	N. Lewisberry	Managers	1/30/24
	Rick Kehler	1040	Midland Ave	Spring Garden	2-5-24
	Bryan Kehler	1040	midland Ave	Spring garden	2/6/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1-5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence YORK

2 Printed Name of Circulator Jean A. Lehman

3 Signature of Circulator

4 Number and Street of Circulator 400 Creston Road

5 City, Borough or Twp. Spring Garden Twp. Zip Code 17403

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: YORK 67

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Robert M Coradi</i>	Robt Coradi	1009	Stonecraft	Hanover	2/7/24
<i>Kathy Gill</i>	Kathy Gill	2378	Grandview	Hanover	2/7/24
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence York
- 2 Printed Name of Circulator Kelly K. Crandall
- 3 Signature of Circulator *Kelly K. Crandall*
- 4 Number and Street of Circulator 129 Winifred Dr.
- 5 City, Borough or Twp. W. Mainhertm Twp Zip Code 17331

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: YORK 67

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Barbara Metzler</i>	Barbara A Metzler	860	Raver Ln	Springfield Twp	1/27/24
<i>Donald Metzler</i>	Donald W Metzler	860	Ames Lane	Springfield Twp	1/27/24
<i>Debra Oldhausen</i>	Debra Oldhausen	1813	Dustless ^{CRS}	Springfield	1-31-24
<i>Alexis Oldhausen</i>	Alexis Oldhausen	1813	Dustless ^{CRS}	Springfield	1/31/24
<i>Keri Grove</i>	Keri Grove	868	Glen Rock Rd	Springfield Twp	2/5/24
<i>Jett Bucher</i>	Jett Bucher	265	Sugar Pt	Conevaso	2/9/24
<i>Adam E Switzer</i>	Adam E Switzer	1824	West Springfield	Springfield Twp	2/10/24
<i>Curt Ferris Sr</i>	Curt Ferris Sr	1824	47 Resch	Springfield	2-10-24
<i>Ronald Krieger</i>	Ronald Krieger	9237	Yellow Church	Springfield	2-10-24
<i>Kristi Finchbaugh</i>	Kristi Finchbaugh	456	Ridgeview	Springfield Twp	2-10-24
<i>Tamara Ream</i>	Tamara Ream	8273	Reynolds Mill	Springfield Twp	2/10/24
<i>Tommy H. Wolfe</i>	Tommy H. Wolfe	9415	Yellow Church	Springfield	2/10/24
<i>Sandra Kemper</i>	Sandra Kemper	9237	Yellow Church	Springfield	2/10/24
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence York

2 Printed Name of Circulator Barbara A. Metzler

3 Signature of Circulator Barbara A. Metzler

4 Number and Street of Circulator 860 RIVER LAKE

5 City, Borough or Twp. Springfield Zip Code 17327

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: YORK 67

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Christine Walte	18	W Hanover	Hanover	2/7/24
	Matthew Hutton	232	Bullmore	Hanover	02/02/24
	Shirley Russell	100	E Elm Ave	Hanover	2-7-24
	PAT LIPPY	934	BROADWAY	HANOVER	2/7/24
	DIANE LIPPY	934	Broadway	HANOVER	2/7/24
	Kate Walte	124	Kuhn P	Hanover	2/7/24
	Jason Pickett	1331	Maple Ln	Hanover	2/7/24
	Deuce M. Smith	382	Wilson	Hanover	2-7-24
	Ross Contino	292	Primrose	Hanover	2-7-24
	LINDA M. MARTIN	292	PRIMROSE LN	HANOVER	2-7-24
	SYDNI NEWBORN	367	High St	Hanover	2-7-24
	Grace Melchior	357	contem ^{AP}	Hanover	2-7-24
	Vickie Wherley	128	W Stephen	Hanover	2-7-24
	Melissa Burns	235	Charvick	Hanover	2/7/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>[Signature]</i>	Kenneth S Bury	235	Clemens	Hanover	2/7/24
16. <i>[Signature]</i>	JOE C BORTNIST	595.5	DRY ST	PENNTWP	7 FEB 24
17. <i>[Signature]</i>	SALLY HARRELL	28	TRACEY RD	HANOVER	2/7/24
18. <i>[Signature]</i>	HOLLIS R. HARRELL	28	TRACEY RD	HARRELL	2/7/24
19. <i>[Signature]</i>	<i>[Signature]</i>	105	CENT ST	HANOVER	2-7-24
20. <i>[Signature]</i>	William Gill	2376	Graham	Hanover	2-7-24
21. <i>[Signature]</i>	Becca Fink	75	SOUTH ST	HANOVER	2-7-24
22. <i>[Signature]</i>	Stephen Fink	75	South St	Hanover	2-7-24
23. <i>[Signature]</i>	STEPHEN LITTLE	425	WEST M. N STER AVE	HANOVER	2-7-24
24. <i>[Signature]</i>	Kathryn L Gent	867	Blossom Dr.	Hanover	2-24
25. <i>[Signature]</i>	Cynthia J Higgins	1723	ART DR.	WEST MANHEIM	2-7-24
26. EDWARD L. HENGST	EDWARD L. HENGST	4332	HILL AND DALE RD	GLEN ROCK	2-7-24
27. <i>[Signature]</i>	Ronda Zeijler	244	Giant Dr	Hanover	2-7-24
28. <i>[Signature]</i>	Sally L Howe	506	Baer	Hanover	2-7-24
29. <i>[Signature]</i>	Robert Cannon	800	McCosh	HANOVER	2-7-24
30. <i>[Signature]</i>	Lorna Cannon	800	McCosh ST	HANOVER	2-7-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence York

2 Printed Name of Circulator Kelly K. Crandall

3 Signature of Circulator *[Signature]*

4 Number and Street of Circulator 129 Winfield Dr

5 City, Borough or Twp. W. Manheim Twp Zip Code 17331

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY

ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.



NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: YORK 67

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Carroll Pignatelli</i>	CARROLL PIGNATELLI	520	MONARCH DRIVE	SPRINGFIELD TOWNSHIP	1/31/24
<i>Kenneth S. Hoffmann</i>	KENNETH S. HOFFMAN	7043	LAKE ROAD	SPRINGFIELD TOWNSHIP	1/31/24
<i>Linda Francis</i>	Linda Francis	494	Monarch Dr	Springfield township	1/31/24
<i>Michael Donohue</i>	Michael Donohue	2412	CLARRIAN Drive	York Twp	2/1/24
<i>Melissa Parlett</i>	Melissa Parlett	459	W. Crest	Springfield Twp	2/2/24
<i>Gene Forry</i>	GENE FORRY	8962	5450 Rd	SPRINGFIELD TWP	2/2/24
<i>Fred Young</i>	Fred Young	6772	Stewart Trails	Springfield Twp	2/2/24
<i>Gladys M Smith</i>	Gladys M Smith	6785	Laquetin T.S.O.	Springfield	2/2/24
<i>David W Smith</i>	DAVID W SMITH	6785	Springfield	Springfield	2/2/24
<i>Doris M Smeek</i>	DORIS M. SREEK	6794	Jones Dr.	Springfield	2/2/24
<i>Michael A Nease</i>	Michael A. Nease	6745	Suzanne Lane	Springfield	2/2/24
<i>Debra L. Nease</i>	Debra L. Nease	6745	Springfield	Springfield	2-2-24
<i>Vickie L. Allison</i>	Vickie L. Allison	8594	Allison Lane	Springfield	2/3/24
<i>Max K. Allison</i>	MAX K. ALLISON	8594	ALLISON LANE	SPRINGFIELD	2-3-2024



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	THOMAS KIPERT	432	School Rd	JACOBUS	2/3/24
	Matt Chauet	584	Monarch	Springfield	2/4/24
	Karl Dotterweich	6483	Oakwood	Springfield	2/4/24
	AMY CHARVAT	984	Monarch	Springfield	2-4-24
	RAY GANTZ	650	SCHOOL	SPRINGFIELD	2-7-24
	Morgan Francis	494	Monarch	Springfield	2/9/24
	Chris Francis	494	Monarch	Springfield	2/9/24
	Gail Y. Ropp	6	Park	Jacobus	2/9/24
	Chris Dwyer	13	Park	Jacobus	2/9/24
	CHRISTOPHER DWYER	13	PARK	JACOBUS	2/9/24
	Michael Hammers	3	Woodsport	Jacobus	2/9/24
	Julia Rodgers	26	Woodland	Jacobus	2-9-24
	William Rodgers	26	WOODLAND	JACOBUS	2-9-24
	ERIN MILLER	31	Woodland	JACOBUS	2-9-24
	Connie L. Miller	31	Woodland	Jacobus	2-9-24
	Brenda E Kipert	432	School Rd	Springfield	2/9/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence YORK

2 Printed Name of Circulator CARROLL P. TIGNALL JR

3 Signature of Circulator

4 Number and Street of Circulator 520 MONARCH DRIVE

5 City, Borough or Twp. SPRINGFIELD TOWNSHIP Zip Code 17403

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: YORK 67

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Gina Y. Myers</i>	Gina Y. Myers	1046	Rohlers Church Rd	Dover Twp	2/8/24
<i>Brenda K. Holder</i>	Brenda K. Holder	303	Mountain Rd	Carroll Twp	2/8/24
<i>Seth E. Springer</i>	Seth E. Springer	651	W. Philadelphia St.	York City	2/8/24
<i>Wanda S. Wolf</i>	Wanda S. Wolf	2775	Thorabridge Rd West	W. Manne.	2-8-24
<i>Audrey Hoff</i>	Audrey Hoff	3481	Willow Rd.	Dover Twp.	2-8-24
<i>Robert P. Zimmerman</i>	Robert P. Zimmerman	2145	Packton Ln	Yeb, Pa 17408	2-8-2024
<i>Paul E. Teysse</i>	PAUL E. TEYSSIE	1851	FAIRFIELD AVE	YORK, Pa 17108	2-8-2024
<i>Catharine A. Koch</i>	CATHARINE A. KOCH	2401	WARWICK ROAD	West Manchester Twp.	2-8-24
<i>Karl Koch</i>	Karl Koch	2401	WARWICK ROAD	West Manchester	2-8-24
<i>Sarah J. Z...</i>	Sarah J. Z...	1780	Boas Rd	W. Manchester	2-8-24
<i>Kandy Z...</i>	Kandy Z...	1900	Boas Rd	W Manchester	2-8-24
<i>Rob McKinney</i>	ROB MC KINNEY	4219	MARLBOROUGH	DOVER PA	02/08/24
13.					
14.					

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence YORK
 2 Printed Name of Circulator CARROLL P TIGUAK JR
 3 Signature of Circulator Carroll Tigauak Jr
 4 Number and Street of Circulator 570 Monarch Drive
 5 City, Borough or Twp. SPRINGFIELD Zip Code 17403

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY

ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: YORK 67

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	PATRICIA A. TIGNOLL	520	MONARCH DR.	Springfield	2/04/24
	Brian Yocum	1225	Deameryn	Springettsburg	2/6/24
	THOMAS J. MCKIERNAN	1750	DEAMERLYN	Springettsburg	2/06/24
	STEVE B. KRAMER	3612	COVENTRY CT.	SPRINGETTSBURY	2/6/24
	Glenda L. Halter	3671	COVENTRY CT.	Springettsburg	2/6/24
	HUGHT BLUNK	1765	DEAMERLYN	SPRINGETTSBURY	2/6/24
	ANNE KAHLBAUGH	1700	DEAMERLYN	Springettsburg	2/10/24
	Keith A. Kahlbaugh	1700	Deameryn	Springettsburg	2-10-24
	WILLIAM B. CRAZER	1720	DEAMERLYN	SPRINGETTSBURY	2-10-24
	Sarah Zuber	1760	Deameryn	Springetts	2-10-24
	Richard Rabuck	1775	Deameryn	Springettsburg	2/10/24
	Jennifer Lane	1790	Deameryn	Springettsburg	2/10/24
	Thomas Fisher	1825	Deameryn	Springettsburg	2/10/24
	M. Gylber	1865	Deameryn	Springettsburg	2-10-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Pamela Trehan	1894	DeaMerlyn	Springettsbury	2-10-24
	Edward Trehan	1894	DeaMerlyn	Springettsbury	2-10-24
	Colleen G. Loser	3605	Springetts	Springettsbury	2-10-24
	Morgan K. Konarzewski	3670	Springetts Dr	Springettsbury	2/10/24
	Steve Konarzewski	3670	Springetts	Springettsbury	2/10/24
	Kevin Bankos	3600	Larrey	Springetts	2/10/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence YORK
 2 Printed Name of Circulator CARROLL P. TIGNALL JR
 3 Signature of Circulator
 4 Number and Street of Circulator 520 MONARCH DRIVE
 5 City, Borough or Twp. SPRINGFIELD Zip Code 17403

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: YORK 67

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Kristin Phillips-Hill	278	Pine View Ln	York Twp	1/20/24
	Richard J Hill	278	PINE VIEW LN	York Twp	1/27/24
	Jared M. Melloff	2279	Manor Rd.	W. Manchester Twp	1/28/24
	Cecelia Hill	278	Pine View Ln	York Twp	2/3/24
	Spencer Hill	278	Pine View Ln	York Twp	2/3/24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence York County

2 Printed Name of Circulator Kristin Phillips-Hill

3 Signature of Circulator [Handwritten Signature]

4 Number and Street of Circulator 278 Pine View Lane

5 City, Borough or Twp. York Twp Zip Code 17403

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: YORK 67

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
1.		Bryan K. Tate	377	E. MARKET ST	YORK CITY	1/27/24
2.		JASON R. LEWIS	119	SOLON ST	CE-YORK	1/27/24
3.		Jacob Taylor	520	Ludlow Ave	Spring Garden Twp	1/27/24
4.		KIRK E. FREY	697	COLONIAL AVENUE	SPRING GARDEN TWP	1/27/2024
5.		ROBERT E. SENFT	639	COLONIAL AVE	SPRING GARDEN TWP	01/27/2024
6.		RALPH M. SEATE	377	E. MARKET ST	YORK CITY	1/28/24
7.		LINDA H. TATE	4665	Darlington Road	West Manchester Twp	1/28/24
8.						
9.						
10.						
11.						
12.						
13.						
14.						



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence York

2 Printed Name of Circulator Bryan K. Tate

3 Signature of Circulator Bryan K. Tate

4 Number and Street of Circulator 377 E. Market Street

5 City, Borough or Twp. York City Zip Code 17403

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: 'AUDITOR GENERAL'

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): 'Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: YORK 67

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	STEVEN HERMAN	506	N. HIGHLAND	WEST YORK BORO	2/1/24
	Kevin B Schron	1730	Monroe	W. York Boro	2/10/24
	Carla Louthian	1447	Monroe St.	West York Boro	2/2/24
	Shane Louthian	1747	Monroe St	W York Boro	2/2/24
	Nancy Laird	1635	W. MARKET	W YORK BORO	2/2/24
	SHARON HERMAN	506	N. HIGHLAND'S AVE	W. YORK BORO	2-2-24
	MATTHEW S HERMAN	1316	W. KTAG ST	WEST YORK BORO	2-4-24
	Justin N Laphart	508	N Highland Ave	West York Boro	2-5-24
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence YORK COUNTY
 2 Printed Name of Circulator STEVEN HERMAN
 3 Signature of Circulator Steven Herman
 4 Number and Street of Circulator 506 N. HIGHLAND AVE.
 5 City, Borough or Twp. WEST YORK BORO Zip Code 17404

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: YORK 67

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Robert H Linn Sr	5252	Picking Rd	Hellam Twp	1-31-24
	Jane M Linn	5252	Picking Rd	Hellam Twp	1-31-24
	Karen L. Mentzer	4217	Druck Valley Rd	Hellam Twp.	1-31-24
	Dona L. Italo	530	E. Frederick St.	Dalastown, Boro	1-31-24
	L Bradley Foltz	1230	cherry orchard	Dover Twp	1/31/24
	Bruce L Mentzer	4217	DRUCK VALLEY RD	Hellam Twp	1/31/24
	DENNIS LEUK	5820A.	OLD CARROLLERS	DOVER TWP	2-1-24
	Margaret A. Warner	2774	meadowbrook Blvd.	Manchester Twp.	2-1-24
	Gary Warner	2774	manchester meadowbrook Blvd	Manchester Twp	2/1/24
	Glenda Keller	3449	Druck Valley Rd	Springettsbury Twp.	2/1/24
	Theresa A. Stein	3404	Druck Valley Rd.	Springettsbury TWP	2-1-24
	John Stein	3404	Druck Valley Rd	Springettsbury Twp	2-1-24
	Steven R. List	10	Curtis Dr	Windsor Twp	2-6-24
	Debra A List	10	Curtis Dr.	Windsor Twp	2/6/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Lucinda D. Mumford</i>	LUCINDA D. MUMFORD	100	Susan Dr	Dallastown, PA	2/6/24
<i>Shawn L. Davenport</i>	SHAWN L. DAVENPORT	107	Rockwood Ave	Manchester	2-7-24
<i>Ronald L. Shue</i>	RONALD L. SHUE	40	WALDEN CT	Manchester	2/9/24
<i>Shirley K. Shue</i>	SHIRLEY K. SHUE	40	WALDEN CT	MANCHESTER	2-9-24
<i>Jane Sterner</i>	JANE STERNER	455	N. BURBERRY	E. MANCHESTER	2-9-24
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence YORK

2 Printed Name of Circulator Jean A. Lehman

3 Signature of Circulator *Jean A. Lehman*

4 Number and Street of Circulator 400 Creston Road

5 City, Borough or Twp. Spring Garden Twp Zip Code 17403

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BRADFORD 08

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Blythe Hart-Jones	83	Elbow Lane	Monroeton	1/25/24
	Kimberly A Wolfe	72	Coddling Rd	Uster Pa	1/25/24
	Christopher A Wolfe	72	Coddling Rd	Uster	1/25/24
	DALE BR. WITH	200	THOMAS	TOWANDA PA	1-25-24
	Christine A Galt	200	Thang	Towanda PA	1/25/24
	Claire Otis	8771	Burtincoms LDK	Towanda	1-25-24
	Eric Jones	83	ELBOWLANE	MONROETON	1-26-24
	Paul Allen	796	Fall Run Rd	Wysox	2/7/24
	Candy Adams	4835	Road C	Cocuytle	2/10/24
	Martina Biondo	57	Tice Ln	Towanda	2-10-24
	JOSEPH BIONDO	57	TICE LN	TOWANDA	2-10-24
	Desuice Smith	132	Hillsider	Towman	2-10-24
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Bradford

2 Printed Name of Circulator Blythe Hart-James

3 Signature of Circulator Blythe Hart-James

4 Number and Street of Circulator 83 E/Saw Lane

5 City, Borough or Twp. Monroeton PA Zip Code 18832

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BRADFORD 08

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	ROBERT HOLCOMB	2860	PLANK RD	TOWANDA PA	2-1-24
	RICH SUTTON	107	River Vista Drive	WYSOX PA	2-1-24
	ROBERT MCINTYRE	3645	JAMES ST	SUSQUEHANNA	2-1-24
	Brian Welch	354 RD	WELCH RD	HERRICK	2-1-24
	Karl Gehring	1405	Round Top Rd	ATLERS	2-1-24
	GEORGE NERVEN	84	LEWIS	WYSOX	2/1/24
	Michael Wolfe	270	Wadding Rd	Burlington	2/1/24
	Brenda Strickland	3210	Bridge St.	Towanda Twp	2/6/24
	Charles Strickland	3210	Bridge St.	Towanda Twp	2/5/24
	Shawn Fleming	1078	514	Granville	2-7-24
	Bennett E Lenox	420	Pear Ln	smithfield	2-7-24
	Brad O'Connor	853	River Road	Standing stone	2-7-24
	Emily Irvine	5465	Sheshequin Road	Sheshequin	2/7/24
	Anthony Irvine	5465	sheshequin Rd	Oster	2-8-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	DIONIE W OLIVER	3614	James St	Sheshequin	2-8-24
	RICHARD C OLIVER	3614	JAMES ST.	SHESHEQUIN	2-8-24
	LINDA GASKILL	2337	JAMES ST	SHESHEQUIN	2/10/24
	Dave Gaskill	2337	James St	sheshequin	2/10/24
	David Hoffmann	121	Hoffmann Rd	Sheshequin	2/10/24
	Christopher McLinko	13974	Routed 20	Towanda	2/10/24
	Sarah McLinko	12612	Sheshequin Rd	Atenas	2/10/24
	Doug McLinko	1162	Red Bank	Weysock	2/10/24
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Bradford
 2 Printed Name of Circulator Robert McLinko
 3 Signature of Circulator
 4 Number and Street of Circulator 3645 James St
 5 City, Borough or Twp. Towanda Zip Code 18848

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

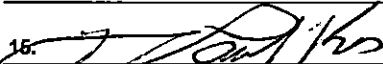

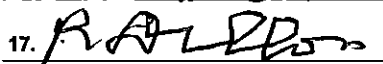
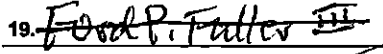
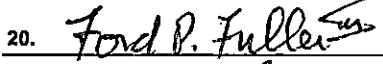
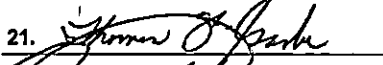

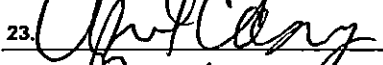

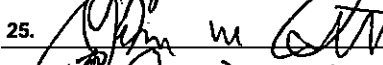
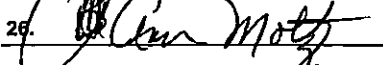
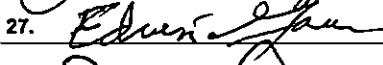
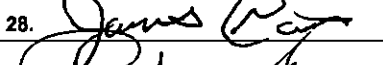
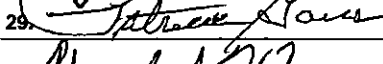

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	KATHY FULLER	579	Woodlyn	ROSS	1/31/24
	KAREN KENNEDY	235	KINVARA	ROSS	1/21/24
	MARKED KENNEDY	235	KINVARA	ROSS	1/31/24
	S. SIRINEWSI	133	SHADONON	ROSS	1/31/24
	ROBERT MEYER	111	Rebecca	ROSS	1/31/24
	CARL DAVID COOK	258	VISINVARA	ROSS	1/31/24
	ROBERT WAGNER	102	MARUTH DR	ROSS	1/31/24
	SANDRA WAGNER	102	MARUTH DR	ROSS	1/31/24
	JEFF MEYER	492	Woodland	ROSS	1-31-24
	Mary Jean McNamee	109	Kinvara	ROSS	1-31-24
	MEGAN McNamee	3	Milwate		
	MEGAN McNamee	3	Pamela	Milwate	1-31-24
	EDWARD K McNAMEE	109	KINVARA CT	ROSS	1/31/24
	MEGAN McNamee	109	KINVARA CT	ROSS	1-31-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	THOMAS KOS	112	KIMMARD CT	ROSS	1-31-24
	RICHARD DILLEN	2527	FOX HOLLOW DR	ROSS	2-1-24
	RICHARD DILLEN	2527	FOX HOLLOW DR	ROSS	2/1/24
VIRGINIA MERTZ	VIRGINIA MERTZ	2530	FOX HOLLOW DR	ROSS	2-1-24
					
	Ford P. Fuller III	519	Huddersford Rd	ROSS	2-1-24
	THOMAS F. GARBE	112	S. MARLES ^{DR} RD	ROSS	2-1-24
	CHRIS CASEY	105	N. HUNTON	ROSS	2-1-24
	April Casey	105	N. HUNTON	ROSS	2-1-24
	Joy WENZEL	122	Oxford	ROSS	2/2/24
	JAMES M. STITT	106	Oxford	ROSS	2/2/24
	ANN MOLTZ	110	Tyler	ROSS	2/2/24
	EDWIN GILUC	140	Tyler	ROSS	2/2/24
	James Gaus	137	Mt. Vernon	West View	2/2/24
	Patricia Gaus	140	Tyler Rd	ROSS	2/2/24
	Christopher H Fromme	113	Pittview Rd	ROSS	2/2/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Allegheny
- 2 Printed Name of Circulator Christopher H Fromme
- 3 Signature of Circulator Christopher H Fromme
- 4 Number and Street of Circulator 113 Pittview Rd
- 5 City, Borough or Twp. Ross Twp Zip Code 15237

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JAMES H. BROWN	412	LUCERNE	MONROEVILLE	2-5-24
	DONNA DARDENE MEYER	212	Berkeley	Monroeville	1/25/2024
	Bruce Walker	2426	Saunders Stadium	Monroeville	1/25/2024
	Frederick H. Carlson	118	Monticello	Monroeville	1/25/2024
	Komi Stulginskis	301	E. 16th Ave.	Munhall	1/25/24
	John Ritter	206	Shackelford Dr.	Monroeville	1-25-24
	Leonard N. Young	656	Cooper	Monroeville	1-31-24
	BRIAN S. BECKETT	430	BRUNNEN	Monroeville	2-4-24
	ROBERT RENK	106	SUNN DA	MONROEVILLE	2-5-2024
	William W. White	108	Funkhous	Monroeville	2-5-24
	DOMINIC GRIECO	620	COOPER	MONROEVILLE	2-7-24
	Fred A. Wilson	3910	1322 22nd Dr	monroeville	2-7-24
	LINDA A. WILSON	3910	BARBARA ANN DR	Monroeville	2-7-24
	Kelly Matvazco	238	Mallard Dr	Monroeville	2-7-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Bryan Matrazzo	238	Mallard Dr	Monroeville	2/7/24
	D W Leindecker	245	Beechrd	Plum	2/8/24
	fern viethel	255	Lynwood	Penn Hill	2-8-24
	Jason L Madden	100	Circle d	White Oak 15131	2/9/24
	DAVID SKENA	471	CANNONGATE	MONROEVILLE	02/11/24
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator Leonard N. Young

3 Signature of Circulator Leonard N. Young

4 Number and Street of Circulator 656 Cooper Rd.

5 City, Borough or Twp. Monroeville, PA Zip Code 15146

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	TODD W. MCCOLLUM	215	MONTANA ST	PITTSBURGH	1-30-24
	STACY MCCOLLUM	215	MONTANA STREET	PITTSBURGH	1-31-24
	Hannah Zucec	201	Montana Street	Pittsburgh	1.31.24
	Kevin Zucec	201	MONTANA STREET	Pittsburgh	1-31-24
	Russell KIRK	4494	Morevale	Pittsburgh	1-31-24
	GRACE BARTOVICH	139	Mapleville	Pittsburgh	1-31-24
	Thomas West	6046	Jackson	Pittsburgh	2-1-24
	Andrew TOMARO	4016	GRIZELL ST	PITTSBURGH	2/3/24
	CYNTHIA D TOMARO	4016	GRIZELL ST	PITTSBURGH	2/3/24
	MARTIN J. JARZYWA	892	WALDOPT ST	PITTSBURGH	2/3/24
	CATHERINE LAFFERTY	234	MAIN ST	PITTSBURGH	2/3/24
	John D. Kostic	1303	BROOKHAMP	Pittsburgh	2/5/24
	Cynthia ABBANTI	110	Church St	Mt Oliver	2-5-24
	Nadine Stein	1941	Seaton St	Pittsburgh	2-5-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Maireean Papareika	248	Spencer Ave	Pittsburgh	2/5/24
	Richard Capra	57	528	Pittsburgh	2/6/24
	TRACY L ARGIER	1609	Brookline BLVD	Pittsburgh	2/11/24
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence ALLEGHENY
- 2 Printed Name of Circulator TODD W. McCollum
- 3 Signature of Circulator
- 4 Number and Street of Circulator 215 MONTANA ST
- 5 City, Borough or Twp. PITTSBURGH Zip Code 15214

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	John H Bubula Jr	321	Duport	North Fayette	2-11-24
	Michele Cantu	112	Stonebndg	N Fayette	2-11-24
	Joan Frazzi	300	Farmcrest	Dale Dale	2/11/24
	Virginia Valent	109	Carolyn	N Fayette	2/11/24
	James R Mansour	555	NORTH BRAND	N Fayette	2-11-24
	JOHN A TURNER JR	901	ELM CT	N FAYETTE	2-11-24
	KEITH COLLEGE	142	HEXSFORD	N LOYD	2/11/24
	VINCENT FUSA	408	WOOD LANE	CHURCHILL	2/11/24
	JAMES J. ROGAS	405	FARMCREST	N. FAYETTE	2/11/2024
	Philip Schacht	2643	Hawthorne	N. Fayette	2-11-2024
	Steve P. Somas	101	Springhill	N. Fayette	2/11/2024
	Mark Rozum	247	Fink's Run	N. Fayette	2-11-24
	Tenna Marshall	124	Village Cir	N Fayette	2/11/24
	Spencer Greenholt	104	Farmcrest Dr	N. Fayette	2/11/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Quinten Greenholt	104	Farmcrest	N. Fayette	2/11/24
	Robert D. Dodato	229	Crosswinds	North Fayette	2/11/24
	Stefani Jozdola	2588	Hawthorne	N Fayette	2.11.24
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Allegheny County PA
- 2 Printed Name of Circulator Eric Vanno
- 3 Signature of Circulator
- 4 Number and Street of Circulator 124 Village Circle
- 5 City, Borough or Twp. Oakdale PA Zip Code 15071

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Scott Cunningham	521	Timber Tr	N. Fayette	2/11/24
	JOHN TUIFE	7321	GREEN MEADOW	N. FAYETTE	2/11/24
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Allegheny County PA
- 2 Printed Name of Circulator Eric Vannoy
- 3 Signature of Circulator *[Signature]*
- 4 Number and Street of Circulator 124 Village Circle
- 5 City, Borough or Twp. Oakdale PA Zip Code 15071

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Mary Hutton	274	Valley View Dr	North Fayette	2/3/24
	Patricia L. Faux	1638	Rt. 30	Friday Twp	2/3/24
	Bob Wierman	119	Keown St	Friday Twp	2/10/24
	Alex Lynch	5909	Victr	Hopwell	2/10/24
	Brock A. D. Schar	580	McMichael	Robinson Twp	2-10-24
	Joseph D. Schar	580	McMichael	Robinson Twp	2-10-24
	Tony Tropea	771	Olivia	Pittsboro	2/10/24
	Christina Campbell	740	Pinkston Rd	Oakdale	2/10/24
	Denise Geramita	116	Forest Glen	Imperial	2/10/24
	Eric Vannoy	124	Village Cir	Oakdale	2-11-24
	Crystal Partyka	334	Florida Dr	Oakdale	2/11/24
	Lindsay Davis	240	Whittingale	Oakdale	2/11/24
	Douglas Huggins	342	Plumtree	N. Fayette	2-11-24
	PAULA Bobala	321	Dupont Dr	N. Fayette	2.11.24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>[Signature]</i>	Andrew Novak	1000	Apt 327 Westpointe	Robnson	2/11/24
<i>[Signature]</i>	George Wagner	132	Margaret St	N Fayette	2-11-24
<i>[Signature]</i>	Karen Wagner	132	Margaret St	N Fayette	2-11-24
<i>[Signature]</i>	Annastasia Fisher	138	North Star	N. Fayette	2-11-24
<i>[Signature]</i>	Matthew Fisher	138	North Star	N. Fayette	2-11-24
<i>[Signature]</i>	Jaime Sanabria	1310	Noblestown	N. Fayette	2-11-24
<i>[Signature]</i>	Alexis Commale	116	Woodcrest	N. Fayette	2-11-24
<i>[Signature]</i>	Charles Dodd	180	Finks Run	N Fayette	2/11/24
<i>[Signature]</i>	Nancy Zimmerman	510	Gamble Rd	N Fayette	2-11-24
<i>[Signature]</i>	Erma Doda	180	Finks Run	N Fayette	2-11-24
<i>[Signature]</i>	John J. Ploof	124	Perrin	N Fayette	2/11/24
<i>[Signature]</i>	Caren Abercrombie	22	Moore Rd	N Fayette	2/11/24
<i>[Signature]</i>	PAT PLOOF	124	Perrin	N Fayette	2/11/24
<i>[Signature]</i>	Scott Greenholt	104	Farmcrest	N. Fayette	2/11/24
<i>[Signature]</i>	BETHANIEL GREENHOLT	104	FARMCREST	N. FAYETTE	2/11/2024
<i>[Signature]</i>	Heather J. Coviello	2011	North	N. Fayette	2-11-2024

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Allegheny County PA
- 2 Printed Name of Circulator Eric Vannoy
- 3 Signature of Circulator [Signature]
- 4 Number and Street of Circulator 127 Village Circle
- 5 City, Borough or Twp. Dakdale PA Zip Code 15071

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
1.		Carol Santucci	78	Esculm	Findlay	2-11-24
2.		BEN GLON	504	ATAW	Findlay	2-11-24
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Allegheny
- 2 Printed Name of Circulator Victoria Clayton Bozic
- 3 Signature of Circulator [Signature]
- 4 Number and Street of Circulator 11 Moore
- 5 City, Borough or Twp. Findlay Zip Code 15110

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Jamie Beramita	4813	Main St	McDonald Pa	2-11-24
	Tim Amrhein	70	Rodgers	Findlay Coraopolis	2-11-24
	Susan Amrhein	70	Rodgers	Findlay	2/8/24
	Robert Snaithko	116	ROBINSON #	Bokrook PA	2-11-24
	Shelley Miller	220	Charters Ter	Carnegie	2/4/24
	Tim Lightholder	3	Trotter	CLINTON FINDLAY	2/11/24
	Lyndah Lightholder	3	Trotter	Findlay	2/11/24
	Victoria Mclella	710	Kamrack	Findlay	2/11/24
	MICHAEL R PAPA	12	Trotter	Findlay	2/11/24
	TIMOTHY J CHAPPELL	628	Hemlock Rd	FINDLAY CORAOPOLIS PA	2/11/24
	Sherry Chappell	628	Hemlock Rd	Findlay Coraopolis PA	2-11-2024
	THOMAS GALLANT	1111	SITKA DR	Findlay	2-11-2024
	Mary Gallant	1111	SITKA DR	Findlay	2-11-2024
	Tyler Gallant	1111	SITKA DR	Findlay	2-11-2024



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	DANIEL A. WOLF	11	Pony Ct	Findlay	2-11-24
	PAUL CUNNINGHAM	126	Robert St	Findlay	2/11/24
	CYNTHIA QUINN	829	Anderson Rd	Findlay	2-11-24
	KELLY L. WOLF	11	Pony Ct	Findlay	2-11-24
	STEVEN R. PONS	19	Equation Dr.	Findlay	2-11-24
	ROBERT J. BURGER	109	Gregg Ln	Findlay	2-11-24
	KAREN BURGER	109	Gregg Lane	FINDLAY TWP	2-11-24
	GERALD CALLOWAY	6616	Kenwood Rd	NORTH FAYETTE	2/11/24
	JOHN D. THOMAS	44	ENLOW	FINDLAY	2/11/24
	JANET L. CRAIG	44	ENLOW RO	Findlay	2/11/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Allegheny
- 2 Printed Name of Circulator Victoria Hatten Bozic
- 3 Signature of Circulator
- 4 Number and Street of Circulator 11 Moore
- 5 City, Borough or Twp. Findlay Zip Code 15126

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Douglas D Mitchell</i>	DOUGLAS D MITCHELL	749	Gypsy Ln	MT LEBANON	2-8-24
<i>Mary K Mitchell</i>	Mary K Mitchell	749	Gypsy Ln	Mt Lebanon	2-8-24
<i>Christina P Watson</i>	Christina P Watson	614	Spring Rd	Mt Lebanon	2-10-24
<i>Carol S Ferguson</i>	Carol S Ferguson	900	Washington Rd	Mt Lebanon	2/10/24
<i>Dorothy K Fleming</i>	Dorothy K Fleming	900	Washington Rd	Mt. Lebanon	2/10/24
<i>David M. Corbett</i>	David M. Corbett	620	Brimwood	MT. Lebanon	2-10-24
<i>Mary K Murray</i>	Mary K Murray	951	Country Club	Mt Lebanon	2-10-24
<i>Margaret Jane Zebrowski</i>	Margaret Jane Zebrowski	765	Gypsy Ln	mt. Lebanon	2/10/24
<i>Kon Zebrowski</i>	Kon Zebrowski	765	Gypsy Ln	mt. Lebanon	2-10-24
<i>David G Reese</i>	DAVID G. REESE	686	CRYSTAL DR	MT. LEBANON	2/10/24
<i>Russell K Jones</i>	Russell K Jones	701	Crystal Dr	MT. Lebanon	2/10/24
<i>Ernie E Werthimer</i>	Ernie E Werthimer	136	Mary Ave	Mt Lebanon	2/10/24
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

**CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW**

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence ALLEGHENY

2 Printed Name of Circulator DOUGLAS D MITCHELL

3 Signature of Circulator *Douglas D Mitchell*

4 Number and Street of Circulator 749 GYPSY LN

5 City, Borough or Twp. M T. LEBANON Zip Code 15228

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	SAMUEL DeMARCO III	24	McIntosh Circle	Worth Fayette	1-31-24
	MARYANNE PURDY	524	HARROGATE RD	UPPER ST CLAIR	2-1-24
	ROBERT S. PURDY	524	HARROGATE RD	UPPER ST. CLAIR	2-1-24
	John Schaeffte	1205	W North Ave	Pittsburgh	2/5/24
	VINCENT FUSCA	408	WOODLAND	CHURCHILL	2/9/24
	Eileen Holste	315	Madison	Scott	2/6/24
	Marlene Chiada	311	Clearview Ave.	CRAFTON	2/7/24
	Sarah Westbrook	2160	Greentree Rd	Scott Twp	2/8/24
	John D. Kostik	1303	Brookline	Pittsburgh	2/9/24
	Erin Koper	319	Marlow	Pittsburgh	2/9/24
	Rita Harnay	636	Aljodi	Upper St Clair	2/9/24
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Baro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator John Schnaetler

3 Signature of Circulator [Handwritten Signature]

4 Number and Street of Circulator 1205 W North Ave, 101

5 City, Borough or Twp. Pittsburgh Zip Code 15233

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Michael Mezhrusky</i>	Michael Mezhrusky	6136	Kings School Rd	Bellfield Park	2/4/24
<i>Ronald Marikvap</i>	RONALD MARIKVA	858	ELMER ST	HARMONY TWP	2/3/24
<i>Christyanna Trbovich</i>	Christyanna Trbovich	614	Ridgely Rd	MT Lebanon	2-3-24
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator Helen BYRNE

3 Signature of Circulator [Handwritten Signature]

4 Number and Street of Circulator 774 Washington Rd

5 City, Borough or Twp. Mt. Lebanon Zip Code 15228

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the Instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Wendy Dunbar	71	Markham Dr	Mt. Lebanon	2/7/24
	Jennifer Lakot	44	Seneca Dr	Mt. Lebanon	2/7/24
	Christine Lakot	44	Seneca Dr	Mt. Lebanon	2/7/24
	James H. Van de Put	110	Seneca Dr.	Mt. Lebanon	2/7/24
	MATTHEW STEWART	140	SENECA	MT LEBANON	2/7/24
	Elizabeth Severs	148	Seneca	Mt-Lebanon	2/7/24
	Megan E. Steen	104	Seneca Dr	Mt. Lebanon	2/7/24
	Janet Williams	127	Cedar Bl	mt Lebanon	2/7/24
	GARY COHEN	80	MARKHAM DR	MT. LEBANON	2/8/24
Jacqueline COHEN	JACQUELINE	80	MARKHAM DR	MT LEBANON	2/9/24
	Deborah DeCarlo	69	Markham Dr	Mt. Lebanon	2/8/24
	Frank J. DeCarlo	69	Markham Dr.	ME. Lebanon	2/8/24
	MARK DUNBAR	71	Markham	Mt Lebanon	2/8/24
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny
 2 Printed Name of Circulator LUCIANNE Minnick
 3 Signature of Circulator Lucianne Minnick
 4 Number and Street of Circulator 64 SENECA DR
 5 City, Borough or Twp. MT LEBANON Zip Code 15228

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
1.					
	William F. Minnick	64	Seneca Dr.	Mt. Lebanon	2/7/24
	David Steen	104	Seneca Drive	Mt. Lebanon	2-7-24
	Madelena VanderRyt	110	Seneca Dr	Mt. Lebanon	2-7-24
	Harmonica Stewart	148	Seneca Dr	Mt. Lebanon	2-7-24
	Peter A. Santore	116	McConnell Mill Lane	Mt. Lebanon	2-8-24
	Michael Slack	112	McCormick Mill Ln	Mt. Lebanon	2-8-24
	Judy DeGregorio	120	McConnell Mill Lane	Mt. Lebanon	2-8-24
	John E. B. Baldridge	167	Seneca Dr	Mt. Lebanon	2-8-24
	Susan Kraus	200	Seneca Dr	Mt. Lebanon	2-8-24
	Debra Pfeiffer	209	Seneca Dr	Mt. Lebanon	2/8/24
	Elizabeth A. Santore	116	McConnell Mill Lane	Mt. Lebanon	2-8-24
	Trevor Santore	116	McConnell Mill Ln	Mt. Lebanon	2-8-24
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator Lucianne Minnick

3 Signature of Circulator Lucianne Minnick

4 Number and Street of Circulator 64 SENECA DR

5 City, Borough or Twp. MT LEBANON Zip Code 15228

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL:

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY-02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	MAM ELL KEARNS	727	COUNTRY CLUB DR	Mt Lebanon	1/25/24
	JAMES KEARNS	727	COUNTRY CLUB DR	MT LEBANON	1/25/24
	ESTHER S. VESPA	736	COUNTRY CLUB DRIVE	Mt. Lebanon	1/27/24
	ALBERT SNYDER	410	OLD FARM ROAD	Mt. Lebanon	1/27/24
	MARION WARD	745	Country Club Dr	Mt Lebanon	1/27/24
	MARK WARD	745	COUNTRY CLUB DR	Mt. Lebanon	1/27/24
	ANTHONY B. ...	762	COUNTRY CLUB DR	Mt Lebanon	1/27/24
	CHARLOTTE CAPOZZOLI	790	COUNTRY CLUB DR	Mt. Lebanon	1-27-24
	ED SARDINEER	306	ANAWANDA AVE	Mt Lebanon	1-27-24
	MARYANN SARDINEER	306	ANAWANDA AVE	Mt. Lebanon	1-27-24
	SUSAN M. FINCH	847	COUNTRY CLUB DR	Mt Lebanon	1/27/24
	Lynn O'ferman	461	Summit Dr	Mt Lebanon	1/28/24
	Robert G. O'ferman	461	Summit Dr	Mt. Lebanon	1/28/24
14.					



	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
15.		Julie Oferman	461	Summit Dr	Mt. Lebanon	1/28/24
16.		A Joy Pajak	730	Crystal Dr.	Mt Lebanon	1/31/24
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny
 2 Printed Name of Circulator Angie Egle Dea RNS
 3 Signature of Circulator
 4 Number and Street of Circulator 1727 County Club Dr
 5 City, Borough or Twp. Mt. Lebanon Zip Code 15228

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	KAREN KRALIK	1389	Washington Road	Mt. Lebanon	2/4/2024
	Wm. Joni Hall	5	Westview 114.267 Dr	Mt Lebanon	2/4/2024
	Marlene Musick	15	Crestview	Mt. Lebanon	2/4/24
	Carol M Petti	165	Crestview Manor	Mt Lebanon	2/4/24
	LEONARD LORASTO	109	Apple Run	Mt. Lebanon	2/4/24
	SUSAN VALLI	129	Halsey Ct	Mt. Lebanon	2/5/24
	Robert Kennedy	232	Parkside	Mt. Lebanon	2/5/24
	EVON MARONE	6	Old Ox Rd	Brownel Park	2/5/24
	ROBERT F FISCHER	110	Poplar	Mt Lebanon	2-5-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Allegheny
- 2 Printed Name of Circulator KAREN RAALIK
- 3 Signature of Circulator [Handwritten Signature]
- 4 Number and Street of Circulator 1389 Washington Rd.
- 5 City, Borough or Twp. Mt. Lebanon Zip Code 15128

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Barbara Ann Heintz	805	Oak Road	Bradford Woods	1/23/24
	GEORGE BERENDOWSKI	23	MARKET COURT	BRADFORDWOODS	1/27/24
	Joyce Robinson	2625	Big Sew Creek Rd	Franklin Park	1-27-24
	Jill Cheran	202	Rolling Hills	Marshall	1-27-24
	Garrett Cheran	202	Rolling Hills	Marshall	1-27-2024
	KATHLEEN RITZ	504	LACEBARK CT	PINE	1-27-24
	GLENN S. RITZ	504	LACEBARK COURT	PINE	1-27-2024
	Andrew Tsangas	110	Evendale	Covertree	1-29-2024
	CAROLE PACK	141	BERWYN RD	ROSS TWP	1-29-24
	James Ashbaugh	469	North Ave	Verona	1/29/24
	Julie Bangay	5	Commons	Bradford Woods	2/2/24
	CHRISTOPHER MANSFIELD	4796	WEXFORD RUN	BRADFORDWOODS	2/3/24
	Debbie Platts	95	Saybrook	Bradfordwoods	2/5/24
	Dwight Weinman	800	OAK RD	BRADFORDWOODS	2/5/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	VICTORIA LAIRD PENNINGTON	22	MARKET CT	BRADFORD WOODS	2/5/24
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Allegheny
- 2 Printed Name of Circulator Barbara Ann Heintz
- 3 Signature of Circulator Barbara Ann Heintz
- 4 Number and Street of Circulator 805 Oak Road
- 5 City, Borough or Twp. Bradford Woods Zip Code 15015

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the Instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL
DISTRICT NUMBER: Statewide
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor
OCCUPATION: Auditor General
RESIDENTIAL STREET ADDRESS: 2231 Boas Street
CITY, BOROUGH OR TWP.: Susquehanna Township
COUNTY OF SIGNERS: ALLEGHENY 02 **PARTY OF SIGNERS:** Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	PASQUALE AVOLIO	233	Pine Crested Pk	Pine	2/1/24
	CAROL B. WACHLEY	2399	Trace Dr	Franklin Pk	2-6-24
	GEORGE R. WACHLEY	2399	Trace Dr	Franklin Park	2-6-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator Barbara Ann Heintz

3 Signature of Circulator Barbara Ann Heintz

4 Number and Street of Circulator 805 Oak Road

5 City, Borough or Twp. Bradford Woods Zip Code 15015

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Theresa Lepiane	3752	Attendale Cir	Pgh. PA	1/23/24
	Theresa Lepiane	3752	Attendale Cir	Pittsburgh PA	1/23/24
	MARY JANE KRIZAN	06	Richard St	Kennedy Twp	1-23-2024
	CHARLES A KRIZAN	26	Richard St	Kennedy Twp	1-23-2024
	ABBS VILES	1028	Fiddleback Ln	Kennedy Twp	1/23/24
	Anthony Sealive	21	Downs Dr	Kennedy Twp	1-23-24
	Jay L. Souillard	20	E. Ridge Rd	Kennedy	1-23-24
	Sandra Souillard	20	E Ridge Rd	"	1-23-24
	MELODY COHOLIC	4021	CRABAPPLE LN	KENNEDY Twp	1/23/2024
	NICHOLAS M. COHOLIC	4021	CRABAPPLE LN	KENNEDY TWP	1-23-2024
	Erice Fruchmann	10	Helmut St	Kennedy	1-23-24
	Rich Fruchmann	10	Helmut	Kennedy	1-23-24
	CHRISTOPHER SZUMOWSKI	68	CORACOPOLIS	Kennedy	1-23-24
	Candice Brett	71	Herbst Rd	Kennedy	1-23-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Diane Schmitt</i>	Diane Schmitt	52 A	Diebold Rd	Kennedy Twp	1/24/24
<i>Julia Palmer</i>	JULIA PALMER	1121	WAYNE	McKees Rocks	1/25/24
<i>Claudia Froehlich</i>	Claudia Froehlich	1122	Wayne	McKees Rocks	1-25-24
<i>Dennis Schmitt</i>	Dennis Schmitt	52 A	Diebold Rd	Kennedy Twp	1-26-24
<i>Debra A. Lewis</i>	DEBRA A. LEWIS	142	REBEKA DR	OHIO TWP	1-27-24
<i>Carmen Parent</i>	Cabrante Dr	29			
<i>Carmen Parent</i>	Carmen Parent	29	Cabrante Dr	Kennedy Twp	1-28-24
<i>Marta A. Tobias</i>	MARTA A. TOBIAS	109	COUNTRY VIEW DR	ROBINSON TWP	1-29-24
<i>Daniene Partridge</i>	Daniene Partridge	4007	FINCHWOOD	Kennedy	1/29/24
<i>Richard Partidge</i>	RICHARD PARTEIDGE	4007	FINCHWOOD	KENNEY	1/29/24
<i>Filena Piyao</i>	Filena Piyao	3008	TIMBERCREEK	Kennedy Twp	1-30-24
<i>Paul G. Piyao</i>	PAUL G. PIYAO	3008	TIMBERCREEK	KENNEY	1.30.24
<i>Kathleen A. Pappalardo</i>	Kathleen A. Pappalardo	1028	Silver Ln	Robinson	1.30.24
<i>Lorraine Haden</i>	LORRAINE HADEN	46	DIEBOLD	Kennedy	1-31-24
<i>Nicholas H. Haden</i>	NICHOLAS H. HADEN	46	DIEBOLD	KENNEDY	1-31-24
<i>Lawrence E. Conway</i>	LAWRENCE E. CONWAY	148	TERRA DR.	KENNEDY TWP.	2/1/2024

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Allegheny County
- 2 Printed Name of Circulator Diane L. Schmitt
- 3 Signature of Circulator Diane L. Schmitt
- 4 Number and Street of Circulator 52 A Diebold Rd.
- 5 City, Borough or Twp. Kennedy Twp. Zip Code 15136

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Greg Teranich	702	Brooklee	Pine Twp	2/1/24
	Amy Teranich	712	Bristlecone	Pine	2/1/24
	Justin Gloor	504	Athen Rd	Find RL	2/1/24
	Scott Sasso	123	Summer Pl.	PINE GROVE TWP	2/1/24
	Brad T. Rios	191	Alder Rd	Pine	2/1/24
	DAISLYN RIOS	191	Alder	Pine	2/1/24
	Dais R. Anderson	11377	Althea Rd.	Penn Hills	2/5/24
	Debra T. Anderson	11377	Althea Rd	Penn Hills	2/5/24
	JAMES A. Stuckman	257	McGee Rd	Penn Hills	2/5/24
	Debbie Stuckman	257	McGee Rd	Penn Hills	2/5/24
	DANIEL SHUPAKER	440	WORTH AVE	VERONA	2/5/24
	Carolyn K. Hankinson	432	Penn Dist	Penn Hills	2/5/24
	Daniel A. Trecki	7262	Shanley Rd	Penn Hills	2/5/24
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Steven J. Kardoszyki	112	5th St	Asp. mural	2/5/24
	Samuel A. Mather	15	Christine	West Deer	2/5/24
	Molly Collins	736	4th St	Verona	2/5/24
	Kelli Anne Collins	736	4th St	Verona	2/5/24
	Stacey West	246	Pinkhouse Rd	South Heights	2/7/24
	JAMES LUDWIG	207	PROSPECT	ROSS	2/7/24
	TRACI L BROWN	102	SPRINGWOOD	ROSS	2/7/24
	MARIA MKOVACS	728	PERRY	ROSS	2/7/24
	JAMES A HAMA	729	PERRY HWY	ROSS TWP	2/7/24
	Robert J. Casny	10030	Timberaer Ct	McConders	2/7/24
	Darcy Wachter	539	Sauger Rd	Ross Twp	2/7/24
	Dan W. Adair	537	Sauger Rd	Ross Twp	2/7/24
	Samantha Moyer	556	Thompson Run Rd	Ross Twp	2.7.2024

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator Lucille Roth

3 Signature of Circulator

4 Number and Street of Circulator 9767 ORA DR

5 City, Borough or Twp. McConders Zip Code 15090

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY

ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street



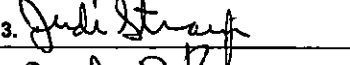
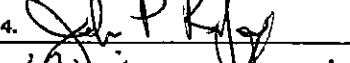

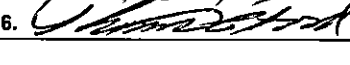
CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Michael Chizma	5338	Cadwano	Richland	5/25/24
	MARK BUSALSKI	617	WESTLAND	RICHLAND	1/30/24
	JUDI STRAIN	290	MT Pleasant Rd	WARRENDALE	1/30/24
	John Kiefer	1920	Middle St	Slarp	2/9/24
	Michele Ford	120	Grant Ave	ETNA	2/9/24
	THOMAS P FORD	120	GRANT AVE	ETNA	2-9-24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator Lucius Roth

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 9767 GRADITH

5 City, Borough or Twp. McCandless Zip Code 15090

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	ALAN R LUNDY	121	PRESCOTT	PENN HILLS	2/6/24
	Stacey M Lundy	121	Prescott Dr	Penn Hills	2-6-24
	Luven VENTOSA	403	Valley View	MONROEVILLE	2/7/24
	Patricia Tarli	115	Kenny St	Turtle Creek	2-7-24
	Jill Fazio	162	Penn Lear Dr	Moroseville	2-7-24
	Jenifer Freeman	205	Delaware	N. Versailles	2-7-24
	Dennis Sammel	739	BROADWAY	E McKeesport	2-7-24
	Terri Balthus	478	Crestview	Plum	2-9-24
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator Lucas Roth

3 Signature of Circulator [Handwritten Signature]

4 Number and Street of Circulator 9767 Griffith

5 City, Borough or Twp. McCandless Zip Code 15090

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	MELISSA A. HART	118	Boothbay	BRADFORD WOODS	2/4/24
	John Keelin	114	Boothbay	Bradfordwoods	2/4/24
	MARIA ROBINSON	117	Boothbay	Bradfordwoods	2/4/24
	THOMAS RAMIREZ	121	Boothbay	BRADFORD WOODS	2/4/24
	Kathy Molnar	122	Boothbay	Bradfordwoods	2/4/24
	THOMAS HAMER	122	Boothbay	BRADFORD WOODS	2/4/24
	Jane Bloch	120	Boothbay	Bradfordwoods	2/7/24
	KATHLEEN SWARTZ	92	Seaman Run	ROSS TWP	2/7/24
	DAVID MIZGORSKI	7606	WIBLE WOOD	SHALER	2/7/24
	LORIA MIZGORSKI	7606	WIBLE WOOD CT	SHALER	2/7/24
	EC. Kairys Jr	984	Itomer Ave	Ross Twp	2/7/24
	Anissa Zappala	8	Clovelly	Ben Avon Heights	2/7/24
	[unclear]	[unclear]	[unclear]	[unclear]	[unclear]



	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence ALLEGHENY

2 Printed Name of Circulator MELISSA HART

3 Signature of Circulator Melissa B. Hart

4 Number and Street of Circulator 118 BOOTHMAN HARBOR

5 City, Borough or Twp. BRADFORD WOODS Zip Code 15015

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	BROCK MANOR	2280	Campmeeting	Bell Acres	1/26/24
	DAVID G. STANCLUK	615	EAST DR	EDGEWORTH	1/26/24
	John Doran	814	Nevin Av.	Sewickley	2/2/24
	Katherine Rosier	110	Hamilton Dr.	Sewickley	2/2/24
	RONALD RAZETE	105	WOODHAM	LEET	2/2/24
	Michael Bollinger	4	Farmhill	Sewickley Heights	2.2.24
	Sandra M. Okrusch	847	Neuh Ave.	Sewickley	2.2.24
	Richard Skorpinski	703	Centennial	Sewickley	2/2/24
	Debby McAnore	2280	Campmeeting	Bell Acres	2/2/24
	BENJAMIN MELANOR	2280	CAMPMEETINGS	BELL ACRES	2-2-24
	Mary Fleming	103	Fleming	Bell Acres	2/2/24
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator Brock Meador

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 2280 Campmeeting

5 City, Borough or Twp. Bell Acres Zip Code 15143

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	THOMAS JAMES	66	BROAD ST	Leetsdale	1-28-24
	Sue ANN JAMES	66	Broad St	Leetsdale	1-28-24
	WESLEY JAMES	152	BROAD ST	LEETSDALE	1-30-24
	GERBINA JAMES	152	BROAD ST	LEETSDALE	1/30/24
	DARRELL S. BATIMA	4	WINDING ROAD	LEETSDALE	1/31/24
	William B Jasper	24	Winding Rd	Leetsdale	1/31/24
	Sharon Russ	4	Wood Spar	Leetsdale	1/31/24
	Penny Jasper	24	Winding Rd	Leetsdale	1/31/24
	Christine Smith	11	Elm Ln	Leetsdale	2/3/24
	Matthew Horn	11	Elm Ln	Leetsdale	2/3/24
	Liz Boone	31	Oak Dr.	Leetsdale	2/3/24
	Robert Boone	31	Oak Dr.	Leetsdale	2-3-24
	Hewarietta F Kretzler	343	Wash St.	Leetsdale	2-3-24
	Walter P. Kretzler	343	Wash St	Leetsdale	2-3-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>S.L. Kretzer-Falone</i>	S.L. Kretzer-Falone	11	Winding Rd	Leetsdale PA	2-3-24
<i>Michael Falone</i>	Michael Falone	11	Winding Rd	Leetsdale PA	2/3/24
<i>Yvonne Kass</i>	Yvonne Kass	337	Washington	Leetsdale	2/3/24
<i>Brian Tarson</i>	Brian Tarson	337	Washington	Leetsdale	2/3/24
<i>Ronald G. Price</i>	Ronald G. Price	409	Washington	Leetsdale	2-3-24
<i>Lynne Price</i>	Lynne Price	409	Washington	Leetsdale	2-3-24
<i>John Bunce</i>	JOHN BUNCE	102	SPENSER	LEET TWP	2-3-24
<i>Nancy Bunce</i>	NANCY BUNCE	102	SPENSER	LEET TWP	2/3/24
<i>Brett Williams</i>	Brett Williams	306	Chaucer CT N	Leet Twp	2/3/24
<i>Paul Bloom</i>	Paul Bloom	205	Compmeeting Rd	Leet Twp	2/3/24
<i>Gretchen R Burnham</i>	GRETCHEN R BURNHAM	116	Witherow	Bell Acres	2/4/24
<i>Robert C Burnham</i>	ROBERT C BURNHAM	116	WITHEROW	Bell Acres	2/4/24
<i>William A. Ferguson</i>	William A. Ferguson	111	Witherow Rd	Bell Acres	2/4/24
<i>Patricia Ferguson</i>	Patricia Ferguson	111	WITHEROW RD	Bell Acres	2/4/24
<i>Allen R. Hite Jr</i>	ALLEN R. HITE JR	317	AMARIDGE	LEET TWP	2/4/24
<i>Rhonda L. Rock</i>	RHONDA L. ROCK	196	HILLS	LEET TWP	2/4/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny
 2 Printed Name of Circulator Brock Meador
 3 Signature of Circulator *[Signature]*
 4 Number and Street of Circulator 2280 Compmeeting
 5 City, Borough or Twp. Bell Acres Zip Code 15143

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Annette Grimaldi</i>	Annette Grimaldi	57	Canter Dr	Sewickley Hills	1/23/24
<i>Janet Ching Chamberlain</i>	JANET CHING CHAMBERLAIN	35	CANTER DR.	SEWICKLEY HILLS	1/30/24
<i>Dianne K Meister</i>	Dianne K Meister	612	Magee Rd	Sewickley Hills	1/31/24
<i>R. Meister</i>	Richard H Meister	612	Magee Rd	Sewickley Hills	1/31/24
<i>Joseph P. Martin</i>	Joseph Martin	2505	Einmann Ch Rd	Sewickley	2-1-24
<i>Almee Azur</i>	Almee Azur	8	Winterberg Ln	Sew PA 15143	2-2-24
<i>Karen Jackson</i>	Karen Jackson	167	Pilgrim Dr	Sewickley PA 15143	2-3-24
<i>Maureen Roy</i>	Maureen Roy	1459	Magee Rd	Sewickley 15143	2-3-24
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Allegheny
- 2 Printed Name of Circulator Annette Grimaldi
- 3 Signature of Circulator Annette Grimaldi
- 4 Number and Street of Circulator 37 Canter Dr.
- 5 City, Borough or Twp. Sewickley Hills Zip Code 15143

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ADAMS 01

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Cynthia Janczyk	1050	Arendtsville	Butler	2/6/24
	Michele Binkley	1319	Shippershaw Road	Biglerville	2.8.24
	TRACY CROMANS	423	Baltimore	Kellysburg	2.8.24
	Braden Glenn	397	Friendship Ln	Camberland Twp	2/8/24
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Adams

2 Printed Name of Circulator Charlotte M. Shaffer

3 Signature of Circulator Charlotte M. Shaffer

4 Number and Street of Circulator 44 South Allwood Drive

5 City, Borough or Twp. Conewago Twp Zip Code 17331

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ADAMS 01

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Linda M. Duvall</i>	Linda M. Duvall	12	E Myrtle St	Littletown	1/24/24
2. <i>Judith M. Carr</i>	JUDITH M. CARR	301	Forrest Dr.	Straban Twp.	1/25/24
3. <i>[Signature]</i>	<i>Stanhope, Rosea</i>	564	S. Queen St.	Littletown	1/27/24
4. <i>Roger Lewis</i>	Roger LEWIS	2580	Old Harrisburg Rd	Straban Twp	1-27-24
5. <i>[Signature]</i>	Kimberly Luetsberger	349B	Smoketown RD	MT Pleasant #2	2-7-24
6. <i>[Signature]</i>	Christopher Joseph Luetsberger	349B	Smoketown RD	MT Pleasant #2	2-7-24
7. <i>Misty Budzinski</i>	Misty Budzinski	2086	Taneytown Rd.	Gettysburg Cumberland Twp	2/7/24
8. <i>Elaine M. McNight</i>	ELAINE M. McNIGHT	1725	HANOVER RD	STRABAN	2/8/24
9. <i>Harold W. Wells</i>	HAROLD W. WELLS	285	Thomas Dr	Straban	2/8/24
10. <i>Marilyn K. Wells</i>	Marilyn K. Wells	285	Thomas Dr	Straban	2/8/24
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence ADAMS
 2 Printed Name of Circulator RICHARD RANDALL
 3 Signature of Circulator Richard Randall
 4 Number and Street of Circulator 301 Forrest Drive
 5 City, Borough or Twp. STRABAN Zip Code 17325

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ADAMS 01

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Shawn Edwards	5072	Bolts PK	Littletown + twp Germany	2/7/2024
	KENNETH C. EDWARDS	5072	BALTIMORE PIKE	GERMANY	7 FEB 24
	Todd A. Hahn	389	Mt Pleasant Road	Hanover	2/7/2024
	Kelly Stambaugh	389	mt. Pleasant Road	Hanover	2/7/2024
	Robert Coradi	1009	Stonecroft	Hanover	2/7/24
	Lori A. Maul	45	Sandy Ct.	Conewago	2-8-24
	Justin L. Swinehart	12060	Hess Ave	Washington twp	2-8-24
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Adams

2 Printed Name of Circulator Dan Moul

3 Signature of Circulator Dan Moul

4 Number and Street of Circulator 45 Sandy Ct

5 City, Borough or Twp. Canewago Twp Zip Code 19531

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Marcia L. Olds</i>	MARCIA L. Olds	281	LINCOLN DR	Upper St Clair Twp	2-3-2024
<i>Marie Klos</i>	Marie Klos	223	Lesnett Rd.	Upper St Clair Twp	2-3-2024
<i>Amy M. Sawyer</i>	Amy M. Sawyer	123	Lamar Rd	Upper St. Clair	2-3-2024
<i>STEVEN D. OLDS</i>	STEVEN D. OLDS	281	LINCOLN DR	UPPER ST CLAIR	2-3-2024
<i>James E. Boles</i>	James E. Boles	202	Brooks Ln	Upper St. Clair	2-3-2024
<i>Thomas F. Hoffman</i>	Thomas F. Hoffman	1906	Highgate Rd	Upper St. Clair	2-3-2024
<i>Tara Kennedy</i>	Tara Kennedy	829	Somerville Dr	Upper St. Clair	2-3-2024
<i>LEON A. KRANZ</i>	LEON A. KRANZ	4106	GAYWOOD Cir	Upper St. Clair	2-3-2024
<i>Carrie Fick</i>	Carrie Fick	1919	Murdstone Rd	Upper St Clair	2-3-2024
<i>Barbara L. Boles</i>	Barbara L. Boles	202	Brooks Ln	Upper St Clair	2-3-2024
<i>Alice L Roberts</i>	Alice L Roberts	2357	Southwood	Upper St Clair	2-3-2024
<i>GEORGE B. ROBERTS</i>	GEORGE B. ROBERTS	2357	SOUTHWOOD	Upper St Clair	2-3-2024
<i>Janine F Kennedy</i>	Janine F Kennedy	1526	Jenkins Dr	Upper St Clair	2-3-2024



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Melissa S Stalder	1900	Highgate Rd	Upper St Clair	2-3-2024
	Angela B. Petersey	2672	Gloucester Dr	Upper St Clair	2-3-2024
	ROGER W. ALBAUGH	2672	GLOUCESTER DR	UPPER ST CLAIR	2-3-2024
	Danielle Kandakian	1598	Tiffany Dr	Upper St Clair	2/3/2024
	Ben Olds	2664	Bighan	Upper St Clair	2/4/24
	Ruth Geier	1014	tall trees	Upper Saint Clair	2/3/24
	Edmund Grant Kandakian	1588	Tiffany	Upper St Clair	2/3/24
	Stephanie M. Ioli	769	Somerwill Dr	Upper St Clair	2/6/24
	Anthony Ioli	769	Somerwill Dr	Upper St. Clair	2/6/24
	Steven M. ...	776	Norman Dr	Upper St Clair	2/6/24
	Erin ...	776	Thomson Dr	Upper St Clair	2/6/24
	JEFF KENNEDY	829	Somerwill Dr	Upper St. Clair	2/6/24
	Jordan Kennedy	829	Somerwill Dr	Upper St Clair	2/6/24
	Sonja Kim	1340	Greenbrae	Scott	2/7/24
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator Jara Kennedy

3 Signature of Circulator

4 Number and Street of Circulator 829 Somerville Dr

5 City, Borough or Twp. Upper St. Clair Zip Code 15243

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: - AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro. or Twp.	
	JANE S. ANDREAGGI	310	Gerrie Drive	Upper Saint Clair	2/3/24
	Anthony Andreaggi	310	Gerrie Drive	Upper St Clair	2/3/24
	Brian Bergman	265	Lincoln Dr.	Upper St Clair	2/3/24
	Susan Bergman	265	Lincoln Dr.	Upper St Clair	2/3/24
	Joshua Bergman	5200	Edgewood	Baldwin Borough	2-3-24
	Deborah Ulrich	2378	Willowbrook Rd	Upper St Clair	2-3-24
	WALT ULRICH	2378	WILLOWBROOK	UPPER ST CLAIR	2-3-24
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence ALLEGHENY

2 Printed Name of Circulator STEVEN D. OLDS

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 281 LINCOLN DR

5 City, Borough or Twp. UPPER ST CLAIR Zip Code 15241

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	NIEL BROADBENT	548	N. HIGHLAND AVE	OAKDALE	1/27/2024
	Donna Scears	571	W. Highland Ave	Oakdale	1/27/2024
	DARYL SCears	571	N. HIGHLAND AVE.	OAKDALE	1-27-2024
	MARK MAXIMOW	590	Highland	OAKDALE	1/27/24
	ERIC NORDMANN	611	HIGHLAND	OAKDALE	1/27/24
	CURT KRELIC	610	HIGHLAND	OAKDALE	1/27/24
	DAN KRASIC	435	MOOD	FOOT HILLS	1/27/24
	Brian Evans	439	P 21. st	Oakdale	1/27/24
	SHERI L. BROADBENT	548	N. Highland Ave.	OAKDALE	1-27-24
	Christopher Barrett	554	N. Highland Ave.	Oakdale	1-31-24
	Aimee Nordmann	611	N Highland	Oakdale	1/31/24
	Cliff Custer	504	N. Highland Ave	OAKDALE	2/1/24
	CHRISTOPHER L. MACOS	201	HIGHLAND S	OAKDALE	2/4/24
14. _____					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge; information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence ALLEGHENY
- 2 Printed Name of Circulator NIGEL BROADBENT
- 3 Signature of Circulator Nigel Broadbent
- 4 Number and Street of Circulator 548 HIGHLAND AVE NORTH
- 5 City, Borough or Twp. OAKDALE Zip Code 15071

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Joseph T. Dougherty	5325	E. Hardies	Hampton	1/30/24
	Jay R. Hageman	5103	Hampton Place	Hampton	1/30/24
	Elizabeth R. Davis	3936	Bonita Dr	Hampton	1/30/24
	Gregory J. McQuade	2700	Oak Hill	Hampton	1/30/24
	Thomas R. Ruzinski	4716	Pembroke Dr	Hampton	1-30-24
	Lisa Sculli	3221	McAlister Farm	Hampton	1-30-24
	Dan Sculli	3221	McAlister Farm	Hampton	1-30-24
	John F. Wilson	3018	Whispering Creek Dr.	Hampton	1-30-24
	Stephanie S. Luksik	4648	Scarlet Oak Pl	Hampton	1/30/2024
	Jenny Kennedy	4094	Tall Timber Dr.	Hampton	1/30/24
	Catherine Stecker	4221	Forest Glen	Hampton	1/30/24
	Kathy North-Strucik	4898	Oakhurst	Hampton	1/30/24
	Monica Hatcher	2782	Shamaocks	Hampton	1/31/24
	Catherine E. Row	2424	Trotter Dr	Hampton	1/30/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	ELIZABETH SABADA	4313	Middle	Hampton	1/30/24
	Philip D. Luciano II	2630	Woodmont Lane	Franklin Park	2/1/24
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator Jay R. Hageman

3 Signature of Circulator

4 Number and Street of Circulator 5103 Hampton Place Dr.

5 City, Borough or Twp. Hampton Twp. Zip Code 15044

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Deborah V. Grates	1735	Ellsworth	Heidelberg	1-30-24
	Patricia A. Smida	1230	Ellsworth	Heidelberg	1-30-24
	Linda J. O'Leary	536	BRADB	Heidelberg	1-30-24
	Matthew K. Shipton	280	English Turn	Collier	1-30-24
	Timothy W. Young	520	Azalea Lane	Collier	1/30/24
	Randy D. Philson	550	Azalea Ln	Collier	1/30/24
	PRISCILLA TARR	420	Fourth St.	HEIDELBERG	1/30/24
	Barb Krebbel	1900	Riverside	Heidelberg	1-30-24
	Dennis Tafa	261	Sunrise Dr	CARNEGIE	2-6-24
	Barbara Momayez	52	Colcrest St	Collier	2-7-24
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator MARY V. FORLIO

3 Signature of Circulator Mary V. Forlio

4 Number and Street of Circulator 771 Darlington Rd

5 City, Borough or Twp. Collier Twp, PA Zip Code 15106

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Mary V. Iorio</i>	MARY V. IORIO	771	DARLINGTON RD	COLLIER TWP.	1/24/24
<i>Rebecca Iorio</i>	Rebecca Iorio	771	DARLINGTON RD	COLLIER	1-24-24
<i>Lois Phillips</i>	Lois Phillips	784	Darlington Rd	Collier	1-27-24
<i>George Phillips</i>	George Phillips	784	Darlington	Collier	1-27-24
<i>Patricia A. Core</i>	Patricia A. Core	798	Darlington	Collier	1-27-24
<i>Gloria R. Browne</i>	Gloria R. Browne	153	Delfred	Collier	1-27-24
<i>John M. Browne</i>	JOHN M. BROWNE	153	Delfred	Collier	1-27-24
<i>Marianne Palombi</i>	Marianne Palombi	121	Delfred	Collier	1-27-24
<i>Anthony Palombi</i>	Anthony Palombi	121	DELFRD	Collier	1-27-24
<i>Frank Palombi</i>	FRANK PALOMBI	121	DELFRD	Collier	1-27-24
<i>Patricia Gamble</i>	PATRICIA GAMBLE	600	MADISON AVE	SCOTT	1-30-24
<i>Deborah Hadfield</i>	Deborah Hadfield	678	Smith Ln	Thornburg	1-30-24
<i>Edward G. Brosky</i>	EDWARD G. BROSKY	1120	Hope House Rd	SCOTT	1-30-24
<i>Lynda A. Dodson</i>	Lynda A. Dodson	215	Ewing	Collier	1/30/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>James V Haley</i>	JAMES V HALEY	1559	MISSOURI	Bridgeville	1-30-24
16. <i>Deborah V. Gates</i>	Deborah V. Gates	1735	Elkworth	Heidelberg	1-30-24
17. <i>Patricia A. Smida</i>	Patricia A. Smida	1730	Elkworth	Heidelberg	1-30-24
18. <i>Linda J. O'Leary</i>	LINDA J. O'LEARY	536	GRANT	Heidelberg	1-30-24
19. <i>Matthew K. Shipton</i>	Matthew K. Shipton	200	English Turn	Collier	1-30-24
20. <i>Leonard S. Iorio</i>	LEONARD S. IORIO	1705	ELLSWORTH	HEIDELBERG	1-30-24
21. <i>John Dade</i>	John Dade	623	Lincoln	Heidelberg	1-30-24
22. <i>Louise F. Huehn</i>	Louise F. Huehn	56	SUNNYSIDE AVE	Collier	1-30-24
23. <i>Mark E. Dodson</i>	Mark Dodson	315	SWING	Collier	1-30-24
24. <i>Lorrie Guthrie</i>	LOBRIE GUTHRIE	434	PRESTLEY	COLLIER	2-5-24
25. <i>William Guthrie</i>	WILLIAM GUTHRIE	434	PRESTLEY	COLLIER	2-5-24
26. <i>B. Mowane</i>	Barbara Mowane	57	COLECROFT	collier	2-7-24
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny
 2 Printed Name of Circulator MARY V. IORIO
 3 Signature of Circulator Mary V. Iorio
 4 Number and Street of Circulator 771 Burlington Rd
 5 City, Borough or Twp. Collier Twp, PA Zip Code 15106

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	BARTARA ROSSINI	302	3rd st	Oakdale	1/27/24
	Cynthia L Campbell	302	Cottonwood	Oakdale	1/27/24
	John H. Campbell Sr.	302	Cottonwood Dr	OAKDALE	1/27/24
	John H. Campbell Jr	302	Cottonwood Dr	Oakdale	1/27/24
	Alice Huepcke	300	Cottonwood	OAKDALE	1-27-24
	Vera T. Tessmer	500	1 ST ST	Oakdale	1-27-24
	RICHARD K TESSMER	500	1ST ST	OAKDALE	1-27-24
	CRYSTAL MAGRINO	221	Winstow Dr.	Oakdale	1-27-24
	DONNA Z. SWIDER	501	3rd ST	OAKDALE	1-27-24
	DONALD M. RINCHUSE	102	MERRIWOOD DR.	OAKDALE	1/27/24
	Adele Rinchuse	102	Merrinwood Dr	oakdale	1/27/24
	Sandra L. Lewis	311	Cottonwood	Oakdale	1-27-24
	CASEY WASSSEL	200	MERRIWOOD	OAKDALE	1-28-24
	Zachary Waskal	200	Merrinwood	Oakdale	1-28-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	TODD ROSENWALD	339	Sycamore	FENDLAY	1-31-24
	Jill M. Grover	114	Fayette	Oakdale	2-3-24
	Lyle Grov	114	Fayette	Oakdale	2-3-24
	Tim Stalling	202	Winstan	Oakdale	2-4-24
	Candy Stalling	202	Winstan	Oakdale	2-4-24
	JEFFREY	403	FIRST ST	OAKDALE	2-4-24
	Brian Cartier	103	Jade Dr.	Oakdale	2-4-24
	BRIAN DELL	41	MITCHELL DR	COLLIER	2-4-24
	PRISCILLA DELL	41	MITCHELL DR	COLLIER	2-4-24
	Susan Pearce	1058	Silver Ln	Robinson	2-4-24
	DAVID W PEARCE	1058	Silver Lane	Robinson	2-4-24
	PATRICK K IRELAND	211	MERRIWOOD	OAKDALE	2/5/24
	Cathy L. Ireland	211	Merriwood	Oakdale	2/5/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Allegheny
- 2 Printed Name of Circulator Cynthia L Campbell
- 3 Signature of Circulator Cynthia L Campbell
- 4 Number and Street of Circulator 302 Cottonwood Dr
- 5 City, Borough or Twp. Oakdale Zip Code 15071

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

Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	John Arnold	23	New London	Oakmont	2/7/24
	Sherre Scarnati	629	Pennsylvania	Oakmont	2/7/24
	Collette Kmetz	1205	Pennsylvania	Oakmont	2/7/24
	Laurie J. Saxon	801	Tenth	Oakmont	2/7/24
	Alexander C. DiClaudio	622A #1	Allegheny River Blvd	Oakmont	2/7/24
	RANDY A. TABOROWSKI	635	E 16TH	OAKMONT	2/7/24
	BARBARA A. FISHER	206	COMMONS	OAKMONT	2/7/24
	Robert B Huber	415	California	Oakmont	2/7/24
	Robert B Huber	415	Cal. Poma	Oakmont	2-7-24
	Natalie Haller	362	Virginia	Oakmont	2-7-24
	RICH DICLAUDIO	816	11TH	OAKMONT	2-7-24
	Lori Griffith	688	Pennsylvania	Oakmont	2-7-24
	Camie Lewis DeMaso	1602	Sumth	Oakmont	2-7-24
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Allegheny
- 2 Printed Name of Circulator Alexander C. DiClaudio
- 3 Signature of Circulator *Alex C. DiClaudio*
- 4 Number and Street of Circulator 622A Allegheny River Blvd, Apt. 1
- 5 City, Borough or Twp. Oakmont Zip Code 15139

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Lynn M Schirfke</i>	LYNN M Schirfke	216	Old Clairmont Rd	Pleasant Hills	1/25/2024
<i>Lenore Anne Caruso Russo</i>	Lenore Anne Caruso Russo	223	Old Clowinton Rd	Pleasant Hills	1/25/2024
<i>3. Richard Paszewski</i>	RICHARD PASZEWSKI	155	Deano Drive	Pleasant Hills	1/25/2024
<i>David T. Montgomery</i>	David T. Montgomery	107	Tudor Ave	Jefferson Hills	1/25/24
<i>5. Claudia Jean Richardson</i>	Claudia Jean Richardson	23	OTT Drive	Pleasant Hills	1-25-24
<i>Valerie Kirik</i>	Valerie Kirik	3223	Beechdale St	Brentwood	1-25-24
<i>Haley Justine Kirik</i>	Haley Justine Kirik	3223	Beechdale St	Brentwood	1/25/24
<i>Jeffrey Lewis Murrio</i>	Jeffrey Lewis Murrio	116	Bellanca	Brentwood	1/25/24
<i>9. Margaret J. Battie</i>	MARGARET J BATTIE	316	Town	P. H.	1/25/24
<i>10. Carmella Yurochko</i>	CARMELLA YUROCHKO	5005	DANA DR	Jefferson Hills	1-25-24
<i>11. James E. Battle</i>	JAMES E. BATTLE	310	Town A Dr.	P. Hills	1-25-24
<i>12. Marianne McCann</i>	Marianne McCann	1080	Kuska	W. MIFFLIN	1-25-24
<i>13. Robert Preksta</i>	ROBERT PREKSTA	2028	LAUREL RIDGE DR	JEFFERSON HILLS	1/25/24
<i>14. Matthew B. Vlha</i>	Matthew B. Vlha	15A	McClellan Dr.	Pleasant Hills	1-25-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Beverly Smalley	117	Bellanca	Brentwood	1-25-24
	BARBARA VATTIMO	453	NANTUCKET	PLEASANT HILLS	1-25-24
	ERNEST W. VATTIMO, JR.	453	NANTUCKET	Pleasant Hills	1-25-24
	Patricia A. Haver	592	Arborea	Pleasant Hills	1-25-24
	Valerie Shaffer	134	Woodland Dr.	Pleasant Hills	1-25-24
	LANNY MAGELLA	292	CONSTITUTION	Pleasant Hills	1-25-24
	Denike Maglicco	206	Columbia	Pleasant Hills	1-25-24
	Cynthia R McCall	1663	Fallen Timber Rd	Elizabeth Twp	1-25-24
	Deborah Sauter	269	Lynn Dr	Pleasant Hills	1-25-24
	Joann Zervos	6853	Ridgeview Dr.	South Park	1-25-24
	MIKE SAUTER	269	LYNN DR	PLEASANT HILLS	1-25-24
	HARRY HEH, JR.	491	Sequoia DR.	Pleasant Hills	1-25-24
	Adele M. KARABINOS	281	Kaufmann ^{Ave}	BRENTWOOD	1-25-24
	HARRY C. NEEL	250	CAPITOL DR	Pleasant Hills	1-25-24
	Diane Crowley	197	Santa Dr.	Pleasant Hills	1-25-24
	Fran Dvorchak	608	Arbor	Pleasant Hills	1-25-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator Richard L. Kaszowski

3 Signature of Circulator

4 Number and Street of Circulator 155 DeLano Drive

5 City, Borough or Twp. Pleasant Hills Zip Code 15236

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Karen Sue Toft	136	Sunset	Wilkins	2-01-24
	BRENDA L FLAMMANG	121	SUNSET	WILKINS	02-01-24
	Salome Flammang	121	Sunset	Wilkins	2-01-24
	Penny Knorr	160	Sunset	WILKINS	2-1-24
	PATRICIA MCKIM	145	Sunset	WILKINS	2-2-24
	Ashley DeWitt	179	Sunset	WILKINS	2-2-24
	Melissa Shepherd	201	Sunset	Wilkins	2/2/24
	Lisa Lambert	206	Sunset	Wilkins	2/2/24
	Elizabeth Wolfgang	339	Sunset	Wilkins	2/4/24
	CHRIS KRIVI	325	Sunset	Wilkins	2/4/24
	Joshua Krivi	325	Sunset	Wilkins	2/4/24
	Kellie Krivi	325	Sunset	Wilkins	2/4/24
	John David	225	Sunset	Wilkins	2/4/24
	Duane Agate	343	Sunset	Wilkins	2/5/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Kimberly Agate	343	Sunset	Wilkins	2/5/24
	GEORGE TRACH	116	CALMONT	WILKINS	2-5-24
	Peter G. Nychis	100	Calmont	Wilkins	2-5-24
	Eric M. Toft	136	Sunset	Wilkins	2/5/24
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Allegheny
- 2 Printed Name of Circulator Karen Sue Toft
- 3 Signature of Circulator
- 4 Number and Street of Circulator 136 Sunset DR
- 5 City, Borough or Twp. Wilkins Zip Code 15235

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Richard A. Seman	140	WP Lane	Monroeville	2/3/24
	Carol Seman	140	WPatty Ln	Monroeville	2/3/24
	Ellen P. McCracken	624	Snowball	Monroeville	2-3-24
	Margaret P. Sterick	329	Center Av	PITCAIRN	2-3-24
	Gretchen Bacco	1743	Mt. View	Monroeville	2-3-24
	JAMES R. GUREK	1473	CAVITT RD	MONROEVILLE	2-3-24
	Genevieve T. Chmiel	304	mcmasters	Monroeville	2/3/24
	MARILYN C. BACKUS	925	Wood St	PITCAIRN	2/3/24
	Amy L. McDaniel	1624	Harvest Hill Dr	Plum	2/3/24
	DAVID A. HAMER	20	Ross Hollow	Plum	2-3-24
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny
 2 Printed Name of Circulator Carol Seman
 3 Signature of Circulator Carol Seman
 4 Number and Street of Circulator 170 W. Lathy Lane
 5 City, Borough or Twp. Monroeville Pa Zip Code 15146

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Therese M. Wilson	656	Cooper RD	Monroeville	2/4/2024
	DIANNE SUSKO	1457	Madden Rd	Monroeville	2-4-2024
	Bernard J. Metro	115	Oak Point Rd	Monroeville	2/4/2024
	Matthew Walston	2044	Eastern Ave	Plum	2-4-24
	Dana Walston	2044	Eastern Ave	Plum	2-4-24
	MARY B CIRRUCCI	1344	Township	Monroeville	2-4-24
	Susan C. Robinson	403	Hazelnut	Dr. Myrl	2-4-24
	LINDA ANN GRIFFITHS	7129	Wilbur	PITTSBURGH	02/04/24
	LINDA ROBINSON	438	Centers	MONROEVILLE	2-7-24
	Nancy Flunk-Carlson	118	Montello	Monroeville	2-4-2024
	Scott DiSaverio	407	ValleyView	Monroeville	2-4-24
	Claudia J. Sacco	457	ValleyView	Monroeville	2-4-24
	Denise Kravits	656	Beatty	Monroeville	2-4-24
	Danielle Kravits	656	Beatty	Monroeville	2-4-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Shirley Ewart</i>	Shirley Ewart	1755	Mountainview Dr	Monroeville	2-4-24
<i>Ronald R. Massery</i>	RONALD R. MASSERY	218	Bethel Rd	Monroeville	2-04-24
<i>Lauren Susko</i>	Lauren Susko	350	Deer Hill Dr	Monroeville	2/4/24
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator Shirley Ewart

3 Signature of Circulator *Shirley Ewart*

4 Number and Street of Circulator 1755 Mountainview Dr

5 City, Borough or Twp. Monroeville PA Zip Code 15146

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JAMES R. MEANS JR	3485	South Park Road	Bethel Park	2-10-24
	Elizabeth A. Svirbel	3846	Edgely	Whitwell	2/10/24
	SUSAN A. VODZAK	3282	Eastview Rd	Bethel Park	02-10-24
	Lynette Irwin	1840	McMillan	Upper St. Clair	02-10-24
	WILLIAM T. WALTER	2625	MILFORD DR	BETHEL PARK	2-10-24
	Richard J. Irwin	1840	McMillan	Upper St. Clair	2-10-24
	Stephanie Walter	2625	Milford	Bethel Park	2-10-24
	Athena Filippelli	5725	Valleyview	Bethel Park	2-10-24
	JOHN O'LEARY	4978	LINDERMER	BETHEL PARK	2-10-24
	ALEXIS CONSALMAGNO	5505	Fera	Bethel Park	2-10-24
	J.E. WALTON	5732	Florida Ave	Bethel Park	2-10-24
	Renee R. King	6067	Murray Ave	Bethel Park	2/10/24
	Victoria P. Phillips	2217	Superior St	Bethel Park	2/10/24
	Sandra J. Ritey	6110	Boxer Dr	Bethel Park	2/10/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Pamela Tiano	848	Greenhau	Bethel Park	2/10/24
	Justin Tiano	848	Greenhaven	Bethel Park	2/10/24
	John Oler	861	Chickon	District Ave	2/10/24
	Antoinette Vitullo	100	Sarvaine Ln	Bethel Park	2/10/24
	Rosemarie Laudato	161	Deemer Dr	Pittsburgh PA	2/10/24
	Joan Gregg	2913	Idaho	Bethel Park	2/10/2024
	CAROLE PROTOS	5910	Kings School Rd	Bethel Park	2/10/2024
	ALAN DEEPS	3910	KINGS SCHOOL	BETHEL	2/10/24
	RONALD RUTENBERG	3382	Crestview	BETHEL PARK	2/10/2024
	Craig Blockin	6170	Frishton Rd	Bethel Park	2/10/2024
	KEVIN SURVINSKI	5988	KINGS SCHOOL RD	BETHEL PARK	2-10-24
	Elizabeth McConely	4200	Sweetbay Dr	Bethel Park	2/10/24
	Dario L Conely	4200	Sweeten	Bethel Park	2/10/24
	Rosemarie Laudato	161	Deemer Dr	Whitehall	2/10/24
	Beverly Fusco	106	Michelle	Bethel Park	2/10/24
	James T. Fusco	106	Michelle	Bethel Park	2-10-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Allegheny
- 2 Printed Name of Circulator Jeanette Werkmeister
- 3 Signature of Circulator
- 4 Number and Street of Circulator 4750 Robert Dr.
- 5 City, Borough or Twp. Bethel Park Zip Code 15102

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	KEITH BARNHART	419	CHESSBANK	Bethel Park	2/10/24
	Adele M. Karabinos	201	Kaufmann	Brentwood	2/10/24
	Susan E. Sherry	2054	Grandview Farms Ct	Bethel Park	2/10/24
	Sienna Romanu	5487	Liberty Rd	Bethel Park	2/10/24
	Margaret Michael	5487	Liberty Rd	Bethel Park	2/10/24
	MICHAEL H. H. H. H.	248	USA DR	Bethel Park	2/10/24
	Mary Kaczorowski	2591	Summit St.	Bethel Park	2/10/24
	Theresa Lalak	1312	Boyle St	Pittsburgh	2/10/24
	Joseph M. Papp	5887	KEYSTONE DR	Bethel Park	2/10/24
	Janet Kohl	1230	Phillipi Ave	Bethel Park	2/10/24
	Richard Kohl	1230	Phillipi Ave	Bethel Park	2/10/24
	Barry Christopher	2948	ONEIDA DR	Bethel Park	2/10/24
	David Kirk	2527	Summit	Bethel Park	2-10-24
	Karen A. Kreik	2527	Summit	Bethel Park	2-10-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	THOMAS A RILEY	6110	Boxer	Bethel Park	2-10-24
	KAREN KERN	3112	Hillcrest Rd	Bethel Park	2/10/24
	JENNIFER STARK	5509	Brightwood	Bethel Park	2/10/24
	RUSS KERN	3112	HILLCREST	BETHEL PARK	2-10-24
	KRISTINA L. KORNICK	220	Bluestone Dr	Bethel Park	2/10/2024
	JASON STARK	5309	Brightwood Rd	Bethel Park	2/10/2024
	ROBERT M. ANGELELLI	55	Highland R.	Bethel Park	2/10/2024
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator Lynn Sheehan

3 Signature of Circulator

4 Number and Street of Circulator 37 Seneca Rd

5 City, Borough or Twp. Pittsburgh (Bethel Park) Zip Code 15241

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: WASHINGTON 63

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Charles Tenny	108 1/2	MURKIN	CYONSPORT	2/9/24
	CATHERINE A. KARAS	162	BLACK OAK LANE	MCDONALD	2/9/24
	Bruce R. Zimmerman	296	Coastal Dr	Briarville	2-9-24
	Edward J. Brown	602	MADEIRA	LEBOARDSBORO	2/9/24
	Eileen Barzoli	621	Highland A	Canonstown	2-9-24
	Thomas J. Uram	723	Brownlee Rd	N. Strabane	2-9-24
	Aron Caso	332	FIELDSBROOK	WASHINGTON	2/9/24
	Martin Galiszewski	712	Mission Hills Dr	Cecil	2/9/24
	Cadman Calbraith	712	Mission Hills	Cecil	2-9-24
	Donna Deake	2002	Stillwater Ln	Mt. Pleasant Twp	2-9-24
	Joseph A. Deake	2002	Stillwater Ln	Mt Pleasant Tw	2-9-24
	Jodie Rhodes	216	Maple Ridge Dr	Canonstown	2-9-24
	William J. Schratz	361	Treetop Dr	Cecil	2/9/24
	Amy R. Emma	19	Klinger	Canonstown	2/9/24



679



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JACQUE KING	99	King Rd	M ^c Donald	2/9/24
	G. ALLEN BARK	1943	ST AFAN	CEH	2-9-24
	KRYSTAL SANKUP	202	Richard	Canonsburg	2-9-24
	MATTHEW UNAM	2100	Wildflower	W STEAKS	2-9-24
	Janine D. Spay	334	Maple Ridge	Canonsburg	2-9-24
	Kim Winkowski	3009	Brookstone	Canonsburg	2-9-24
	LEON WINKOWSKI	3009	BROOKSTONE	CANONSBURG	2-9-24
	Adam B. Elias	111	Bdment	Canonsburg	2-9-24
	Robert H. Young	1041	Beechwood Dr.	Canonsburg	2-9-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Washington

2 Printed Name of Circulator Sonia M. Stopperich Sulc

3 Signature of Circulator

4 Number and Street of Circulator 217 Joseph Drive

5 City, Borough or Twp. Canonsburg Zip Code 15317

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Chris Egan	357	Oldclinton	Pgh PA 15236	1-25-24
	Ronald P. Siciliano	4141	Rockwood	Pgh Pa. 15227	1-25-24
	Laurie J Emerson	4141	Rockwood Pt	Pgh PA 15227	1-25-24
	Charles Arnold	313	Constitution Dr	Pgh AA 15236	1/25/24
	CYNTHIA KRINER	541	BUSHGREEN	PLEASANT HILLS PA 15236	1/25/24
	Caleb Robinson	139	Crestview	Pleasant hills	1/25/24
	Joan Robinson	139	Crestview Dr	Pleasant Hills	1/25/24
	Gregg P. Smith	363	Constitution Dr	Pleasant Hills	1-25-24
	Helen F. Smith	363	Constitution Dr	Pleasant Hills	1-25-24
	MARGARET J BATTLE	310	TOURA	PLEASANT HILLS	1-25-24
	CYNTHIA KRINER	541	BUSHGREEN	PLEASANT HILLS	1-25-24
	JEFFREY DEAN	417	STALLEY	JEFFERSON HILLS	1-25-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator RICHARD L. RABZEWSKI

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 155 DELANO DRIVE

5 City, Borough or Twp. Pleasant Hills Zip Code 15236

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Donna J. Cosentino	1602	Torrey Pine Drive	Mars, PA	2-4-2024
	April Stebnick	132	Tanwood Dr	PINE TWP	2-4-2024
	Rose Morris	105	Greenwood	Pine Twp	2-6-24
	Abram Morris	105	Greenwood	Pine Twp	2-6-24
	JOHN CHENTARIADIS	2972	ARROWOOD	PINE	2/6/24
	Debra Babm	3472	Palomino Dr.	PINE	2-6-24
	Jeanne Wilbern	11120	Babcock	Pine twp	2-6-24
	Brian D. Zidel	107	Pinkerton Rd	PINE	2/6/24
	Carrie Angel	337	Heather Hill Dr	PINE	2/6/24
	Marcia Wohl	6015	W. Grove Cir	PINE	2/6/24
	Vicki MURBAN	706	MT. Pleasant	PINE	2/6/24
	Lisa Mandl	135	Twin Oak Dr	PINE	2-6-24
	PAUL R. PERSIC	236	Woodhurst Ter	Marshall Twp	2/6-24
	Rhonda Persic	236	Woodhurst Ter	marshall twp	2/6/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Patrick K. Cavanaugh	220	Whetherburn Drive	Pine	2/6/24
	Susan Cavanaugh	220	Whetherburn Dr.	Pine	2/6/24
	Stacey Shaffer	526	Salem Heights Drive	Pine	2/6/24
	JAMES MASTEN	1117	RAY HILL	PINE	2/6/24
	WILMA MASTEN	1117	RAY HILL	PINE	2/6/24
	AMY SCHAARSMITZ	261	English Rd.	PINE	2/6/24
	Susan Koehler	500	Brookside Dr	Pine	2/6/24
	Margaret Wilczak	11182	BARDOLL	Pine	2/6/24
	John Hankung	500	Brookside	Pine	2/6/24
	Greg Baker	2622	Cole rd	Franklin Pk	2/6/24
	Nancy Van Sichel	318	Forestwood Dr	Richland	2/6/24
	Maureen Lah	2617	Lah Rd	Hampton	2/6/24
	Russell D. Gianole	111	W. Wild Cherry Dr.	Pine	2/6/2024
	JAMES R. JOHNSTON	322	HASHING HILL DR	PINE	2/6/2024
	Claire M. Giancola	111	W Wild Cherry	Pine	2/6/2024
	WAVE DUSEBRINK	5086	LAKEWOOD DR	Hampton Twp	2/6/2024

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator Jacqueline Kometris

3 Signature of Circulator

4 Number and Street of Circulator 520 Salem Heights Dr

5 City, Borough or Twp. Gibsonia Pine Twp Zip Code 15044

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	SANDRA L. PEARCE	241	Prospect	Oakdale	1-29-24
	THOMAS J PEARCE	241	Prospect	Oakdale	1/31/24
	John A Cameron	243	Prospect	Oakdale	2-3-24
	FRANK MANSKE	1028	blew	Liberty Boro	2-24-24
	JASON WIRSCHA	229	Cedar	Mt. Lebanon	2/4/24
	THOMAS A PEARCE	241	Prospect	Oakdale	2/4/24
	Mary Desanto	303	Center	Oakdale	2-5-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1-5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator SANDRA Pearce

3 Signature of Circulator Sandra Pearce

4 Number and Street of Circulator 241 Prospect Ave

5 City, Borough or Twp. Oakdale Zip Code 15071

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

Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the Instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Dolores G. Spahr	198	Parkridge Lane	Mt. Lebanon	2/6/24
	Mary Lee Burkhardt	4602	Sherwood Dr	Whitehall	2/6/24
	Barb Turral	536	Sunset	Mt. Lebanon	2/6/24
	Donald A. Julek	240	Vedjnn	Mt Lebanon	02/08/24
	Charlotte M. Stephenson	110	Crescent Dr.	Mt. Lebanon	2/6/2024
	Martha Groll	162	Parkridge Ln.	Mt. Lebanon	2/7/2024
	Karen Greenberg	4	Parkridge	Mt. Lebanon	2/7/24
	Charlotte B. Simmons	206	Parkridge	Mt. Lebanon	2/7/24
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief; the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator Dolores G. Spahr

3 Signature of Circulator Dolores G. Spahr

4 Number and Street of Circulator 198 Parkridge Lane

5 City, Borough or Twp. MT. Lebanon Zip Code 15228

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	George Andrew Fowler	459	Sage Dr.	Mt Lebanon	1-24-24
	Sally Morrison	450	Sage	Mt Lebanon	1-24-2024
	Roberta D Campbell	1520	Cochran RD	Scott	
	Leslie Ann Kunkel	1103	Biltmore	Dormont	1/24/24
	Rebecca R. Scullo	3267	Piedmont ^{Ave}	Dormont	1/24/24
	Anne L. Perella	6022	Belle Terre ^{Court}	Bridgetown	1-24-24
	Janice Garrone	533	Stepp ^{Hollow Rd}	Mt Lebanon	1/24/24
	Karen R. Demma	9	Carlton	Mt. Lebanon	1/24/24
	Celeste Wilson	6076	Caledonia St	Bridgetown	1-31-24
	Sarah Ann Fisher	1214	Hillsdale	Dormont	1-31-24
	ANNE L. PERELLA	6022	Belle ^{Terre Ct}	Scott ^{Town}	1-31-24
	Celeste Wilson	6076	Caledonia St	Scott ^{Town}	1/31/24
	Paul M. Amora	2743	Louisiana ^{Ave}	Dormont	1-31-24
	Mary D. Gaudelli	2447	Hayson Ave	Pittsburgh	1/31-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>Ann A Amoroso</i>	Ann A. Amoroso	2743	Louisiana Ave	Dormont	1-31-24
16. <i>Paul M Amoroso</i>	Paul M Amoroso	2245	Louisiana	Dormont	1-31-24
17. <i>John Wallace</i>	John Wallace	752	Bayridge Ave	Pittsburgh	1-31-24
18. <i>Vanessa Mari</i>	Vanessa Mari	1200	Arkansas	Dormont	1-31-24
19. <i>[Signature]</i>	Ed Mari	1200	Arkansas	Dormont	1-31-24
20. <i>Nadine Gaudelli</i>	Nadine Gaudelli	2437	Hayson	Pittsburgh	1-31-24
21. <i>Cathleen M Fitzgerald</i>	Cathleen M. Fitzgerald	4061 1/2	Potomac	Dormont	1-31-24
22. <i>[Signature]</i>	Shawn Bernard Jay	2718	Crosby A	Dormont	1-31-24
23. <i>Judith O Samson</i>	Judith O. Samson	Unit 911 1500	Cochran Rd	Scott	1-31-24
24. <i>Jennifer Nagy</i>	Jennifer Nagy	1532	McFarland	Dormont	1-31-24
25. <i>Patrick Thomas Finnerty</i>	Patrick Thomas Finnerty	3053	WINDY HOLLOW RD	DORMONT	1-31-24
26. <i>Gina Pollice</i>	Gina Pollice	2438	HAYSON AVE DR	Pittsburgh	2-2-24
27. <i>Antoinette DeTofi</i>	ANTOINETTE DeTOFI	1533	ORCHARDVIEW DR	SCOTT TWP	2-4-24
28. <i>Timothy Haras</i>	TIMOTHY HARAS	110	BIRMINGHAM	Pitt	2-6-24
29. <i>Dawn Herder</i>	Dawn Herder	110	Birmingham	Pitt PA	2/6/24
30. <i>Craig Pollice</i>	CRAIG POLICE	2438	HAYSON AVE	PITTSBURGH	2-8-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Allegheny
- 2 Printed Name of Circulator Gina Pollice
- 3 Signature of Circulator Gina Pollice
- 4 Number and Street of Circulator 2438 Hayson Ave.
- 5 City, Borough or Twp. Pittsburgh Zip Code 15220

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Barbara Braden</i>	BARBARA BRADEN	39225	SHAMROCK	PLUM	1/22/24
<i>Francis Thomas</i>	FRANCIS THOMAS	45929	ROCKLAND	PLUM	1/29/24
<i>Edwina Thomas</i>	Edwina Thomas	929	Rockland	Plum	1/27/24
<i>George Carabin</i>	George CARABIN	912	ROCKLAND	PLUM	1/27/24
<i>Carol Carabin</i>	CAROL CARABIN	912	ROCKLAND	PLUM	1/27/24
<i>Lisa Lagneck</i>	LISA LAGNECK	268	BOYCE VALLEY DR	PLUM	1-27-24
<i>William F. Lagneck</i>	WILLIAM F. LAGNECK	268	BOYCE VALLEY DR	PLUM	1-27-24
<i>Tracie J. Wilson</i>	TRACIE WILSON	161	BLACK HILLS RD	PLUM	1-31-24
<i>Raymond J Buechel</i>	Raymond J Buechel	161	Black Hills RD	Plum	1-31-24
<i>Charles M. Wetmore</i>	CHARLES M WETMORE	925	ROCKLAND DR	PLUM	2/4/24
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition; and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator David J. Majernik

3 Signature of Circulator David J. Majernik

4 Number and Street of Circulator 932 Rockland Drive

5 City, Borough or Twp. Pleum Zip Code 15239

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Ronald Cocella	39	Koonaruck Rd	Plum	2-1-24
	Joseph R. Scallo	444	Shelburne	Plum	2-1-24
	Lori Cerniglia	1380	Aberscreek Rd	Plum	2-1-24
	Michael Cerniglia	1380	Aberscreek Rd	Plum	02-01-24
	Eugene J. Reilly	417	Tivoli	Plum	2/1/24
	Christopher Reilly	757	Pikeville Dr	Plum	2-1-24
	Monika Ediss	522	Mary	Plum	2-1-24
	MIKE EDISS	522	Mary	Plum	2-1-24
	SUSAN EMUDE	9440	SALTSPRUNG	PLUM	2-1-24
	Donald C. Hight	274	Rudsdale	Plum	2/1/24
	Linda Kocher	9908	Saltsburg	Plum	2/1/24
	EDWARD WATANAGUCHI	9205	WEDGEMOND	PLUM	2/1/24
	Devin Adams	272	McJunkin	Plum	2/1/24
	Maurus Proffitt	129	Rustic Ridge	Plum	2/1/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Mark R. Yount	563	Tartan Ct.	Plum	02-01-2024
	Joseph Diulus	729	Prudence	Plum	2/1/24
	Jason Schatt	231	Mardi Cous	Plum	2/1/24
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator David J. Majernik

3 Signature of Circulator David J. Majernik

4 Number and Street of Circulator 933 Rockland Drive

5 City, Borough or Twp. Plum Zip Code 15239

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	BRIAN A SECHOVA	4754	HAVANA	PLUM	2-1-24
	Shelly Furren	9233	Saltsburg	PLUM	2-1-24
	Virginia Magarits	327	Darlan Hill	PLUM	2-1-24
	John W. MAGARITS	327	Darlan Hill	PLUM	2-1-24
	Robert G. BINDER	605	colony sq	PLUM	2/1/24
	DAVID SLICK	216	SCOTT	PLUM	2/1/24
	Ken Slick	216	SCOTT	PLUM	2-1-24
	Deava Binder	605	Colony Sq	PLUM	2-1-24
	Michael Reed	1100	WINDY AVE	PLUM	
	James Flaherty	711	Smoker Wood	Swissvale	01-FEB-2024
	Gary Motor	214	Oliver Dr	PLUM	2/1/24
	Paul Denn	873	Blue Ridge	PLUM	2-1-24
	Bryan Dr	30	Franken Pl	PLUM	2-1-24
	Shire Kings	438	Mowser Dr	PLUM	2-1-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	RUSSELL J YOUNG	503	TARTAN CT	PLUM	2/1/2024
	William Dimario	226	Fernox St	Plum	2-1-24
	Allen Aylers	340	Woodlawn	Plum	2-1-24
	Allen Aylers	340	Woodlawn	Plum	2-1-24
	WILLIAM GREENE	431	WESTEN	PLUM	2/1/24
	Randolph Bednar	240	McTink Rd	Plum	2/1/24
	Sandra Bednar	240	McTink Rd	Plum	2/1/24
	Sean Borer	907	Derby	N. Versailles	2/1/24
	STEVE TAYLOR	3751	NEWTONS	PLUM	2/1/24
	GARY PUFFEL	129	Kurtzman	Plum	2/1/24
	Eugene R Polach	2100	Leechburg	Plum	2-1-24
	BRIAN CHARLIE	723	PROVIDENCE	PLUM	2/1/24
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator David J. Masjarnik

3 Signature of Circulator

4 Number and Street of Circulator 932 Rockland Drive

5 City, Borough or Twp. Plum Zip Code 15239

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	ROBERT PORCO	530	Dell	PLUM BORO	01/25/2024
	BRUCE TURANGE	1000	SARISBURG RD	PLUM BORO	1-25-24
	LINDSAY ARENTH	199	Kane	Plumborough	1-25-24
	DENNIS J LYNCH	501	STONEEDGE G.	PLUM	1/25/24
	GERARD P. PURCELL	446	Webster Rd.	Plum Boro	1-25-24
	VICTORIA ROESSLER	126	Stirling Dr.	PLUM	1-25-24
	LARRY MALEK	3820	SARDIS RD	PLUM BORO	1-25-24
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator David J. Majornik

3 Signature of Circulator David J. Majornik

4 Number and Street of Circulator 932 Rockland Drive

5 City, Borough or Twp. Plum Zip Code 15239

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	David J. Majornik	932	Rackland	Plum	1/25/2024
	TIMOTHY A. CROWLEY	3314	CASSIUS	PLUM	1-25-24
	KEVIN J. MCGUIRE	373	140109TH PARK DR.	Plum	1-25-24
	Ronald H. Sakolsky	625	Surfside	Plum	1-25-24
	Lawrence P. Pochino	224	Plum St.	Plum	1-25-2024
	Megan C. Adams	604	Anderson	Plum	1/25/24
	MARICA STROPKAJ	137	Willow Village Dr	Plum	1/25/24
	PATRICK VETTER	1527	O Block	Plum	1/25/24
	DAVID SEIFF	1105	BARCAN	PLUM	1/25/24
	Charie L. Sechok	4754	Havana	Plum	1/25/24
	Steve Schlanel	5040	Highland Dr	Plum	1/25/24
	JOE CIORRA	124	Venango	Plum	1-25-24
	JAN CIORRA	124	Venango	Plum	1-25-24
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator David J. Majordik

3 Signature of Circulator David J. Majordik

4 Number and Street of Circulator 932 Rockland Drive

5 City, Borough or Twp. Plum Zip Code 15239

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Susan L. Masewick</i>	Susan L. Masewick	932	Rockland Dr	PLUM	1/25/2024
<i>Lucine A. Tozko</i>	Lucine A. Tozko	110	WILLOW VILLAGE DR	PLUM	1/25/2024
<i>Amanda J. Tozko</i>	Amanda J. Tozko	116	WILLOW VILLAGE DR	PLUM	1/25/2024
<i>Denise Masterson</i>	Denise Masterson	1967	Howland Rd	PLUM	1/25/2024
<i>Sherril L. Fagan</i>	Sherril L. Fagan	2135	Coxsack Dr	PLUM	1/25/2024
<i>PICARD VICKROY</i>	PICARD VICKROY	102	CARLE MANOR	PLUM	1/29/24
<i>James J. Messina</i>	James J. Messina	112	Shepard Dr	PLUM	1/29/24
<i>Vivienne T. Messina</i>	Vivienne T. Messina	112	Shepard Dr	PLUM	1/29/24
<i>Karen A. Flaherty</i>	Karen A. Flaherty	608	Glengarry Ct.	PLUM	1/29/24
<i>Jay Flaherty</i>	Jay Flaherty	608	Glengarry Ct	PLUM	1/29/24
<i>Beverly Hess</i>	Beverly Hess	920	Rockland Dr	PLUM	1/30/24
<i>RONALD T. HESS</i>	RONALD T. HESS	920	ROCKLAND DR	PLUM	1/30/24
<i>Michael A. Clair</i>	Michael A. Clair	124	Comenut	PLUM	1/30/24
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below:

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator David J. Majornik

3 Signature of Circulator David J. Majornik

4 Number and Street of Circulator 932 Rockland Drive

5 City, Borough or Twp. Plum Zip Code 15239

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Christopher Solis	463	Hays Ave.	Mt. Oliver	1-29-24
	CAROL C. HENRY	943	PARK PLAZA	WEXFORD Pine Twp	1-30-24
	Beverly Butch	916	Park Plaza	Pine	1-30-24
	Mark Gung	906	Park Plaza	Pine	1-31-24
	Teresa Tarkowski	901	Park Plaza	Pine	1-30-24
	Megan Loughman	500	Barden Way	Wexford	1-30-24
	Hopkinson CHRIS	216	Garden	Pine	1-30-24
	Roberta Corpuz	718	Valleyview	Robinson	2-4-24
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

**CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW**

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator Carolyn Psych

3 Signature of Circulator Carolyn Psych

4 Number and Street of Circulator 100 Blue Ridge Dr

5 City, Borough or Twp. Cranberry Twp Zip Code 16066

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

Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Robert Mechler	1155	BENTON PL	Pittsburgh	1/27/24
	Sean Mahoney	1143	Lopish Rd	Pittsburgh	1/27/24
	THOMAS BISCIONE	1043	LOPISH RD	PITTSBURGH	1-27-2024
	STEPHEN SCOTT PESTOCK	1045	LARISH ROAD	PITTSBURGH	1-27-2024
	Russell Dryer	375	West Penn Place	Pittsburgh	1/27/24
	Carlos De Oliveira	375	west penn place	Pittsburgh	1/27/24
	Mariela Dryer	375	WEST PENN PLACE	Pittsburgh	1/27/24
	DAVID Cunningham	838	Beechland	Pittsburgh	1/29/24
	EILEEN Cunningham	838	Beechland	Pittsburgh	1/29/24
	Jacob Mullen	229	Rockfield St	Pittsburgh	1/29/24
	Philip Ortega Jr	40	Mt Oliver St	Pittsburgh	1/29/24
	THOMAS J. RYAN	1734	S SHORE CT	Pittsburgh	1/29/24
	Karl Hon	2015	Larsin Way	Pittsburgh	1/29/24
	AOGUEN J. KINGS	4722	BAYARD	PITTSBURGH	2-2-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Alan I. West	4722	Bayard	Pittsburgh	2-2-24
	CHARLES E. FELTY	909	31 HEGGERT AVE	PITTSBURGH	2-2-24
	Roger P. Gwzllk	909	5 N. WESLEY AVE	PITTSBURGH	2-2-24
	Richard F. Andracki	3	Colonial Place	Pittsburgh	2-2-24
	BRENDA FORMAN	5201	PEMBROKE	PITTSBURGH	2/2/24
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Allegheny
- 2 Printed Name of Circulator Wesley Dryer
- 3 Signature of Circulator
- 4 Number and Street of Circulator 375 West Penn Place
- 5 City, Borough or Twp. Pittsburgh Zip Code 15224

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Cynthia Kirk	198	Ridgeview	McCandless	1/23/2024
	William C. Kirk	198	Ridgeview	McCandless	1/23/2024
	KATHLEEN FATICA	1513	King Charles	Franklin PK	1/23/2024
	William Fatica	1513	King Charles	Franklin PK	1/23/2024
	SANDRA SCHUSTER	9035	WOODVIEW	McCANDLESS	1/23/24
	JAMES W. SCHUSTER	"	"	"	1/23/24
	Jeremy Shaffer	526	Salem Heights	PINE	1/23/24
	Mark Brehl	153	RIDGEVIEW	McCANDLESS	1/27/24
	KENNETH G. DOERBECKER	239	RIDGEVIEW	McCANDLESS	1/27/24
	WINIFRED ANNE DOERBECKER	239	RIDGEVIEW	McCandless	1/27/24
	Jason Fischer	162	Ridgeview	McCandless	1/27/24
	Cheryl Fischer	162	Ridgeview	McCandless	1/27/24
	Ava Dimaria	169	Ridgeview	McCandless	1/27/24
	Garnetta Nickerson	169	Ridgeview	McCandless	1-27-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JOHN Donoghue	189	Ridgeview	McCandless	1/27/24
	Leann Lewis	10201	COUNTRY DR. Ln.	McCandless	1/27/24
	DONALD Lewis	10201	COUNTRY DR. Ln.	McCandless	1-27-24
	Edward Weller	300	MANOR CT.	McCandless	1/27/24
	Tracy Weller	300	Manor Ct	McCandless	1/27/24
	Jesse Nelson	194	Pinegrove Dr	McCandless	1/28/24
	Cynthia Marzula	190	Ridgeview Dr	McCandless	1/28/24
	Laurel Alexander	10360	Linamar Rd	McCandless	1/28/24
	Gregory Alexander	10360	Linamar Rd	McCandless	1/28/24
	Heather Taylor	170	Ridgeview	McCandless	1/28/24
	Timothy DiMartino	169	Ridgeview	McCandless	1/28/24
	Jennifer Eddy	178	Ridgeview	McCandless	1/28/24
	CHRIS VENDILLI	206	RIDGEVIEW	McCandless	1/28/24
	Wendy Carey	234	Delaware	Shaler	1/29/24
	Karen Hasara	801	Cumberland	McCandless	1/29/24
	Kimberly Hasara	22	Winslow	ROSS	1/29/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator William C. Kirk

3 Signature of Circulator William C. Kirk

4 Number and Street of Circulator 198 Ridgeview

5 City, Borough or Twp. McCandless Zip Code 15090

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Dana M S Conley	203	Egret	Pine	1/28/24
	Beth Pifer	103	Summer Pl.	Pine	1/28/24
	David M. Pifer	103	Summer	Pine	1/28/24
	Raymond R. Lehman	329	Cloverdale	Pine	1/28/24
	Christopher Berner	4839	Simple Ct	Hampton	1/28/24
	KRISTY GRACIANO	123	Summer Pl	Gibsonia	1/20/24
	Lori Leore	405	Pinnacle Ct	Wexford	1/28/24
	Lynn Mowrey	2530	Wexford Run Rd	Wexford	1/28/24
	WILLIAM WANKER	375	Pine Creek	Wexford	1/28/24
	CECELIA A ROMAN	10096	Bristol Ct	Wexford	1/28/24
	Rachelle D. Null	322	Scarlet Cir	Pine	1/28/24
	Jeffrey A. Null	322	Scarlet Cir	Pine	1/28/24
	Melissa A Gailey	104	Blue Heron Dr	Pine	1-28-24
	VINCENT M PRUNICI	52	Overlook Lane	West Dept	1-28-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>Jane Mercuri</i>	JANE MERCURI	52	OVERLOOK PL	WEST LAKE TWP	1-28-24
16. <i>Diane Snyder</i>	Diane Snyder	171	Berry Field	McCandless	1/28/24
17. <i>Chris Eddy</i>	CHRISTOPHER EDDY	1322	REGENCY DR	MCCANDLESS	1/28/24
18. <i>Mary B. Blackham</i>	MARJEAN B. BLACKHAM	394	IRWIN RD	PINE	1/28/24
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator Kelsey Mercuri

3 Signature of Circulator *Kelsey Mercuri*

4 Number and Street of Circulator 419 Pinkerton Rd.

5 City, Borough or Twp. Wexford Zip Code 15090

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Brian Snyder	9203	Marymont	McCandless	1-23-24
	Brittany O'Donnell	2119	Carnegie Hill Road	McCandless	1-23-24
	Githoline Gagne	9339	Rannier	McCandless	1-23-24
	Nathan Wolfe	1590	Montgomery Rd	McCandless	1-23-24
	Jennell Wolfe	1590	Montgomery Rd	McCandless	1-23-24
	Terri J. Simon	1347	Wendover	McCandless	1-23-24
	Susan M. Matlack	705	Camelot	McCandless	1-23-24
	Krysta Szymkowiak	1809	Cribson	Franklin Park	01/23/24
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator Brittany Lynn O'Donnell

3 Signature of Circulator [Handwritten Signature]

4 Number and Street of Circulator 2119 Carriage Hill Road

5 City, Borough or Twp. McCandless Zip Code 15101

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	AMY OLIVER	109	CALIFORNIA AVE Apt 2	Avalon	1/23/24
	BARBARA SCHRAUTEL	263	KINVERA DRIVE	ROSS	1/23/24
	CHARLES SCHRAUTEL	263	KINVOVA DRILL	ROSS	1/23/24
	KAREN E FALLON	256	KINVARA DR	ROSS	1/23/24
	CHERI R. NEELY	100	ELM RO.	ROSS	1-23-24
	ANN S. COULTER	204	RODOD RD	ROSS	1-23-24
	LINDA COULTER	204	RIDGEWOOD PL	ROSS	1/23/24
	CYNTHIA GLASS	320	BYRON RD	ROSS	1-24-2024
	GREGORY GLASS	320	BYRON AVE	ROSS	1/24/24
	CHARLES A. REESE	109	NORTHVIEW	ROSS	1/25/24
	CHARLES S. REESE	109	NORTHVIEW RD	ROSS	1-25-24
	CYNTHIA H. REESE	109	NORTHVIEW RD	ROSS	1-25-24
	BEV SIMIC	101	CRESTDALE	ROSS	1-25-24
	JOHN SIMIC	101	CRESTDALE RD	ROSS	1-25-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Andrew Miller</i>	Andrew Miller	111	Lee	Ross	1-26-24
<i>Annette Schumann</i>	Annette Schumann	41	Ridgewood	Ross	1-26-24
<i>Eric Schumann</i>	Eric Schumann	41	Ridgewood	Ross	1/26/24
<i>Jacob Wörde</i>	Jacob Wörde	110	Pittview	Ross	1/27/24
<i>Melissa Wolfe</i>	Melissa Wolfe	110	Pittview	Ross	1/27/24
<i>Bern Wolfe</i>	Bern Wolfe	110	Pittview	Ross	1/27/24
<i>Douglas Skazsek</i>	Douglas Skazsek	109	Pittview	Ross	1/27/24
<i>Rose R. Weir</i>	Rose R. Weir	101	Marath	Ross	1/27/24
<i>Carole Pack</i>	CAROLE PACK	141	BERWYN RD	Ross	1/29/24
<i>James H. Goest</i>	James H. Goest	102	Abard	Ross	1-27-24
<i>Eric Tiodak</i>	ERIC TIODAK	504	WIMER	ROSS	1-27-24
<i>John Alberta</i>	JOHN ALBERTA	334	SCHLAG CT	ROSS	1-27-24
<i>Guy E. Blass</i>	Guy E. Blass	313	Schley Ct	Ross	1/27/24
<i>Justin Bentley</i>	Justin Bentley	141	Elm rd	Ross	1/27/24
<i>Elizabeth J. Pasuzzi</i>	ELIZABETH J. PASUZZI	149	RIDGEWOOD	ROSS	1-27-24
<i>Kathleen Laslow</i>	Kathleen Laslow	137	Byron Rd	ROSS	1-27-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Allegheny
- 2 Printed Name of Circulator Christopher H Fromme
- 3 Signature of Circulator Christopher H Fromme
- 4 Number and Street of Circulator 113 Pittview Rd
- 5 City, Borough or Twp. Ross Twp Zip Code 15237

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Belinda Redpath	138	BYRON	ROSS	1-27-24
	Justin Garvey	109	Pittview	ROSS	1-27-24
	Claire Schuman	41	Ridgewood	ROSS	1-27-24
	PATRICIA KOSMACH	204	PITTVIEW	ROSS	1-28-24
	Ann G. Kosmach	204	Pittview	ROSS	1-28-24
	Tammi L. Wilson	187	Bridgewood	ROSS	1-28-24
	Tommie Guess	212	Southview	ROSS	1-28-24
	Daniel Ward	210	Southview	ROSS	1-28-24
	BILL KEANE	114	Russell	ROSS	1-28-24
	PATRICIA DOUGHERTY	133	BYRON	ROSS	1-28-24
	Tracy C. Hossy	134	Byron	ROSS	1/28/24
	John Bosnyak	126	Byron	ROSS	1/28/24
	Valerie J. Stein	125	Byron	ROSS	1/28/24
	Derek Steen	925	BYRON	ROSS	1-28-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<u>1</u>					
15. Rick Korman	Rick Korman	110	Rymer Rd	Page Pass	1-28-24
16. M. Galore	Monica Galore	1066	Baltimore	Path PA	1-28-24
17. Tony Galore	Tony Galore	1066	BALMORAL	Path PA	1-28-24
18. Sam Hackett	SAM HACKETT	1095	BALMORA	McCandles	1/28/24
19. M. Hackett	Michelle Hackett	1095	Baltimore	McCandles	1/28/24
20. Jen Kamy	Jen Kamy	1054	Baltimore	McCandles	1-28-24
21. Susan Paterson	Susan Paterson	1053	Baltimore	McCandles	1-28-24
22. Susan Brom	Susan Brom	1203	Baltimore	McCandles	1-28-24
23. Bobby Brom	Bobby Brom	1203	Baltimore	McCandles	1-28-24
24. Andrew Penley	Andrew Penley	114	Circle	Ross	01/28/2024
25. Silvia J. Herbert	SILVIA J. HERBERT	114	Circle Dr	Ross Twp PA	1-28-24
26. Lisa Ann Herbert	LISA ANN HERBERT	114	Circle Dr	Ross Twp PA	1-28-24
27. Kathy Fuller	Kathy Fuller	019	Handerson	Ross	1/28/24
28. Frank Kennedy	FRANK KENNEDY	235	Kennards	Ross	1/28/24
29. Marie Kennedy	MARIE KENNEDY	235	Kennards	Ross	1/31/24
30. S. Stanton	S. STANTON	133	Stanton	Ross	1/31/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator Christopher H Fromms

3 Signature of Circulator Christopher H Fromms

4 Number and Street of Circulator 113 Pittview Rd

5 City, Borough or Twp. Ross Twp Zip Code 15237

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	John R Serpa	1304	Tennessee Ave	Dormont	1/23/24
	Diana L. Serpa	1304	Tennessee Ave	Dormont	1/26/24
	JOSEPH ZENZAL	1428	DORMONT AVE	DORMONT	1-31-24
	West Smith	1405	Grandin	Dormont	1/31/24
	Timothy Scullo	3267	Preland Ave	Dormont	1-31-24
	MARJORIE CONNELLY	1105	Biltmore Ave.	DORMONT	1/31/24
	JOHN S CONNELLY	1105	Biltmore Ave	DORMONT	1/31/24
	RONALD SCHMITT	3081	LATONA AVE	DORMONT	1/31/24
	PATRICIA M. ROBISON	1301	FLEWING	DORMONT	2-1-24
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator John R. Serpa

3 Signature of Circulator John R. Serpa

4 Number and Street of Circulator 1304 Tennessee Ave.

5 City, Borough or Twp. Dormont Zip Code 15216

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Robin Schaller	2456	ALMOND	Phila	2-3-24
	ED SCHALLER	2456	ALMOND	PHILA	2/3/24
	Robert Stuckel	8221	ELBERON RD	Phila	2-3-24
	mark Robinson	11903	MILLBROOK RD	Phila	2-3-24
	Alex Jacob	2627	HUNTINGDON	Phila	2-7-24
	Deborah Clegg	2836	Edgemont	Phila	2/8/24
	Michael Clayton	2836	Edgemont	Phila	2/8/24
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Philadelphia

2 Printed Name of Circulator Dorothy Clegg

3 Signature of Circulator Dorothy Clegg

4 Number and Street of Circulator 2836 Edgemont

5 City, Borough or Twp. Philadelphia Zip Code 19134

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	John J. Sullivan	3345	Wellington	Phila PA 19149	1-27-24
	Jeff Sweet	2603	Schiller St	phila, pa	1/27/24
	Connor Sullivan	3345	Wellington	Phila PA 19149	1-27-24
	Peter Hess	3337	Wellington	Phila PA 19149	1-31-24
	Karen M. Hess	3337	Wellington	Phila PA 19149	1-31-24
	Cathy Leonard	3342	Wellington	Phila PA 19149	1-31-24
	Molly Leonard	3342	Wellington	Phila PA 19149	1-31-24
	Kevin W. Leonard	3342	Wellington	Phila PA 19149	1-31-24
	Kevin P. Leonard	3342	Wellington	Phila PA 19149	1-31-24
	Michelle Sullivan	3345	Wellington	Phila PA 19149	1-31-24
	Caitlin Sweet	2603	Schiller	Phila PA	2/7/24
	Heather Brunel	3355	Almond	Phila PA	2/7/24
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1. County of Petition-Signers' Residence Philadelphia
- 2. Printed Name of Circulator Jeffrey Sweet
- 3. Signature of Circulator Jeff Sweet
- 4. Number and Street of Circulator 2603 E. Schiller St.
- 5. City, Borough or Twp. Philadelphia Zip Code 19134

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	MARY C. ROSSITER	9101	Verree	Phila. Pa	1/29/24
	KENDAL ROSSITER	901	Verree	PHILA	2/4/24
	NICOLE ROSSITER	670	Artwood	Phila	2/4/24
	MATTHEW ROSSITER	670	ARTWOOD DR	Phila	2/4/24
	KENDAL ROSSITER	9120	Springview	Phila.	2-4-2024
	Mary G. Rossiter	4608	Artwood	Philadelphia	2/5/24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Philadelphia

2 Printed Name of Circulator GARY GRISAFI

3 Signature of Circulator *Gary Grisafi*

4 Number and Street of Circulator 6908 oakley st

5 City, Borough or Twp. phila Zip Code 19111

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	MARGARET PETACCIO	2732	E ANN ST	PHILA. PA 19134	2/5/24
	JOSEPH PETACCIO II	2940	RICHMOND ST	PHILA PA 19134	2/5/24
	RONNIE KIRCHNER	2725	ANN	PHILA PA	2/5/24
	JASON PETACCIO	2940	Richmond	Phila	2/5/24
	Deborah Hockensmith	2940	Richmond	Phila PA	2-5-24
	MARYANN McCole	2541	CEDAR	Phila PA	2-6-24
	Michelle Dangler	2541	Cedar	Phila, PA	2-6-24
	John Gallagher	2547	Cedar	Phila PA	2-6-24
	Mary Kirchner	2725	ANN ST	Phila. Pa	2-6-24
	Renald Kirchner	2725	ANN ST	Phila. Pa	2-6-24
	Tiffany Thomas	3170	Chatham St	Phila PA	2-7-24
	Thomas Holzworth	3170	Chatham St	Phila PA	2-7-24
	Tiffany Osborn	3263	Livingston St	Phila PA	2-7-24
	michael osborn	3263	Livingston St	Phila PA	2-7-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Jeanne Petrucci</i>	Jeanne Petrucci	2940	Richmond St	Phila PA	2/7/24
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Phila

2 Printed Name of Circulator JOSEPH BETACCIO III

3 Signature of Circulator *Joseph Betaccio III*

4 Number and Street of Circulator 2940 RICHMOND ST

5 City, Borough or Twp. PHILA Zip Code PA 19134

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Michael O'Drain	3463	Eden St	Phila	2/7/24
	Janie Tuhis	3461	Eden St	Phila	2/7/24
	Matt Tuhis	3461	Eden St	Phila	2/7/24
	Duane Roman	3465	EDEN ST	Phila PA	2/7/24
	Julie Schiffker	3467	EDEN ST	Phila PA	2/7/24
	PATRICIA MCGINNIS-SCHIFFKER	3467	EDEN ST	PHILA PA	2/7/24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1. County of Petition-Signers' Residence Pittsford
- 2. Printed Name of Circulator Michael O'Donnell
- 3. Signature of Circulator [Signature]
- 4. Number and Street of Circulator 3763 EDEN ST
- 5. City, Borough or Twp. Pittsford Zip Code 1452

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Leigh A. O'Neill</i>	Leigh Ann O'Neill	8232	Wilson	Phila	2/4/24
<i>Karen Edney</i>	Karen Edney	8231	Wilson	Phila	2/4/24
<i>Mike Edney</i>	Mike Edney	8231	Wilson	Phila	2/4/24
<i>Mike Edney</i>	Mike Edney	8231	Wilson	Phila	2/4/24
<i>Margaret M. Douthett</i>	MARGARET M. Douthett	8235	Wilson	Phila	2/4/24
<i>Margaret M. Douthett</i>	MARGARET M. Douthett	8238	Wilson	Phila	2/4/24
<i>James Joyce</i>	James Joyce	8238	Wilson	Phila	2/4/24
<i>Lauren Hart</i>	Lauren Hart	8227	Wilson	Phila	2/4/24
<i>Tim Hart</i>	Tim Hart	8227	Wilson	Phila	2/4/24
<i>Lindsay Smith</i>	Lindsay Smith	3038	Holme	Phila	2/4/24
<i>Gavin Goschinski</i>	Gavin Goschinski	7852	Brockhurst	Phila	2/4/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence PHILADELPHIA

2 Printed Name of Circulator LISA COSTANZO

3 Signature of Circulator *Lisa Costanzo*

4 Number and Street of Circulator 8009 COLfax ST

5 City, Borough or Twp. PHILADELPHIA Zip Code 19136

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Joseph W. ...	8438	Rich. L.	Phila	2/3/24
	Amanda J. ...	8793	Crispin F	Phila	2-3-24
	Michael D. ...	8731	Perch	Ph. La	2-3-24
	Dorothy WALTER	8718	Perch	Phila	2-3-24
	JOAN O'BRIEN	8710	Perch	Phila	2-3-24
	WALTER O'BRIEN	8710	Perch	Phila	2-3-24
	Colleen O'Brien	8710	Perch	Phila	2-3-24
	Tiffany Philyan	8704	Perch	Phila	2-3-24
	Gina GERAZIMO	8632	Midland	Phila	2/3/24
	EDWARD GERAZIMO	8632	Midland	Phila	2/3/24
	DANIEL GERAZIMO	8633	MIDLAND	PHILA	2/3/24
	Rosalie COLLINS	8633	MIDLAND	PHILA	2/3/24
	Seth Lindner	8716	Midland	Phila	2/3/24
	Kathy Horak	8709	Midland	Phila	2/3/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Jeanne Dolphin	8701	Perch	Phila	2-5-24
	Diana Harmer	8628	Park	Phila	2-5-24
	MICHELEA. CALZARETE	8638	MIDLAND	PHILA.	2/5/24
	DAVID CALZARETTE	8638	MIDLAND	PHILA.	2/5/24
	Geraldine Allen	8623	Rose	Phila	2/5/24
	Thomas Fortino	8724	Stardust	Phila	2/5/24
	Patricia Kalesse	8746	Stardust	Phila	2/5/24
	Monica Kalesse	8746	Stardust	Phila	2/5/24
	Kimberly Farrell	8743	Stardust	Phila	2/5/24
	Brian Kalesse	8746	Stardust	Phila	2/5/24
	John Barth	8706	Stardust	Phila	2/5/24
	Dawn Griffin	8629	Yale Pl.	Phila	2/5/24
	William Griffin	8627	Yale Pl.	Phila	2/5/24
	Joe Fortino	8631	YALE PL.	Phila	2/5/24
	ELIZABETH FORTINO	8631	YALE	PHILA	2/5/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Philadelphia
 2 Printed Name of Circulator Stephan M. Sharif
 3 Signature of Circulator
 4 Number and Street of Circulator 8637 Perch Ln.
 5 City, Borough or Twp. Phila, Pa Zip Code 19136

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Paula Terrieri	1840	Gladstone	Phila	2/7/24
2.	Danyelle Williams	2740	S. 11TH	PHILD	2-7-24
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Philadelphia
 2 Printed Name of Circulator Theresa A. DINTINO
 3 Signature of Circulator Theresa A. Dintino
 4 Number and Street of Circulator 1729 Jackson St
 5 City, Borough or Twp. Philadelphia Zip Code 19145

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	ROSEMARY SANTAK	2133	S. 20 th	Phila.	2/4/24
	DONNA IMBESI	2121	S. 20 th	Phila.	2/4/24
	VINCENT IMBESI	2121	S. 20 th	Phila.	2/4/24
	LYNNE M WELTON	2207	S. 20 th	Phila.	2-5-24
	LEONARD COLTRANE	2133	S. 21 st	Phila.	2-5-24
	MICHAEL NICHOLS	2127	S. 20 th ST.	Phila.	2-5-24
	HUAN NGUYEN	2135	S. 20 th	Phila.	2-5-24
	MARYLOU JDOWNIK	2543	S. Hicks	Phila	2-7-24
	ROBERT S. BRUNO	1935	S. 18 th ST	Phila	2-7-24
	JOSEPHINE DELLA BARBA	2508	S. 18 th ST	Phila	2-7-24
	VICTOR DELLA BARBA	2508	S. 18 th ST	Phila	2-7-24
	JULIA KATZ	2101	MARTIN	Phila	2/7/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Philadelphia

2 Printed Name of Circulator Theresa A. DINTINO

3 Signature of Circulator Theresa A. Dintino

4 Number and Street of Circulator 1729 Jackson St

5 City, Borough or Twp. Philadelphia Zip Code 19145

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Alyssa Miller	2915	S. Sydenham	Phila.	2/1/24
	Alana Miller	2832	ISEMINGER	Phila	2/1/24
	ROBERT VENEZIA	2828	S. ISEMINGER	Phila	2/2/24
	Deanna Miller	2819	S. Wernock	Phila	2/6/24
	Anthony Miller	2819	S. Wernock	Phila	2/6/24
	Domenic Venezia	2931	S. 17 TH	PHILA	2-6-24
	John Miller	2915	Sydenham	Phila	2-6-24
	Cheryl Miller	2915	S. SYDENHAM	PHILA	2-6-24
	FAITH SCAFIDI	2915	S. Sydenham	Phila	2/6/24
	JULIANA SCAFIDI	2917	SYDENHAM	PHILA	2/6/24
	Michael Scafidi	2917	Sydenham	Phila	2-6-24
	DRINA FERRY	2215	Rowood	Phila	2-6-24
	Aracela Venezia	2828	Iseminge	PHILA	2-7-24
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Philadelphia

2 Printed Name of Circulator Theresa A. Dintino

3 Signature of Circulator Theresa A. Dintino

4 Number and Street of Circulator 1729 Jackson St

5 City, Borough or Twp. Philadelphia Zip Code 19145

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Pam Tolomeo</i>	Pam Tolomeo	1922	DURFOR	PHILA	2/5/24
<i>Ava Tom</i>	Ava Tolomeo	1922	Durfor St.	Phila.	2/6/24
<i>Theresa Capocci</i>	Theresa Capocci	1809	W. Moyamensing	Phila	2/6/24
<i>Joseph Capocci</i>	Joseph Capocci	1809	W. Moyamensing	Phila	2/6/24
<i>Joe Capocci</i>	JOSEPH CAPOCCI	1329	S. 3 RD ST.	PHILA	2/6/24
<i>Rosemary Chiliberti</i>	Rosemary Chiliberti	2724	S 17 TH ST	Phila	2/6/24
<i>Todd Tolomeo</i>	Todd Tolomeo	2420	S. JESSUP	PHILA	2-6-24
<i>Nick Tolomeo</i>	Nick Tolomeo	1922	Durfor St.	PHILA	2/6/24
<i>Michael McCann</i>	MICHAEL MCCANN	1946	DURFOR	PHILA	2/6/24
<i>Sam Rizzuto</i>	Sam Rizzuto	1620	Cham St	Phila	2/6/24
<i>Lorraine Monaghan</i>	Lorraine Monaghan	1945	Durfor St	Phila	2/7/24
<i>William Monaghan</i>	WILLIAM MONAGHAN	1941	Durfor	Phila	2-7-24
<i>Victoria Monaghan</i>	Victoria Monaghan	2226	S. Opal	Phila	2-7-24
<i>Joseph Monaghan</i>	Joseph Monaghan	2226	S. Opal	Phila	2-7-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. Sean Monaghan	SEAN Monaghan	2833	Smedley	Phila	2-7-24
16. Patricia Monaghan	Patricia Monaghan	2833			
17. Patricia Monaghan	Patricia Monaghan	2833	Smedley	Phila	2-7-24
18. Joseph DiNicola	JOSEPH DiNicola	2108	S. Hicks	Phila	2-7-24
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Philadelphia

2 Printed Name of Circulator Pam Tolomeo

3 Signature of Circulator Pam Tolomeo

4 Number and Street of Circulator 1922 Durtor Street

5 City, Borough or Twp. Philadelphia Zip Code 19145

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Tommy Dintino	1729	JACKSON ST	PHILA.	1-30-24
	Felicia A. Capace	1750	Stocker St	Phila PA 19145	1-30-2024
	Louis Vendi	2638	SWANNOCK	PHILA PA 19148	1-30-24
	Pauline M. Capace	1750	Stocker St	Phila PA 19145	1-30-2024
	Theresa Spurio	1944	WOLF ST	PHILA PA 19145	1-30-2024
	Peter J. Spurio	1944	WOLF ST	Phila, Pa 19144	1-30-2024
	Theresa Franchelli	1845	Schley St	Phila PA 19145	1-30-2024
	ANNA MARIE D'URSO	2411	S. 13 TH ST	PHILA PA 19148	1-30-2024
	Theresa A. Dintino	1729	JACKSON ST	Philadelphia	1-30-24
	Anthony Christina	1813	Schley St.	Philadelphia	1-31-24
	THOMAS J. RISSOMANDO	801	CATHERINE ST	Phila	1-31-24
	Joseph DeRita	3125	Porter	Phila	1-31-24
	JOHN AVICELLI	3134	South 18 th	Phila	1-31-24
	VINCENT FIERRO	7337	MELGARSON	Phila	1/31/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Alice DeRita</i>	Alice DeRita	2125	W. Potter	Phila	2-5-24
<i>Rosemarie Arroyo</i>	ROSEMARIE ARROYO	1933	SCHLEY	PHILA	2-6-24
<i>Carol Cava</i>	CAROL CAVA	1839	FORNESTAL	PHILA	2-6-24
<i>Lucille Brocco</i>	LUCILLE BROCCO	2540	SO 15 ST	PHILA	2-6-24
<i>Natalie Sasso</i>	NATALIE SASSO	2535	So Rosewood	PHILA	2-6-24
<i>Renee Renz</i>	Renee Renz	1213	DAVY ST	PHILA	2-6-24
<i>Lisa Pasquarillo</i>	LISA PASQUARILLO	2327	Chadwick	PHILA	2-6-24
<i>Richard Pasquarillo</i>	RICHARD PASQUARILLO	2327	Chadwick	PHILA	2-6-24
<i>Eliad DiNardo</i>	Eliad DiNardo	1844	Rosewood	PHILA	2-6-24
<i>[Signature]</i>	ELIAD DiNardo				
<i>Jason Elliott Sr</i>	Jason Elliott Sr	2609	Chadwick	Phila	2/6/2024
<i>Constance Pedicone</i>	Constance Pedicone	2222	517 ST	PHILA	2/6/2024
<i>Irene DiLollo</i>	Irene DiLollo	2040	St. New Kirk	Phila	2/6/24
<i>Christopher DiLillo</i>	Christopher DiLillo	2100	MIFFLIN ST	PHILA	2/6/24
<i>Joseph Dupodet</i>	Joseph Dupodet	1250	Johnston	PHILA	2/6/24
<i>David Biazun</i>	DAVID BIAZUN	1228	MORRIS	PHILA	2/6/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1-5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Ph. Philadelphia

2 Printed Name of Circulator Theresa A. Dintino

3 Signature of Circulator Theresa A. Dintino

4 Number and Street of Circulator 1929 Jackson St

5 City, Borough or Twp. Philadelphia Zip Code 19145

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	LOUIS NARDINI	2602	BANCROFT	PHILA	1/30/24
	NICOLE NARDINI	2602	BANCROFT	PHILA	1/30/24
	LISA PASQUARELLA	2327	CHADWICK	PHILA	1/31/24
	MICHAEL PASQUARELLA	2327	CHADWICK	PHILA	1/31/24
	ASHLEY PASQUARELLA	2327	CHADWICK	PHILA	1/31/24
	RICHARD PASQUARELLA	2327	CHADWICK	PHILA	1/31/24
	RUTH FERRELL	6307	TORRESDALE	PHILA	2-2-24
	LAWRENCE A. RANIERI	3027	UNION	PHILA	2-2-24
	DENNIS RANIERI	3027	UNION	PHILA	2/2/24
	JEANNINE MORAN	3134	KNAPP	PHILA	2/2/24
	CHRIS NOVERESE	4553	BARNACK	PHILA	2-2-24
	JAMES L. MOLINARO	1723	S. ORIANA	PHILA	2-2-24
	LUCILLE NARDININI	1930	KITZBERNER	PHILA	2/2/24
	ALFRED MARSINI	2415	ONTARIO	PHILA	2-2-24



	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
15.	<i>E Febz</i>	<i>E Febz</i>	<i>4</i>	<i>2121 Bensa</i>	<i>Phila</i>	<i>7/27/11</i>
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence PHILADELPHIA

2 Printed Name of Circulator LOUIS NARDINI

3 Signature of Circulator *[Signature]*

4 Number and Street of Circulator 2602 S BANCROFT ST

5 City, Borough or Twp. PHILA Zip Code 19145

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	WAYNE FIORAVANTI	2547	S. Darien	Philadelphia	1/31/24
	Ralph Basciano	2553	S. Darien	Philadelphia	2/3/24
	Franc. J. Hines	2529	S. Darien	Philadelphia	2/3/24
	LAWRENCE A. ROWNER	3027	UNION	PHILA.	3-4-24
	Dennis Rowner	3027	Union	Phila	3-4-24
	ALEXEI CARSON	2415	On 4th	Phila	2-4-24
	Ruth Ferrell	6307	Torresdale	Phila	2-4-24
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Philadel Pna
 2 Printed Name of Circulator Wayne Fincelasti
 3 Signature of Circulator [Signature]
 4 Number and Street of Circulator 2547 S. DARREN ST
 5 City, Borough or Twp. Philadel Pna Zip Code 19148

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Christopher M. Vogler	3121	Knorr	Phila	1-23-24
	CHRIS MULLER III	3626	GRAYTON PL	PHILA	1-23-24
	CARL ESSENTHIER III	7208	Tulip	Phila	1/23/24
	Virginia Essenther	7008	Tulip	Phila	1/23/24
	Carl Essenther	7208	Tulip	PHILA	1/24/24
	John Gill	411	Hartel	Phila	1/25/24
	Jason Herson	3836	FRIENDSHIP	PHILA	1/25/24
	THOMAS LOFTUS	8251	CRISPIN	PHILA	1/25/24
	Carolyn Boxmeyer	3471	FRIENDSHIP	Phila	2-4-24
	Joseph Seaman	2531	TULIP	PHILA	2-7-24
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Philadelphia

2 Printed Name of Circulator Christopher M. Vogler

3 Signature of Circulator Christopher M. Vogler

4 Number and Street of Circulator 3121 Knorr Street

5 City, Borough or Twp. Philadelphia Zip Code 19149

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Shannon McElroy	18048	TERRY	Philadelphia	1/23/24
	William McElroy	5972	CONSTANCE	PHILA. PA	1/23/24
	KATHLEEN M MCGLYNN	4238	LEWICK	PHILA	1/24/24
	JOHN CROKE	3136	Rawle	Phila	1/25/24
	Kimberly Gately	3136	Rawle	Phila	1/26/24
	Patrick Moran	3310	S. Koswick Terr	Phila	1-28-24
	Patricia F Vogler	3121	KARR	Phila	1-28-24
	Michael Lloyd	3807	Janice	Phila	2-4-24
	JOHN MARLOW	7820	LORESSO	PHILA	2/5/24
	JOSEPH OLETNIK	6125	GUILBERT	PHILA	2/6/24
	Garry Thomas	3130	Levick	Phila	2/6/24
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence: Philadelphia

2 Printed Name of Circulator: Christopher M. Vogler

3 Signature of Circulator: Christopher M. Vogler

4 Number and Street of Circulator: 3121 Knorr Street

5 City, Borough or Twp.: Philadelphia Zip Code: 19149

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Michael Kinney	2714	Lafona St	Philadelphia	1/29/24
2.	Lauren Pesyna	2306	E. NORRIS	Phila PA	1/30/24
3.	Tamara M...	2819	Excelsior	Phila PA	2/2/24
4.	Nicole Bradley	1418	Faunce	Phila PA	2/2/24
5.	Colleen James	829	Kendrick	Phila PA	2/2/24
6.	Maureen Heary	3144	Gaul St	Phila PA	2/2/24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Philadelphia

2 Printed Name of Circulator Deborah Clegg

3 Signature of Circulator Deborah Clegg

4 Number and Street of Circulator 2836 Edgemont St

5 City, Borough or Twp. Philadelphia Zip Code 19134

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	CHARLES E. O'CONNOR JR	3628	E THOMPSON ST	PHILA	1-28-24
	Lori O'Connor	3628	E. THOMPSON	Phila PA	1-29-24
	THOMAS J. BODOR	4431	ABERDALE	Phila PA	1-29-2024
	Richard Pawley	3630	E THOMPSON	PHILA PA	1-29-29
	KRISTINE PANNOY	3640	THOMPSON	Phila PA	1/29/24
	FRANCIS CRISTINZIO	3557	STANTON	PHILA.	1-29-24
	Kevin M. Pasorway	3454	Livingston St	Phila	1-29-24
	EUGENE J. SULLIVAN	8907	ORLEANS ST	PHILA	2-4-24
	MARC NEUMAN	118	Spruce	Phila	2/12/24
	Victor T Scott Jr	4465	Garden St	Phila	2-4-24
	Roslyn Williams	8216	Pickering Ave	Phila	2/4/24
	SUSAN POMO	8024	NARVON	Phila	2/4/24
	Stephanie Pomo	8024	Narvon St	Phila. PA	2/4/24
	Dennis P. Pomo	8024	Narvon St	Phila PA	2-4-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence PHILADELPHIA
- 2 Printed Name of Circulator CHARLES E. O'CONNOR JR.
- 3 Signature of Circulator Chas E O'Connor Jr
- 4 Number and Street of Circulator 3628 E. THOMPSON STREET
- 5 City, Borough or Twp. PHILADELPHIA Zip Code 19134

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro. or Twp.	
	MATTHEW GALLAGHER	3563	CAVIST	PHILA	1-27-24
	Johnathan Chancu	3559	CAVIST	PHILA	1-27-24
	Susan Gallagher	3563	CAVIST	PHILA	2-1-24
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence PHILA
- 2 Printed Name of Circulator MATTHEW GALLAGHER
- 3 Signature of Circulator Matthew Gallagher
- 4 Number and Street of Circulator 3563 GAVI ST
- 5 City, Borough or Twp. PHILA Zip Code 19134

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JOE NAPOLI	13087	Dorothy Dr	Phila	1/27/24
	JUDITH NAPOLEON	13087	DOROTHY DR	PHILA	1/27/24
	ROBERT BURKE	13065	DOROTHY DR	PHILA	1/27/24
	PATRICIA BURKE	13065	DOROTHY DR	PHILA	1/27/24
	ERIC JUSTUSKA	13054	DOROTHY DR	PHILA	1/27/24
	MICHAEL BILES	13041	LINDSAY ST	PHILA	1/27/24
	THERESA BILE	13041	LINDSAY ST	PHILA	1/27/24
	MAWARIS W	13031	LINDSAY ST	PHILA	1/27/24
	MATTHEW RUSKOWSKI	13031	LINDSAY ST	PHILA	1/27/24
	PATRICIA M. MARSHALL	13055	LINDSAY ST	PHILA	1-28-24
	DAWN RUSKA	13031	LINDSAY ST	PHILA	1/28/24
	ROBERTA RUSKA	13031	LINDSAY ST	PHILA	1/28/24
	REGINA RUSKOWSKI	13031	LINDSAY ST	PHILA	1/28/24
	BRANDON RUSKOWSKI	13031	LINDSAY ST	PHILA	1/28/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Susan Rusli</i>	Susan Ruskowski	15124	Milford Dr	Phila 19116	1/28/24
<i>Margaret Schweighart</i>	Margaret Schweighart	13044	Dorothy Dr	Phila 19116	1/28/2024
<i>John Haselbarth</i>	John Haselbarth	13036	Kelvin Rd	Phila 19116	1/28/24
<i>Sileen Haselbarth</i>	Sileen Haselbarth	13036	Kelvin	Phila 19116	1/28/24
<i>Thomas J Marshall</i>	Thomas J Marshall	13055	Lindsay St	Phila 19116	1/30/24
<i>Tony Canicula</i>	Tony Canicula	13061	Lindsay St	Phila 19116	2/6/24
<i>M.A. Canicula</i>	M.A. Canicula	13061	Lindsay P.P	19116	2/3/24
<i>Ann M Strain</i>	Ann M Strain	13049	Lindsay St	PP 19149	2/14/24
<i>Kevin McNicholas</i>	Kevin McNicholas	15006	Liberty	Phila 19116	2-4-24
<i>Thomas Golden</i>	Thomas Golden	9/6	Lindenhurst	Phila 19116	2-4-24
<i>Kasey Golden</i>	Kasey Golden	9/6	Lindenhurst	Phila 19116	2-4-24
<i>Sue Muller</i>	Sue Muller	13062	Kelvin St	19116 Phila	2-4-24
<i>Randy Hill</i>	Randy Hill	1243	Popcessing St	19116 Phila	2/5/24
<i>Shawn Kelly</i>	Shawn Kelly	13051	Lindsay St	19116 Phila	2-4-24
<i>Christopher Marshall</i>	Christopher Marshall	13055	Lindsay St	Phila	2-5-24
<i>Thomas P Marshall</i>	Thomas P Marshall	13055	Lindsay St	PHILA	2-5-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence PHILADELPHIA

2 Printed Name of Circulator THOMAS P MARSHALL

3 Signature of Circulator *Thomas P Marshall*

4 Number and Street of Circulator BOSS LINDSAY PPK STREET

5 City, Borough or Twp. PHILA, PA Zip Code 19116

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Charlene Marinuk	4631	Lansing	Phila.	
	Joseph E Koziele	4706	Hartel	Phila	
	JOE KOZIELA	4723	HARTEL	PHILA 19136	
	Brad King	4361	Lansing	Phila 19136	
	Vanessa Koffas	4704	Hartel	Phila 19136	
	LARRY MARINUK	4661	Lansing	Phila 19136	
	Mary Liquori	4616	Hartel	Phila 19136	
	Tasmia Gonzalez	4624	Lansing St	Phila Pa	
	LISA Vandiver	4618	Hartel	Phila PA 19136	
	Theresa Forsley	4703	Hartel	Philadelphia	
	Kimberly M Bajka	4703	Hartel	Phila 19136	
	Nancy Higgins	4729	Hartel	Phila Pa	19136
	Diane Koziele	4723	Hartel	Phila	
	Larry Marinuk Jr	4631	Lansing	Phila	

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Philadelphia

2 Printed Name of Circulator Larry Marshall Jr

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 4631 Lansing St

5 City, Borough or Twp. Philadelphia Zip Code 19136

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Calvin R. Tucker	6644	Lincoln Dr	Philadelphia	1/23/2024
	Sharon Tucker	6644	Lewishar	Phela Pa	1.23.24
	Aaron Tucker	6644	Lincoln	Phila	1/24/24
	Bradley Tucker	6644	Lincoln	Phila	1/24/24
	Sean Robas	537	Arbutus	Phila	1/27/20
	Ariana Lesnak-Robins	537	Arbutus	Phila	1/27/24
	Carin Knight	5340	Greene St	Phila	1/29/24
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition; and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Philadelphia
- 2 Printed Name of Circulator CPVIN R. TUCKER
- 3 Signature of Circulator *[Handwritten Signature]*
- 4 Number and Street of Circulator 6644 Lincoln Drive
- 5 City, Borough or Twp. Philadelphia Zip Code 19109

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Michael J. Cunningham	116	E. Cortas Lane	Philadelphia	1-28-24
	Robert Scaville	122	E. GORGAS Ln	Phila	1-28-24
	GRACE MUSCARELLA	7024	Chew Ave.	PHILA.	1-28-24
	Christopher Cobb	7024	Chew	PHILA.	1-28-24
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Philadelphia
- 2 Printed Name of Circulator Michael T. Cunningham
- 3 Signature of Circulator [Handwritten Signature]
- 4 Number and Street of Circulator 116 E. Girard Lane
- 5 City, Borough or Twp. Philadelphia Zip Code 19119

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Ambinette MAZOL	1852	800 ADMIRALS Way	Phila	2/4/24
	GREGORY MAZOL	1852	800 ADMIRALS Way	Phila	2/4/24
	MICHAEL BYRNES	423	500 ADMIRALS Way	Phila	2/4/24
	Michael Livigsta	212	Governs Court	Philadelphia	0/4/24
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence PHILA DELAWARE
- 2 Printed Name of Circulator GREGORY MAZOL
- 3 Signature of Circulator Greg Mazol
- 4 Number and Street of Circulator 1800 ADMIRALS WAY 1852
- 5 City, Borough or Twp. PHILADELPHIA Zip Code 19146

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JUDITH LITTLE	2015	S 2nd St	Phila	1/24/24
	Geoffrey Forel	1,16A	Queen St	Phila	1/24/24
	Audrey Kemuly	1,16A	Queen St	Phila	1/24/24
	Bruce J. Romanczuk	147	W Atkins	Phila	1/24/24
	K.D. Romanczuk	147	Walker St	Phila	1-24-24
	Sheila E. Arnsperg	852	N. 44th	Phila	1-24-24
	Terica Green	807	N 11 St	Phila	1/24/24
	Dawn Bartholomew	315	Arch St	Philadelphia	1/24/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Philadelphia
- 2 Printed Name of Circulator Dan Bartholomew
- 3 Signature of Circulator [Signature]
- 4 Number and Street of Circulator 215 Arch St Apt 609
- 5 City, Borough or Twp. Philadelphia PA Zip Code 19106

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Mary Anne C. Kostic</i>	Mary Anne C. Kostic	592	Fairway Terr	Phila	1/30/24
<i>Ann De E. Hoog</i>					
<i>Francis Kiuszic</i>	Francis Kiuszic	820	Scott Rd	Phila	1/30/24
<i>Alice Roberts</i>	Alice Roberts	803	CRESTVIEW	Phila	1/30/24
<i>William C. King</i>	William C. King	592	Fairway TR.	Phila	1/30/24
<i>Rae N. Gootzenberger</i>	RAE N. Gootzenberger	413	Hermitage St	Phila	1/31/24
<i>Regina M. Pfefferle</i>	REGINA M. PFEFFERLE	7325	VALLEY AVE	PHILA	2/1/24
<i>Nancy K. Cipriani</i>	Nancy K. Cipriani	769	Shawmont Ave	Phila	2/4/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Philadelphia

2 Printed Name of Circulator Nancy K. Cipriani

3 Signature of Circulator Nancy K. Cipriani

4 Number and Street of Circulator 769 Shawmont Avenue

5 City, Borough or Twp. Philadelphia, PA Zip Code 19128

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Jim Harlan	557	W 9th St	PHILA PA	2-1-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

**CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW**

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition; and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Philadelphia

2 Printed Name of Circulator Eugene N. Cipriani

3 Signature of Circulator Eugene N. Cipriani

4 Number and Street of Circulator 769 Shawmont Ave.

5 City, Borough or Twp. Philadelphia, PA Zip Code 19128

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Eugene N. Cipriani	769	Shawmont Ave	Phila,	1/30/2024
	Alexander Gross	528	RIGHTER ST	PHILA	2/1/24
	Mark Metzler	82.01	Henry Ave	Phila	2/1/24
	Michael J. DeWain	6100	Henry Ave	Phila 61000	2/1/24
	JACQUELINE PIROLI	7321	VALLEY AVE.	PHILA.	2/1/24
	MARK FERNANDES	762	CENNARDEN ST.	PHILA.	2-2-24
	Constance Pepe	607	WIGARD AVE	PHILA.	2-2-24
	Charles R. Taylor	718	Shawmont Ave	Phila.	2-2-24
	Lou Carter	718	Shawmont	Phila	2-2-24
	Barbara Brill	7428	Hill	Phila	2-2-24
	Thomas Brill	7428	Hill	Phila	2-2-24
	Virginia Dilworth	7418	Hill Rd	Phila	2-2-24
	George Dilworth	7418	HILL Rd	Phila	2-2-24
	FRANCES SACK	588	WIGARD AVE	phila	2/4/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Markere Spangler</i>	Markere Spangler	613	Flamingo	Phila	2/4/24
<i>David Spangler</i>	David Spangler	613	Flamingo	Phila	2/4/24
<i>Mary M. Maier</i>	MARY M MAIER	755	SHAWMONT	PHILA.	2/4/24
<i>Gerald M. Maier</i>	GERALD M. MAIER	755	SHAWMONT	PHILA.	2/4/2024
<i>George Saep</i>	George Saep	588	Wigard	Phila	2/4/24
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Philadelphia
- 2 Printed Name of Circulator Eugene N. Cipriani
- 3 Signature of Circulator Eugene N. Cipriani
- 4 Number and Street of Circulator 769 Shawmont Avenue
- 5 City, Borough or Twp. Philadelphia, PA Zip Code 19128

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Angel L Colon	851	E Westmoreland St	Phila	2-2-24
	Jose Gonzalez Jr	851	E Westmoreland St	Philadelphia pa	2/2/24
	BRIAN WILSON	9330	Edmund St	Phila	2/2/24
	Steven M Owens	12470	Sweet Briar Pl	Phila	2/2/24
	STEVEN J OWENS	4915	CONVENT R	PHILA PA	2-5-24
	Jacqueline Gallagher	9338	Edmund St	Phila PA	2-5-24
	Matthew Black	12408	Balston Rd	Phila PA	2-5-24
	William P Seltman	3324	R Harris St	Phila. Pa	2-5-24
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Philadelphia

2 Printed Name of Circulator Anael L. Colon

3 Signature of Circulator Anael L. Colon

4 Number and Street of Circulator 851 E Westmoreland St

5 City, Borough or Twp. Phila PA Zip Code 19134

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Linda Kulb	3280	Cedar	Philadelphia	2/3/24
	Michael Kulb ^{SR}	3280	CEdAR	Phila	2/3/24
	Ryan Powell	12713	Hollins Rd	Phila	2-3-24
	Michael Kulb Jr	3280	Cedar st	Phila	2-3-24
	Madison Powell	12713	Hollins Rd	Phila	2/4/24
	Melissa Kulb	3280	Cedar st	Phila	2-5-24
	Karen Kulb	2318	Memphis	Phila	2-5-24
	Michael Anderson Jr	15151	Milford St	Phila	2-5-24
	Timothy Meehan	4460	Garden St	Phila	2-5-24
	Karen Peterson	3400	Reynolds	Phila	2-5-24
	Ellen McClegg	2813	Reynolds	Phila	2-5-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Phila, Pa
- 2 Printed Name of Circulator Michael Kyib SR
- 3 Signature of Circulator Michael Kyib SR
- 4 Number and Street of Circulator 3280 CEDAR ST
- 5 City, Borough or Twp. Phila, Pa Zip Code 19134

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Jaret D. Bobby</i>	Jaret D. Bobby	8014	Tabor Ave	Phila	2/3/24
<i>Kenneth W. Warner</i>	KENNETH W. WARNER	616	BENSON ST	PHILADELPHIA	2/3/24
<i>Thomas F. Fisher</i>	THOMAS F. FISHER	8022	TABOR AVE	PHILA-PA	2/3/24
<i>Robert E. Apizacoa</i>	ROBERT E. APIZACOA	1101	GRANWOOD ST	PHILA PA	2/3/24
<i>Francis J. Zoltowski</i>	FRANCIS J. ZOLTOWSKI	1050	STANWOOD ST	PHILA.	2/3/24
<i>Margaret Forsythe</i>	Margaret A. Forsythe	8015	Bingham St	Phila.	2/3/24
<i>Robert A. Forsythe</i>	Robert A. Forsythe	8015	Bingham St	Phila	2/3/24
<i>Robert W. Waterberg</i>	Robert Waterberg	8013	Bingham	Phila	2/3/24
<i>Saram Forsythe</i>	saram Forsythe	8015	Bingham	Phila	2/3/24
<i>Lucia M. Weisha</i>	Lucia M. Weisha	8004	Bingham	PHILA	2/3/24
<i>Dennis J. Weisha</i>	Dennis J. Weisha	8004	Bingham	Phila	2/3/24
<i>Vincent Galati</i>	Vincent Galati	1123	Rhawn St	Phila	2/3/24
<i>Rodger Galati</i>	Rodger Galati	1123	Rhawn St	Phila	2/3/24
<i>S. Egambardiev</i>	Sobit Egambardiev	1130	STANWOOD	PHILA	2/4/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Jennifer Thompson	1126	Stanwood St	Phila	2/4/24
	KATHLEEN TURKEL	8076	BINGHAM	PHILA	2-4-24
	James Mortimer	1029	Stanwood	Phila	2-4-24
	Josep Martin	1025	Stanwood	Phila	2-4-24
	Kathleen Spore	8008	Palumbo	Phila	2-4-24
	Cheryl Welf	1239	Stanwood	Phila	2-4-24
	Hilary Reithmeier	1245	Stanwood	Phila	2-4-24
	FRANK T. BERTLES	1232	Stanwood	PHILA	2-4-24
	MAUREEN WILKINSON	1250	FULLER	PHILA	2-4-24
	Bret Sorenstein	1201	Rhawn	Phila	2/4/24
	FRANK H. WILKINSON	1250	Fuller	PHILA	2/7/24
	Carol L. Turner	8016	BINGHAM	PHILA	2-7-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Philadelphia

2 Printed Name of Circulator Michael D. Bobby

3 Signature of Circulator

4 Number and Street of Circulator 8014 Labor Avenue

5 City, Borough or Twp. Philadelphia Zip Code 19111

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	DANIEL F. ANDREWS	106	FLAGSTAFF	PHILA	2-3-24
	Judith K. Zalkin	9235	Pine Rd	Phila.	2-4-24
	Manuel Perez	9233	Pine Rd	Phila	2-4-24
	MARIE Pivello Perez	9233	Pine Rd	PHILA	2-4-24
	DREW TECHNER	9233	LARAMIERD.	PHILA.	2-3-24
	Carin Techner	9233	Laramier Rd	Phila	2-3-24
	Roxana Plachta	9224	Laramier Rd	Phila	2-3-24
	Denise G. Voisard	9225	Grace	Phila	2-3-24
	Thomas C. Voisard	9225	GRACE	PHILA	2-3-24
	Anita Macneil	9226	GRACE W	PHILA	2-3-24
	Katrina Hassett	9239	Grace Ln	Phila	2-3-24
	NICOLE HASSETT	9239	Gracela	Phila	2-3-24
	Tina Szylejko	9238	Darlington	Phila	2-3-24
	Thomas Szylejko	9238	Darlington	Phila	2-3-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>[Signature]</i>	MILAN ROTHBERG	124	Delia Ln	Phila	2-3-21
<i>[Signature]</i>	Kathleen Zeff	3	Flagstaff	Phila PA	4/2/2024
<i>[Signature]</i>	Irving Zeff	9	Flagstaff	Phila PA	02/08/24
<i>[Signature]</i>	Laraine D. Andrews	106	FLAGSTAFF	Phila	2/8/24
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence PHILA.
- 2 Printed Name of Circulator DANIEL J. ANDREWS
- 3 Signature of Circulator *[Signature]*
- 4 Number and Street of Circulator 106 FLAGSTAFF
- 5 City, Borough or Twp. PHILA. Zip Code 19115

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Michael Powell</i>	MICHAEL POWELL	706	STELWOOD RD	PHILA	1/18/24
<i>Mary Jane Powell</i>	MARY JANE POWELL	706	STELWOOD RD	PHILA	1/28/24
<i>Sally McManus</i>	SALLY McMANUS	708	STELWOOD RD	PHILA	2-2-24
<i>Judy Dial</i>	JUDY DIAL	710	STELWOOD RD	PHILA	2/2/24
<i>Susan C. Cojerian</i>	SUSAN C. COJERIAN	8716	Alcira St	Phila	2/2/24
<i>Dobres Brunton</i>	DOBRES BRUNTON	713	Stelwood Rd	Phila.	2/5/24
<i>Norman Brunton</i>	NORMAN BRUNTON	713	STELWOOD	PHILA	2/5/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence PHILADELPHIA

2 Printed Name of Circulator MICHAEL POWELL

3 Signature of Circulator Michael Powell

4 Number and Street of Circulator 706 STALWOOD RD.

5 City, Borough or Twp. PHILADELPHIA Zip Code 19115

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JOSEPH A. REGINA	8594	Bloomfield	Phila.	1/31/24
	Jessica Fitzgerald	8605	Alicia	Phila	2/1/24
	James Fitzgerald	8605	Alicia	Phila	2/1/24
	Ben Beddis	8616	Alicia	Phila	2/1/24
	Tara Connolly	8616	Alicia	Phila	2/1/24
	Kevin Regan	8594	Bloomfield	Phila	2/2/24
	SHANNON BROOKS	8592	Bloomfield	PHILA	2-3-24
	Shannon Brooks	8592	Bloomfield	Phila	2-3-24
	Jarret Bromberg	8590	Bloomfield	Phila	
	David Puff	8590	Bloom	Phila	2/4/24
	JOSHUA CAMPBELL	746	Millwood	PHILA.	2/4/24
	MICHAEL MURPHY	746	Millwood	PHILA	2/4/24
	Brander Barnes	739	Millwood	Phila	2/4/24
	Elizabeth Weisler	728	Millwood Rd	PHILA	2/4/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>[Signature]</i>	BUSAN MARAVATHY	714	MILLWOOD	PHILA	1/24/24
<i>[Signature]</i>	JAMES DITRANO	727	MILLWOOD	PHILA	2/4/24
<i>[Signature]</i>	Nicole Eversman	813	MILLWOOD	PHILA	2/4/24
<i>[Signature]</i>	SERGIO COLON	8598	BLOOMFIELD	PHILA	2/4/24
<i>[Signature]</i>	CAROLYN REAGAN	8594	Bloomfield	PHILA	2/5/24
<i>[Signature]</i>	KERRI MCGINLEY	1067	Beverly	Jenkintown	2/8/24
<i>[Signature]</i>	Kristen Regan	8594	Bloomfield	Phila	2/8/24
<i>[Signature]</i>	Michael Sullivan	2991	Merceer	Phila	2/8/24
<i>[Signature]</i>	JOSEPH LUKOMSKI JR	8653	Ferndale	Phila	2/9/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Ph. Philadelphia
 2 Printed Name of Circulator JOSEPH A. REGAN
 3 Signature of Circulator *[Signature]*
 4 Number and Street of Circulator 8594 Bloomfield Ave.
 5 City, Borough or Twp. Phila. Zip Code 19115

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Vincent Emerfy Jr	415	Piscataway Rd	Phila	1-28-24
	ROBERT PROPP	2520	Edgemoor	Phila	1-28-24
	Theresa corso	1112	Warwick	Phila	2/3/24
	Brittany Levy	4456	Livingston	Phila	2/6/24
	MARIA GREIVES	4553	EDGEWOOD	PHILA	2/6/24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Phila

2 Printed Name of Circulator Vincent Finelli

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 415 Pimwood Rd.

5 City, Borough or Twp. Phila Zip Code 19116

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.



NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: NORTHUMBERLAND 49

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Deborah Bob</i>	Deborah Bob	270	NW 1st	Sunbury	2-7-24
<i>Zoe Bob</i>	Zoe Bob	270	NW 1st	Sunbury	2-7-24
<i>Patricia W. Rickert</i>	Patricia W. Rickert	1209	Lincoln St.	SUNBURY	2-7-24
<i>Norma Gebhart</i>	Norma Gebhart	283	Washington	Sunbury	2-7-24
<i>Paul Gebhart</i>	Paul Gebhart	283	Washington	Sunbury	2-7-24
<i>Sandra M Cox</i>	SANDRA COX	273	WASHINGTON	SUNBURY	2-7-24
<i>Jack Lewis</i>	Jack Lewis	110	Alice	Sunbury	2-7-24
<i>Liz Lewis</i>	Liz Lewis	212	Washington Ave	Sunbury	2/7/24
<i>Kelly Young</i>	Kelly Young	647	Edison Ave	Sunbury	2/9/24
<i>Scott Young</i>	Scott Young	647	Edison Ave	Sunbury	2/9/24
<i>Adam Young</i>	Adam Young	649	Edison Ave	Sunbury	2/9/24
<i>Breanna Young</i>	Breanna Young	647	Edison Ave	Sunbury	2/9/24
<i>Brianna Herman</i>	Brianna Herman	2486	Rt 201	Selinsgrove	2/9/24
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition Signers' Residence _____
- 2 Printed Name of Circulator _____
- 3 Signature of Circulator _____
- 4 Number and Street of Circulator _____
- 5 City, Borough or Twp. _____ Zip Code _____

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTOUR 47

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	DAVID N. ACKLEY	509	Jersey Town Road	VALLEY	2/4/24
	Tina M. Ackley	509	Jerseytown	Valley	2-5-24
	David Ackley	309	Jerseytown	Valley	2/3/24
	Ed Rothermel	218	Valley Vh Rd	Valley	2/10/24
	Lore A Rothermel	218	Valley W Rd	Valley	2/10/24
	Shirley L Emery	509	Jerseytown Road	VALLEY	2/10/24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence MONTCALM

2 Printed Name of Circulator DAVID N. ACELEY

3 Signature of Circulator *David N. Aceley*

4 Number and Street of Circulator 509 E. BAYBURN RD

5 City, Borough or Twp. VALLEY Zip Code 17821

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTOUR 47

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Maureen A. Hill</i>	Maureen A. Hill	361	E. Front St	Danville	1/26/24
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Montaur

2 Printed Name of Circulator Maureen A. Hill

3 Signature of Circulator Maureen A Hill

4 Number and Street of Circulator 361 E. Front St

5 City, Borough or Twp. Danville PA Zip Code 17821

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: LEBANON 38

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
1.		Renee E. Dornio	301	W. Elm	N. Londonderry	1/27/24
2.		Kermit C. Bell	9	Eagle Dr	SO ^{uth} Londonderry	1/30/24
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Lebanon
- 2 Printed Name of Circulator Dawn Blauch
- 3 Signature of Circulator Dawn Blauch
- 4 Number and Street of Circulator 2099 S Forge Rd
- 5 City, Borough or Twp. South Londonderry Zip Code 17078

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: LEBANON 38

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Faith Bucks	2799	Horseshoe Pike	South Londonderry	1/25/24
	Kacey Klanteltr	2424	S. Forge RD	South Londonderry	1/25/24
	Dylan H Bucks	2799	Horseshoe Pike	South Londonderry	1/25/24
	Rodney H Bucks	323	Coachman Lane	S Londonderry	1/31/24
	Shirley Bucks	323	Coachman Lane	S. Londonderry	1/31/24
	Lisa Coricelli	4	Iron Horse Circle	S Londonderry	1/31/2024
	Michael J. Coricelli	4	Iron Horse Cir	S. Londonderry	1/31/24
	ANTHONY H. DOWNEY, JR	266	HOMESTEAD COURT	SOUTH LONDONDERRY	2/1/24
	Christopher Foltz	99	Augusta Pr.	North Londonderry	2/7/24
	John FOLTZ	202	W ORCHARD DR	PALMYRA BOROUGH	2/7/2024
	JONATHAN REGETS	102	W ORCHARD DR	PALMYRA BOROUGH	2/7/2024
	Brandy Cisney	100	N. Forge Rd.	Boro	2/7/24
	Rob Gordon	1423	E Maple	N. Londonderry	2/7/24
	Michael R Miller	2803	Horseshoe Pike	South Londonderry	2/9/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>James Miller</i>	Jamie L. Miller	2803	Horseshoe Pike	South Londonderry	2/9/24
<i>Angela Kahler</i>	Angela D Kahler	245	E Market St	South Londonderry	2/10/24
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Lebanon
- 2 Printed Name of Circulator Faith Bucks
- 3 Signature of Circulator *Faith Bucks*
- 4 Number and Street of Circulator 2799 Horseshoe Pike
- 5 City, Borough or Twp. South Londonderry Zip Code 17078

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CUMBERLAND 21

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Jenise Harris	302	Line Rd	Silver Spring	1/27/24
	Carson Baker	2052	N. Autumn Chase Dr	Upper Allen	1/27/24
	Kane Skolowski	2052	N. Autumn Chase Dr.	Upper Allen	1/27/24
	Stephen Zawiszy	302	Line Rd	Silver Spring	1/27/24
	Glenn Dando	502	Shaw St	Silver Spring	1/29/24
	ROBERT J RUSSELL	501	SHAW ST	SILVER SPRING	1/29/24
	Maria G. Russell	501	Shaw St	Silver Spring	1-29-24
	Andrew J. Porter Jr.	233	Winding Way	Lower Allen Twp	1/30/24
	W. Greg Rothman	1	Gunpowder	Silver Spring	1/30/24
	Kimberly J Distal	67	Hoke Farm	Silver Spring	2/1/24
	Stacy L Gromlich	36	Hoke Farm Way	Silver Spring	2/1/24
	Tiffany J Mutschbaugh	36	Hoke Farm Way	Silver Spring	2/1/24
	Megan Compton	71	Tavern House Hill	Silver Spring	2/1/24
	J. Andrew Compton	71	Tavern House	Silver Spring	2/1/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Megan Callahan	3	Foxfield Ct	Silver Spring	2/2/24
	Krystja Calbra	3	Foxfield Ct	Silver Spring	2/2/24
	MATTHEW M. GABLER	6	CLAIRBURN DR.	SILVER SPRING	2/2/24
	Lisa Hughes Gabler	6	Clairburn Dr.	Silver Spring	2/2/24
	Kelly Marrara	121	Well St.	Silver Spring	2/2/24
	CATH A. MARRARA	121	WELL ST.	SILVER SPRING	2/2/24
	Kevin S. Tucker	73	Stone Run Dr.	Silver Spring	2/3/2024
	April Lysaght	177	Walden Way	Silver Sp	2/3/24
	RYAN LYSAGHT	177	WALDENWAY	SILVER SPRING	2/3/24
	ERIN L. KANTER	6005	Sommerton Dr.	Hampden	2/3/24
	Adam Kanter	6005	Sommerton Dr.	Hampden	2/3/24
	SPENSER HAROY	161	Walden Way	SILVER SPRING	2/3/24
	Steve Haroy	161	Walden Way	Silver Spring	2/3/24
	Jeremy Gith	4901	Randolph Hill	Hampden	2/5/24
	Jonathan Greer	228	Poplar Ave.	Near Cumberland	2/5/24
	Peter N. Calcara	2170	Merrime Ave	Upper Allen	2/5/2024

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1-5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of-Petition-Signers' Residence Comberland

2 Printed Name of Circulator: Jenise L. Harris

3 Signature of Circulator

4 Number and Street of Circulator 302 Pine Rd

5 City, Borough or Twp. Silver Spring Zip Code 17050

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: WESTMORELAND 65

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Frank Edwin Schiefer III	402	Bella St	Greensburg	01-23-24
	Tiffany Marie Schomer	402	Bella St	Greensburg	1-24-24
	Alexis Ann Schiefer	402	Bella St	Greensburg	1-25-24
	JOSEPH W. TEACHER	1507	PINE ST.	SOUTH GREENSBURG	1-27-24
	Nature A. Schiefer	704	Highland Ave	Greensburg	1-30-24
	RONALD A. KOWACH	621	GREEN ST	S.W. GREENSBURG	1-30-24
	Carrie Hamley	338	Harrison Ave.	Greensburg	1-30-24
	Robert W. Fennell	309	Berkland Avenue	Greensburg	1/30/24
	JUDITH WOODSY	10891	OLD TRAIL Rd	N. Huntingdon	1/30/24
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Westmoreland

2 Printed Name of Circulator Frank Edwin Schiefer III

3 Signature of Circulator Frank Edwin Schiefer III

4 Number and Street of Circulator 402 Bella Street

5 City, Borough or Twp. Greensburg Zip Code 15601

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: WESTMORELAND 65

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
1.	<i>Daniel Ferris</i>	DANIEL FERRIS		5586 Rte 22	SALOM	1/23/24
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

**CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW**

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Westmoreland

2 Printed Name of Circulator JILL N COOPER

3 Signature of Circulator [Handwritten Signature]

4 Number and Street of Circulator 8017 Ben-Dana Ct

5 City, Borough or Twp. Murrysville Zip Code 15068

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: WESTMORELAND 65

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Debra Althoff	222	Denali Dr	Latrobe	1/24/24
	Lois Kemp	222	Denali Dr	Latrobe	1/24/24
	Todd Funk	372	LAKES RD	Latrobe	1/26/24
	JASON CORDIAL	231	DENALI DR	LATROBE	1-27-24
	JOE VISCONTI	211	Denali	Latrobe	1-28-24
	JANET DEGLAU	207	Denali	Latrobe	1-29-24
	CAROL CONNOR	203	Denali	Latrobe	1-29-24
	W.M. BRIGAMA	204	Denali	Latrobe	1/29/24
	JEANNE M'CARROLL	206	Denali	Latrobe	1/29/24
	K. D. M'CARROLL	200	Denali	Latrobe	1/29/24
	George J. Sparano	216	Denali	Latrobe	1/29/24
	Richard Donati	224	Denali	Latrobe	1/31/24
	Janet Donati	224	Denali	Latrobe	1/31/24
	Johanna Gehhart	101			



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>CAROL RAISHAK</i>	<i>Carol Raishak</i>	109	<i>Carlshad</i>	<i>Latrobe</i>	<i>2/1/24</i>
16. <i>Michelle Gross</i>	Michelle Gross	110	<i>Carlshad</i>	<i>Latrobe</i>	<i>2/1/24</i>
17. <i>Lesley E Benyo</i>	Lesley E Benyo	105	<i>Rocky Mountain</i>	<i>Latrobe</i>	<i>2-1-24</i>
18. <i>Jessie Urey</i>	Jessie Urey	107	<i>Rocky Mountain</i>	<i>Latrobe</i>	<i>2-1-24</i>
19. <i>Sharon Urey</i>	Sharon Urey	107	<i>Rocky Mountain</i>	<i>Latrobe</i>	<i>2/1/24</i>
20. <i>Lisa Pope</i>	LISA POPE	36	<i>Ligonier St</i>	<i>LATROBE</i>	<i>2-3-24</i>
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Westmoreland
- 2 Printed Name of Circulator Shawn Fitzgerald Jr.
- 3 Signature of Circulator Shawn Fitzgerald Jr.
- 4 Number and Street of Circulator 545 Lincoln Ave
- 5 City, Borough or Twp. Springdale Boro Zip Code 15144

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BRADFORD 08

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Robert E Larsen III	1661	Gulf Rd	Orwell	
	Penny Carr	1562	Flanagan	Pike	2-1-24
	Amanda Johnson	333	Harrison	Orwell	2-1-24
	Kevin A Johnson	333	Harrison	Orwell	2/1/24
	Christopher D Carr	1522	FLANAGAN	Pike	2/1/24
	Sheila M Johnson	425	Harrison	Orwell	2/1/24
	NIGEL FORD	1056	Orwell Hill Rd	Orwell	2/4/24
	Brian Harris	694	Lole Hollow Rd	Atter	2/9/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Bradford

2 Printed Name of Circulator Sheila M Johnson

3 Signature of Circulator Sheila M Johnson

4 Number and Street of Circulator 475 Harrison Road

5 City, Borough or Twp. Dwight Township Zip Code 18837

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BRADFORD 08

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	ERIC A. CHAFFEE	235	Totem Lake Ln	Herrick Twp	1-26-24
	JACK TOWNSEND	272	TOTEM LAKE LN	WYALUSING	1-27-24
	Dominiqua Daley	596	Stoney Point	Wyalusing	1-27-24
	Erin Daley	596	Stoney Point	Wyalusing	1-27-24
	Marcia C. Gary	33	Totem Lake Ln	Wyalusing	1-27-24
	Lucas J. Milne	427	Totem Lake Ln	Wyalusing	2/01/24
	Alec Harwood	1856	Herrickville Rd	Wyalusing	2-3-24
	Tonia Harwood	1886	Herrickville Rd	Wyalusing Pa	2-3-24
	Kimberly Ferris	4786	Herrickville Rd	Wyalusing PA	2-5-24
	CURTIS F FERRIS	4786	HERRICKVILLE RD	Wyalusing PA	2/5/24
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Bradford

2 Printed Name of Circulator ERIC A. Chaffee

3 Signature of Circulator Eric A. Chaffee

4 Number and Street of Circulator 435 Totten Lake Ln

5 City, Borough or Twp. Wyalusing PA Zip Code 18853

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BRADFORD 08

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Michael Martin	9746	Rt 706	Stevensville	1-29-24
	RENEE STEWART	3811	LEISURE LAKES	STEVENS TWP.	1-29-24
	ERNEST STEWART	3811	Lks. Lks Rd	Stevens Twp	1-29-24
	JAMES BELCHER	3122	LEISURE LAKES RD	STEVENS	1-29-24
	Dawn Belcher	3122	Leisure Lakes Rd	Stevens	1-29-24
	Naomi Payton	187	Fassett Rd	Stevensville	1/30/24
	Jean B. Vendemark	706	Rte	Stevensville	30 Jan 24
	LOU ANN B. KILMER	363	GAYLORD	Wyalusing PA	1-30-24
	Michael C. Kilmer	363	GAYLORD	Wyalusing	1-30
	Tiffany Kilmer	327	Gaylord St.	Wyalusing PA	1-30
	Ethan Kilmer	327	Gaylord St	Wyalusing PA	1-30
	Patrick Beebe	118	Beebe Rd	Wyalusing PA	1-31-24
	Nancy Beebe	118	Beebe Rd	Wyalusing Pa	1-31-24
	GREGORY A BACON	199	Roller Ty B	Wyalusing PA	1/31/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Jan Brown</i>	JAN BROWN	237	OAKHILL RD	Wyalusing	1-31
<i>Carol Hatton</i>	CAROL HATTON	194	CROW HILL RD	WYALUSING	2-1
<i>Peter L Hatton</i>	PETER HATTON	194	CROW HILL RD	WYALUSING	2-1-24
<i>Joan Yeager</i>	JOAN YEAGER	1319	STONEPT ROAD	Wyalusing Pa	2-1-24
<i>Ava Tunnickiff</i>	Ava Tunnickiff	987	WYALUSING RD	Wyalusing PA	2-3-24
<i>Jeff Phillips</i>	Jeff Phillips	627	Hillcrest Dr.	Towanda, PA	2-3-24
<i>Yvonne C. Robinson</i>	Yvonne C. Robinson	105	FIRE ST.	Wyalusing, Pa	2-3-24
<i>Shelbi Otis</i>	Shelbi Otis	7518	R-206	Wyalusing PA	2-3-24
<i>Kathryn Phillip</i>	Kathryn Phillip	627	Hillcrest	Towanda, Pa	2-3-24
<i>Mary Melchior</i>	Mary Melchior	669	LeRouille	Wakarusa	2-3-24
<i>Tia Crow Hilbert</i>	Tia Crow Hilbert	811	Zeigler	Le Raysville	2-3-24
<i>Charles Randolph</i>	Charles Randolph	811	Zeigler	Le Raysville	2-3-24
<i>Dany Swisher</i>	Dany Swisher	10498	706	Stevensville	2/3/24
<i>Sherry Swisher</i>	Sherry Swisher	10498	706	Stevensville	2-3-24
<i>Susan Hoover</i>	Susan Hoover	9094	706	Stevensville	23
<i>Marvin G. Harris</i>	Marvin G. Harris	99	Old State Rd W	Wyalusing	2/4/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence BEADFORD
- 2 Printed Name of Circulator RICHARD HARRIS
- 3 Signature of Circulator Richard Harris
- 4 Number and Street of Circulator 5495 Leisure Lake Rd
- 5 City, Borough or Twp. Stevens Zip Code 18845

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BRADFORD 08

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Tammi Talade	99	Meyer Rd	Ridgebury	1-27-24
	Robert Kingse	13427	Renwick Pk	Ridgebury	1-26-24
	PATRICIA L ANTHONY	14678	Berwick Pk	Gillatt	1-27-24
	GERALD ANTHONY	14678	"	"	1-27-24
	Kathy Jo Merrick	290	Cloud Nae Dr	Ridgebury	1-27-24
	Brian K Minich	290	Cloud Nae Dr	Ridgebury	1-27-24
	Dion David Dennis	3681	Bucks Crk	Ridgebury	1-27-24
	Rebecca Anne Aseline	1793	Mormon Lake	Ridgebury	1-27-24
	MATTHEW A. LATHON	1793	MORMON LAKE	Ridgebury	1-27-24
	Marcus Lathon	1793	MORMON LAKE	Ridgebury	1-27-24
	Sherida MacWhinnie	2805	Simeon Rd	Ridgebury	1-27-24
	JUDY A. BELLOW	182	LOOPLANE	RIDGEBURY	1-27-24
	Raymond Bellows	182	Loop Lane	Ridgebury	1-27-24
	MARY FREY	1010	Loop Lane	Ridgebury	1-27-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Lauren E. Derrig	3181	Bucks Creek Rd	Ridgebury	1/28/24
	Bill Bowman	178	Lebanon St	Ridgebury	1-30-24
	Greg S. Wilson	3535	Bucks Creek	Ridgebury	1-30-24
	Nancy Woodward	16230	Bucks Creek	Ridgebury	1-30-24
	Shellie Gerould	1621	Gee Rd	Ridgebury	1-30-24
	Cheryl Smith	12099	Berwick Tpk	Ridgebury	1/30/24
	Kyle Stephens	150	Cross Creek	Ridgebury	1/30/24
	Mike Chilson	502	Macomber	Athens	1-31-24
	Penell Trahan	1970	MURPHY CREEK RD	ATHENS	1-3-24
	AVA DeConto	544	Running Bear Lane	Ridebury	2-1-2024
	Timothy Watkins	13384	Berwick Tpk	Ridebury	2-5-24
	Douglas A. Freeman	383	Main St	Milan	2-5-24
	RODNEY HUBBARD	345	MILAN	SMITHFIELD	2/5/24
	Sheldon Borden	2158	Leon Rd	Troy	2/5/24
	Juliette L. Walsh	984	Maum Lake Rd	Gillett	2-6-24
	EUGENE MIGRA	16257	THOMSON HILL ROAD	RIDGEBURY	2-6-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1-5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Bradford county

2 Printed Name of Circulator Timothy Watkins

3 Signature of Circulator Timothy Watkins

4 Number and Street of Circulator 13384 Berwick Tpk

5 City, Borough or Twp. Ridebury gillett PA Zip Code 16925

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BRADFORD 08

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Erin P. Matthews	288	Ridge Rd	Athens	1-28-24
	Sarah C. Matthews	289	Ridge Rd	Athens	1-28-24
	Ethan Matthews	288	Ridge Rd	Athens	2-4-24
	Cassie Anderson	60	Bradley Rd	Athens	2-5-24
	Nicholas Anderson	60	Bradley RD	Athens	2-5-24
	DEBORAH J. WEISBROD	1087	WATER B	TOWANDA	2-6-24
	Eugene W. Weisbrod Jr	1087	Water Road	Towanda	2-6-24
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Breidford
 2 Printed Name of Circulator Eric Matthews
 3 Signature of Circulator [Signature]
 4 Number and Street of Circulator 288 Ridge Rd
 5 City, Borough or Twp. Athens Zip Code 18810

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BRADFORD 08

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	DEAN CACCIANLANO	122	HARVEST LN	RIDGE BURY	1/25/24
	Paula McCannlano	122	Harvest Ln	Ridgebury	1-26-24
	James Caccianlano	1087	Galun Rd	Ridgebury	1-28-24
	Susie Caccianlano	1087	Galvin	Ridgebury	1-28-24
	James Davis	225	Harvest Ln	Ridgebury	1-28-24
	Meagan Davis	225	Harvest Ln	Ridgebury	1/28/24
	SARAH ABRAMS	6174	Rt 467	Rome PA	1/31/24
		6174	Rt 467	Rome PA	1/31/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence BRADFORD
- 2 Printed Name of Circulator DEAN CACCIAVILLANO
- 3 Signature of Circulator *[Signature]*
- 4 Number and Street of Circulator 122 HARVEST LANE
- 5 City, Borough or Twp. GILLETTS Zip Code 16925

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BRADFORD 08

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Eric T. Shaw	176	Cottage Ln	Terry Twp.	1/27/24
	Henry Goul	143	Temple Rd	Terry Twp	1/27/24
	Stacy Fusco	271	Terrytown Mt Rd	Terry Twp	1/27/24
	Eric Fusco	271	Terrytown Mt Rd	TERRY TWP	1/27/24
	Maria Shaw	176	Cottage Ln	Terry Twp	1/28/24
	Ralph Newton	1724	Paradise Rd	Terry Twp	2/5/24
	Jennifer Newton	1724	Paradise Rd	Terry Twp	2/5/24
	Emma Ottaviano Shaw	176	Cottage Ln	Terry Twp	2/8/24
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Bradford

2 Printed Name of Circulator: Eric T. Shaw

3 Signature of Circulator *Eric T. Shaw*

4 Number and Street of Circulator 176 Cottage Lane

5 City, Borough or Twp. Terry Twp Zip Code 18853

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: LANCASTER 36

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Arthur Fred Rudy, Sr.	311	Grove St.	W. Lampeter Twp	1/26/24
	MARY N. Rudy	311	GROVE ST	W. Lampeter Twp	1/26/24
	Jane Eileen Brown	211	Willow Valley Sq. B212	West Lampeter Twp	1/26/24
	VALERIE L. Jenkins	211	Willow Valley Sq. Apt B-104	West Lampeter Twp	1/26/24
	DEBORAH E. MISCHO	650	Willow Valley Sq.	W. Lampeter Twp	1/26/24
	John Mischo	650	Willow Valley Square	W. Lampeter Twp	1/26/24
	Eugene E. Fritz	211	Willow Valley Square	W. Lampeter Twp	1/26/24
	Marilyn Landis O'Bryan	105	Pleasant Point	W. Lampeter Twp	1/26/24
	Anne Kaszway	211	Willow Valley Sq.	W. Lampeter	1/26/24
	Jane G. Gardner	211	Willow Valley Sq.	W. Lampeter	1/26/24
	Linda Stooffer	211	Willow Valley St	W. Lampeter	1/26/24
	Charles G. Gannott	211	Willow Valley Sq	W. Lampeter	1/26/24
	Mary B. LeMont	211	Willow Valley Sq.	W. Lampeter	1/26/24
	Joan R. Kelker	22	Apple Hill Drive	Westwick Twp	1/27/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>Jane Wiedeman</i>	JANET WIEDEMAN	211	Willow Valley Sq.	W. Lampeter	2/26/24
16. <i>Victoria McCormick</i>	VICTORIA MCCORMICK	211	Willow Valley Sq.	W. Lampeter	1/26/24
17. <i>Ruth S. Ward</i>	RUTH S. WARD	211	Willow Valley Sq.	W. Lampeter	1/26/24
<i>Mary Elizabeth Kenny</i>	MARY ELIZABETH KENNY	211	W. Square	W. Lampeter	1/26/24
19. <i>Elizabeth J. Scheich</i>	ELIZABETH T. SCHEICH	211	Willow Valley Sq.	W. Lampeter	1/26/24
20. <i>Ruth Hume</i>	RUTH HUME	211	Willow Valley Sq.	W. Lampeter	1/26/24
21. <i>Doug Hume</i>	DOUG HUME	211	Willow Valley Sq.	W. Lampeter	1/26/24
22. <i>Joy Nottoli</i>	Joy Nottoli	2547	Ironville Pt.	West Hempfield	1/28/24
23. <i>Deborah Mink</i>	Deborah Mink	312	Grove St	W. Lampeter	1-28-24
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence LANCASTER
- 2 Printed Name of Circulator MARY N. RUDY
- 3 Signature of Circulator *Mary N. Rudy*
- 4 Number and Street of Circulator 311 GROVE ST.
- 5 City, Borough or Twp. W. Lampeter Twp Zip Code 17602

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: LANCASTER 36

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Susan M. Meyers	72	Hertzog Dr.	Upper Leacock	2-5-24
	Randall Meyers	72	HERTZOG DR	UPPER Leacock	2-5-24
	Bertha Cassel	2001	HARRISBURG PK	E. HEMP.	2/5/24
	Lois M. Anderson	2231	Sutton Rd.	York	2/7/24
	Quinn Bennett	1610	Manor Rd	West Lancaster	2/7/24
	Anne L Cooper	541	Koser Rd	Manheim Twp	2/8/24
	Glenn M Yodr	406	Dren Wood	East Earl	2/8/24
	Andrew W. Amery	645	Elizabeth St	Manheim Twp	2/9/24
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Lancaster

2 Printed Name of Circulator Corinne Clark

3 Signature of Circulator *Corinne Clark*

4 Number and Street of Circulator 554 Union School Rd

5 City, Borough or Twp. Mount Joy Boro Zip Code 17552

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: LANCASTER 36

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Mary Canby Slater</i>	MARY CANBY SLATER	640	Willow Valley Sq	W. Lampeter Twp	1/26/24
<i>Edward G. Vasold</i>	Edward G. Vasold	645	Willow Valley Sq.	W. Lampeter Twp	1/26/24
<i>William D Jordan Jr</i>	William D Jordan Jr	H-14	"	"	1/26/24
<i>Carol M. Vasold</i>	Carol M. Vasold	645	Willow Valley Sq.	West Lampeter Twp	1/26/24
<i>W. J. Morrow Jr.</i>	W. J. MORROW, JR	645	Willow Valley Sq	WEST LAMPETER TWP	1/26/24
<i>Carol Bambeay</i>	Carol Bambeay	645	Willow Valley Sq.	W. Lampeter Twp.	1-26-24
<i>Pita J. O'Donnell</i>	PITA J. O'DONNELL	6404	W. Valley	W. Lampeter Twp	1/26/24
<i>Hilmar Louis Fricke</i>	Hilmar Louis Fricke	104	Pleasant Pt.	W. Lampeter Twp	1/30/24
<i>Carol C. Fricke</i>	Carol C. Fricke	104	Pleasant Pt	W. Lampeter Twp	1/30/24
<i>Grace E. Westner</i>	GRACE E. WESTNER	165	Willow Valley Sq.	W. Lampeter Twp	2/1/24
<i>Mary A Jackman</i>	Mary A Jackman	300	Willow Valley Sq.	W. Lampeter Twp	2/11/24
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence LANCASTER
- 2 Printed Name of Circulator MARY N. RUDY
- 3 Signature of Circulator Mary N. Rudy
- 4 Number and Street of Circulator 311 Grove St.
- 5 City, Borough or Twp. West Lampeter Twp Zip Code 17602

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: LANCASTER 36

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Mary Jeanette Maher</i>	MARY JEANETTE MAHER	300	WILLOW VALLEY LAKESIDE C-110	WEST LAMPETER	1-26-24
<i>Martha W. Donaldson</i>	MARTHA W. DONALDSON	300	WILLOW VALLEY LAKES DR. E-4125	West Lampeter	1/26/24
<i>Shirley S. Cressman</i>	Shirley S. Cressman	300	WILLOW VALLEY LAKES DR C226	West Lampeter	1/26/24
<i>Marie Edwards</i>	MARIE EDWARDS	300	WILLOW VALLEY LAKES DR E306	WEST LAMPETER	1/26/24
<i>James Thomas Ewer</i>	JAMES THOMAS EWER	300	WILLOW VALLEY LAKES DR	West Lampeter	1/26/24
<i>James E. Watt</i>	JAMES E. WATT	300	WILLOW VALLEY LAKES DR C-010	WEST LAMPETER	1/26/24
<i>Anita J Casman</i>	ANITA M. HERTZOG	300	WILLOW VALLEY LAKES DR C224	West Lampeter	1/26/24
<i>Barbara M. Goversen</i>	BARBARA M GOVERSEN	300	WILLOW VALLEY LAKES DR E 227	West Lampeter	1/26/24
<i>Richard Carl Lang</i>	RICHARD CARL LANG	300	WILLOW VALLEY LAKES DR C-074	West Lampeter	01/26/24
<i>Kendra B. Tugendreich</i>	Kendra B. Tugendreich	300	WILLOW VALLEY LAKES DRIVE A-412	West Lampeter	01/26/24
<i>Donna Jean Brady</i>	DONNA JEAN BRADY	300	WILLOW VALLEY LAKES DR F301	West Lampeter	1/26/24
<i>Lewis Russell Hertzog</i>	LEWIS RUSSELL HERTZOG	300	WILLOW VALLEY LAKES DR C224	West Lampeter	1/26/24
<i>Linda A. Walker</i>	Linda A. Walker	300	WILLOW VALLEY LAKES DR	West Lampeter	1/26/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>Nancy Carol McNeal</i>	Nancy Carol McNeal	300	Willow Valley Lakes Drive	West Lampeter	1/26/24
16. <i>Mary Lou Hare</i>	Mary Lou Hare	300	Willow Valley Lakes Dr / 3015	West Lampeter	1/26/24
17. <i>Nancy G. Runk</i>	Nancy G. Runk	300	Willow Valley Lks Dr 3011	W. Lampeter	1/26/24
18. <i>Sylvia J. Mosher</i>	Sylvia J. Mosher	300	Willow Valley Lks. Dr. 301	W. Lampeter	1/26/24
19. <i>Paula Sondridge</i>	Paula Sondridge	300	Willow Valley Lakes Dr Apt 10	W. Lampeter	1/26/24
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence LANCASTER

2 Printed Name of Circulator MARY JEANETTE MATHER

3 Signature of Circulator *Mary Jeanette Mather*

4 Number and Street of Circulator 300 WILLOW VALLEY LAKES DR APT-10

5 City, Borough or Twp. WEST LAMPETER Zip Code 17584

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: LANCASTER 36

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	CARRIE SWARR	617	Auction	Penn Twp	1/23/24
	Lonnel J. Swarr	617	Auction Rd	Penn Twp	1/23/24
	THOMAS J. WALSH	1374	Cranck Lane	PENN TWP	1/23/24
	TINA M. DAGEN	522	Hossler Rd	Rapho Twp	1/23/24
	Robert D. Kettering	2847	Meadow View	Rapho Twp	1/23/24
	ANN M HESS	1833	HABECKER	Rapho Twp	1/23/24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Lancaster

2 Printed Name of Circulator Logan Hoover

3 Signature of Circulator *Logan Hoover*

4 Number and Street of Circulator 266 Westview Dr

5 City, Borough or Twp. Elizabethtown Zip Code 17022

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: LANCASTER 36

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Tiffany Gainer	3	Cindy Cir.	Warwick Twp	2/4/24
	William S. Gainer	3	Cindy Cir	Warwick Twp	2-4-24
	Shannon Smucker	426	E. main st	Ephrata Boro	2/7/24
	Lisa Martin	32	Ridgewood Ave	East Cocalico	2/7/24
	Lisa N. Cramer	45A	Strickler Rd	West Cocalico	2/7/24
	M.L. Mulcahy Lavender	222	Andover Ln	Lititz Boro	2/7/24
	Alexandra Collier	222	Andover Ln	Lititz Boro	2/7/24
	Barry Lavender	222	Andover Ln	Lititz Boro	2/7/24
	Kelly Myers	30	Brookwood dr	Warwick Twp	2/8/24
	Cynthia J. Myers	30	Brookwood Dr	Warwick Twp	2/8/24
	Vicky L. End	307	S Cedar St	Lititz Boro	2/8/24
	Judy Miller Post	10	Julie Terrace	Warwick Twp	2/8/24
	Harold O. Post III	10	Julie Terrace	Warwick Twp	2/8/24
	Margaret A. Smith	511	S Cedar St	Lititz Borough	2/9/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JAMES L. SMITH JR	511	S. CEDAR ST	LITITZ Boro	2/9/24
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Lancaster County
- 2 Printed Name of Circulator Stephanie M. Hill
- 3 Signature of Circulator Stephanie M. Hill
- 4 Number and Street of Circulator 6 Sherrilane
- 5 City, Borough or Twp. Warrick Twp. Zip Code 17543

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: LANCASTER 36

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Janice M. Hill	6	Sherril Lane	Warwick Twp.	1/31/24
	Karen Garman	733	201 Hill Rd.	Warwick Twp.	1/31/24
	Barry Gusic	147	Church St	Mountville Boro	1/31/24
	Joshua King	173	N New Holland Rd	Leacock Twp	1/31/24
	LYNN WALTERS	156	WARWICK	WARWICK TWP	2/2/24
	William L. Myers	156	WARWICK	WARWICK TWP	2-2-24
	Emma Garner	3	WARWICK	WARWICK TWP	2-2-24
	Beth Anne Matous	1	Cindy Circle	Warwick Twp	2/2/24
	James P. Matous	1	Cindy Circle	Warwick Twp	2/2/24
	Jean M. Krus	9	Cindy Circle	Warwick Twp	2-2-24
	JUSTIN KRATZER	11	JULIETTA	WARWICK TWP	2/4/24
	Brittany Smith	4	Cindy Circle	Warwick Twp	2/8/24
	Kyle Smith	4	Cindy Circle	Warwick Twp	2/8/24
	JAMES W. SCHAEFFER JR	6	CINDY CIR	WARWICK TWP	12/8/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Melanie C. Schaffer</i>	Melanie Schaffer	6	Cindy Cr	Warwick Twp	2/8/24
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Lancaster County
- 2 Printed Name of Circulator Stephanie M. Hill
- 3 Signature of Circulator Stephanie M. Hill
- 4 Number and Street of Circulator 6 Sherris Lane
- 5 City, Borough or Twp. Warwick Twp. Zip Code 17543

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: LANCASTER 36

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Pallie Cramer Horst</i>	JALIE CRAMER HORST	45	STICKLER RD	West Cocalico Dover Twp	2/7/24
<i>Raymond Horst</i>	Raymond Horst	45	Stickler Rd	West Cocalico Dover Twp	2/7/24
<i>Jane Shirk</i>	JANE SHIRK	157	Ebarsok Rd	East Cocalico Twp	2/9/24
<i>Scott Martin</i>	Scott Martin	703	E Ross St	Lancaster City	2/9/24
<i>Brian Martin</i>	BRIAN MARTIN	12	Ridgewood Ave	East Cocalico Twp	2/9/24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Lancaster County
- 2 Printed Name of Circulator Stephanie M. Hill
- 3 Signature of Circulator Stephanie M. Hill
- 4 Number and Street of Circulator 6 Sherril Lane
- 5 City, Borough or Twp. Warrnick Twp Zip Code 17543

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ~~ALLEGHENY 02~~ **ERIE 25**

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	David E. Mitchell	124	Chestnut St	Corry, Pa	11/30/2024
	Nancy J. Mitchell	124	CHESTNUT ST	Corry Pa	1/30/2024
	Ashley N. Sandberg	979	E Main St	Corry PA	1/31/2024
	Devin Knapp	5	Woodland	Corry Pa	1/31/2024
	R. Bowen Jones	15870	Route 8	Marion Co, PA	1/31/2024
	Hiram L. Darcy	437	S. CAR	Corry PA	2/2/24
	Jeremy Fike	65	E. Irving	Corry PA	2-2-24
	Michael E. Baker	234	WORTH ST	Corry	2-2-24
	Melanie Brewer	125	USONIA	ERIE	2/4/24
	JOHN BENCHERT	125	USONIA	ERIE	02-07-2024
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence ERIE

2 Printed Name of Circulator David E Mitchell

3 Signature of Circulator [Handwritten Signature]

4 Number and Street of Circulator 124 Chestnut St

5 City, Borough or Twp. Corry Pa Zip Code 16407

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: WASHINGTON 63

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Kelly J. Olexik	22	Crestview	New Eagle	2-7-24
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Washington
- 2 Printed Name of Circulator Sue Means
- 3 Signature of Circulator Sue Means
- 4 Number and Street of Circulator 3485 South Park Road
- 5 City, Borough or Twp. Bethel Park Zip Code 15102

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUTLER 10

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Greg Flickinger	1832	Liberty Way	Valencia	1/24/24
	S. Conizores	207-7	Adams Rd	Mars Adams	2/11/24
	Barbara S Chapman	154	McBride Hill	rd Penn Twp	2/10/24
	MATTHEW J CHAPMAN	154	McBride Hill	Penn Twp	2/10/2024
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

**CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW**

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Allegheny

2 Printed Name of Circulator Lucie Both

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 9767 GRIFT L

5 City, Borough or Twp. McCandless Zip Code 15090

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BLAIR 07

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Helen Grim	431	Cherry Ave	Altoona	1-30-24
	Wendy Dillen	818	N 2 nd	Antis Twp	1-31-24
	Kaytee McDugal	1605	Fedham Cir	LOGAN Twp	2-5-24
	Anita L. Terchanik	156	Harshberger Dr	Frankstown	2-6-24
	James E. Ott	1443	58 th St	Logan Twp	2-6-24
	Robin Patton	212	Brush Mttn Road	Frankstown	2-6-24
	Tracy A. Mosel-Miller	402	Maple Street Apt. 7	Martinsburg	2-6-24
	Helen Miller	1653	Purdue Drive	logan Twp	2/6/24
	Sharkey Bowl	4178	Kettle Hill	Pur. Twp	2/6/24
	Joshua Daku	1307	25th Ave	Altoona	2/6/24
	Peggy Sticker	323	Eveningtide Avenue	Altoona	2/6/24
	Lauren Eberhart	524	Cherry St	Roaring Spring	2/7/24
	AUGUST C. STICKEL III	513	11 th Ave	Altoona	2/7/24

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
15.		August C. Stichel IV	323	Eveningdale Ave	Altoona	2-9-21
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the content thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Blair
- 2 Printed Name of Circulator August C. Stichel IV
- 3 Signature of Circulator
- 4 Number and Street of Circulator 323 Eveningdale Ave
- 5 City, Borough or Twp. Altoona Zip Code 16602

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

DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PIKE 52

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Richard Zingaro	482	Log Tavern Rd	Dingmans	2/29/24
	Elva V. Zingaro				
	Elva V. Zingaro	611	5th ST	Milford	1/31/24
	Robert Sullivan	478	Log Tavern Rd	Dingmans	2/5/24
	Sherry Sullivan	478	Log Tavern Rd	Dingmans	2/5/24
	Sherry Sullivan	228	Mountain Lake Dr	Dingmans	2-5-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR				DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence PIKE

2 Printed Name of Circulator JEANNE ZINGARO

3 Signature of Circulator Jeanne Zingaro

4 Number and Street of Circulator 482 Log Tavern Rd

5 City, Borough or Twp. DINGMAN Zip Code 18337

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

DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PIKE 52

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Jason Anderson	100	Fairview	Dingmans	1/27/24
	Bridget Schuman	320	Furus	Dingmans	1/27/24
	SEAN CUSI	101	Boscon Ct	WESTFALL	1/27/24
	Helene Spattleary	184	CHOKESBURY RD	DINGMAN	1/27/24
	Helene Spattleary	162	Bitternut Rd	Dingman	1/27/24
	Aaron Feingold	103	Mirvia Ln	Dingmans	1-27-24
	Aaron Feingold	215	Spencer	DePaware	1-27-24
	Donna Van Jahnke	100	Joshua	Delaware	1-27-24
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR				DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Pike

2 Printed Name of Circulator Gina Mancato

3 Signature of Circulator Gina Mancato

4 Number and Street of Circulator 103 Vivienne Ct.

5 City, Borough or Twp. Delaware Zip Code 18329

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

DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.



NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PIKE 52

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	CHRIS COCHRAN	118	Statenwy	Piney run	1-27-24
	CHRIS DEMERYS	523	Route 434	Stolets LA	1-27-24
	NANCY M WERANK	301	W. WARFORD	MILFORD PA	1/27/24
	Clifford Messano	115	Rhodoberd	Milford	1/27/24
	Holly Schelling	126	winterberry Dr	Dingmans Milford	1/27/24
	Catherine Mattos	107	E Park St	Milford	1/27/24
	Bruce Johnson	115	WINTERBERRY	OWENUS TWP.	1/27/24
	Jeanne Pulos	115	winterberry	Milford	1/27/24
	TAMARA SZABO	246	ROWLAND RD.	GREELEY PA	1/27/24
	Victor Von Drake	100	Sudover hwy	Dingmans Ferry PA	1-27-24

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR				DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Pike
- 2 Printed Name of Circulator Gina Mancato
- 3 Signature of Circulator Gina Mancato
- 4 Number and Street of Circulator 103 Vine Hill Ct.
- 5 City, Borough or Twp. Delaware Zip Code 18328

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

DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PIKE 52

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JEANNE ZINGARO	482	LOG TAVERN Rd	DINGMAN	1-27-24
	John Oliveri	119	Primrose Av.	Dingman	1-27-24
	Joseph Curilli	104	Mira Ct	DINGMAN	1-27-24
	Dennis Mardolbala	103	Hawk View	Dingman	1-27-24
	Cheryl King	105	Broad St	MILFORD	1/27/24
	Denise Fitzpatrick	176	HAWTHORNE DR	DINGMAN	1/27/24
	Robert DeGraw	102	Blackberry Dr.	Dingmans	1-27-24
	William G. Schelley	116	Wintcherry	Dingman Twp	1/27/24
	Brady Laube	121	FIRE TWR	MILFORD PA	1/27/24
	Jeannette Guzder	101	wilson	milford	1-27-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR				DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Pike

2 Printed Name of Circulator Gina Mangano

3 Signature of Circulator Gina Mangano

4 Number and Street of Circulator 103 Vivienne Ct.

5 City, Borough or Twp. Delaware Zip Code 18328

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

DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PIKE 52

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
1.		Frank Morel	107	Waterwheel Rd	Milford	2/5/2024
2.		Sergey Y. Papulovich	301	AcH	Matamoras	1/27/2024
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR				DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Pike
- 2 Printed Name of Circulator Gina Mancato
- 3 Signature of Circulator Gina Mancato
- 4 Number and Street of Circulator 103 Vivienne Ct
- 5 City, Borough or Twp. Delaware Zip Code 16328

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

DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: PIKE 52

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
1.	Edward Hammond	159	SENECA TRAIL	DELAWARE TWP	1/26/24
2.	Javea Hammond	159	SENECA TRAIL	DELAWARE TWP	1/27/24
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR				DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Pike

2 Printed Name of Circulator Edwige Howard

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 159 Summit Trail

5 City, Borough or Twp. Delaware Twp Zip Code 18328

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

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Forte Rooney	740	Maple Ave	Abington	26 JAN 24
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

708

	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

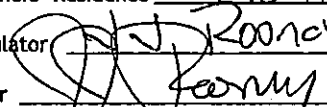
CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Montgomery

2 Printed Name of Circulator J. Rooney

3 Signature of Circulator 

4 Number and Street of Circulator 740 Maple

5 City, Borough or Twp. Abington Zip Code 19038

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

Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUCKS 09

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	ROGER Wilson	1	HILLBRES Ave Apt 305	MORRISVILLE	8/9/24
	Caleb Danica	31	H. gln rd	Levittown	7/20/24
	Anthony Danica	555	Stevens Rd.	MORRISVILLE	Falls Twp 2/10
	Richard Salzman	19	Avenue Court	Falls Twp.	2/11/2024
	MARTY SALZMAN	19	AVENUE COURT	FALLS TWP	2-11-24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



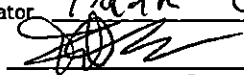
SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Bucks
- 2 Printed Name of Circulator Fank Cabanas
- 3 Signature of Circulator 
- 4 Number and Street of Circulator 272 Yorkshire rd
- 5 City, Borough or Twp. Falls twp / Fairless Hills Zip Code 19030

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ARMSTRONG 03

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Loretta S. Jack	404	E. Main St.	W. Franklin Twp	01/26/24
	Jason Christopher Jack	404	E. Main St.	W. Franklin Twp	01/26/24
	Olivia M. Iseman	119	Manor Union Rd	Plumcreek Twp	1/28/24
	JACK D. BOWSER	1423	Butler Rd.	W. FRANKLIN TWP	1/30/24
	Susan E Bowser	1423	Butler Rd	W. Franklin Twp	1/30/24
	Annise Lewis	742	Clayville Rd	W. Franklin Twp	1-30-24
	William R. Iseman	229	Iseman Rd	Manor Twp	2-1-24
	Darlene I Iseman	231	Iseman Rd	Manor TWP	2-1-24
	DENNIS H ISEMAN	231	Iseman Rd	Manor Twp	2-1-24
	Claudia S Claypole	422	E. Main St	W. Franklin Twp	2-3-24
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Armstrong County
 2 Printed Name of Circulator Darlene I. Tiseman
 3 Signature of Circulator Darlene I. Tiseman
 4 Number and Street of Circulator 231 Tiseman Rd
 5 City, Borough or Twp. Manor Twp Zip Code 16226

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: ARMSTRONG 03

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	STEVEN DUNN	282	FOOTBRIDGE	CONAPSVILLE	1/27/24
	JOSEPH A. BOLTZ	1267	SR 4007	EAST BRADY	1/27/24
	ROY E. RODGERS	268	RODGERS ROAD	SUGARCREEK	2-2-24
	DEBRA J. RODGERS	268	RODGERS ROAD	SUGARCREEK	2-2-24
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Armstrong

2 Printed Name of Circulator Cindy Hilder Brand

3 Signature of Circulator Cindy Hilder Brand

4 Number and Street of Circulator 1885 Chicora Fenelton Road

5 City, Borough or Twp. Fenelton Zip Code 16034

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BEDFORD 05

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Jordan Teeters</i>	Jordan Teeters	114	Old Route 26	Everett	1-30-24
<i>Sheri Lowery</i>	Sheri Lowery	233	highland rd	Schellsburg	1-30-24
<i>Amy N melius</i>	Amy N melius	230	Leighty Rd	Hopewell	1-30-24
<i>Christine Ebersole</i>	Christine Ebersole	1403	Hickory Bottom	Woodbury	1-30-24
<i>Nicholas Hoover</i>	Nicholas Hoover	814	Codyville	Bedford	1-30-24
<i>LANCE CLARK</i>	LANCE CLARK	3135	CUMBERLAND RD	BEDFORD	1-30-24
<i>Tonya Clark</i>	Tonya Clark	2825	Chalybeate Rd	Bedford TWP	1-31-24
<i>BARRY CLARK</i>	BARRY CLARK	2825	CHALYBEATE RD	BEDFORD	2-4-24
<i>Randy Maxwell</i>	Randy Maxwell	255	Can Sightsee	Im/ea	2-5-24
<i>Wendy Slaughter</i>	Wendy Slaughter	102	Dock Lane	Madison	2-5-24
<i>Lloyd Blaser</i>	Lloyd Blaser	120	W. Watson	Bedford	2-5-24
<i>Terry L Miller</i>	Terry L Miller	467	Ferguson Rd	Schellsburg	2-5-24
<i>Jacqueline L. Roach</i>	Jacqueline L. Roach	120	W. Watson St	Bedford	2-5-24
<i>BARRY DALLARA</i>	BARRY DALLARA	230	Wayne Blvd	Alum Bank	2-5-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>Sharon L Dallas</i>	Sharon L Dallas	230	Wayne Blvd	Alum Bank	2-5-24
16. <i>Dina Adh... Tina A. Henderson</i>	Tina A. Henderson	125	Hay Lane	Bedford	2-5-2024
17. <i>Kathleen P Swartzell</i>	Kathleen P Swartzell	127	Cornith Road	W. Provencia	2/6/24
<i>M. Anne O. Swartzell</i>	M. Anne O. Swartzell	127	CORNITH ROAD	W. PROV	2/6/24
19. <i>Lisa S. Herstman</i>	LISA S. Herstman	126	Oak Lane	Snake Spring	2/6/24
20. <i>Steryl R Tuttle</i>	STERYL R TUTTLE	160	Wolfsburg Rd.	Bedford	2-6-24
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence BEDFORD

2 Printed Name of Circulator TONYA CLARE

3 Signature of Circulator *Tonya Clark*

4 Number and Street of Circulator 2825 Chalysbete Rd.

5 City, Borough or Twp. BEDFORD Zip Code 15522

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUCKS 09

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	STEVEN MEKANIK	4812	Church	Doylertown	2-4-24
	STANLEY A. MARCUS	2	DEVONSHIRE DRIVE	SOLEBURY	2/4/24
	JEAN O'CONNOR	302	TYLER CT	NEW HOPE	2/4/24
	DAVIS O'CONNOR	312	Tyler CT	NEW HOPE	2/4/24
	GEORGE ASHMAN JR	3737	River Rd	Solebury	2/4/24
	Tom DeAndrea	4	Candlelight	Solebury	2/4-24
	Sharon M. Silvestri	7	Estates Dr	Solebury	2-4-24
	LEO F. SILVESTRI	7	ESTATES DR	SOLEBURY	2-4-24
	Gayle DeAndrea	4	Candlelight	Solebury	2-4-24
	Alison G. Kingsley	6232	Montgomeryville	SOLEBURY	2-4-24
	Ari Colby	6705	Laurel	Solebury	2/4/24
	ALAN COHER	6705	LAUREL	SOLEBURY	2/4/24
	Benjamin F. Meliv	2841	of Susan	Solebury	2/4/24
	Brooke Frapwell	156	Brighton	Solebury	2/4/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence BUCKS-
- 2 Printed Name of Circulator KEVIN ROCHE
- 3 Signature of Circulator Kevin Roche
- 4 Number and Street of Circulator 3525 N. SUGAN RD
- 5 City, Borough or Twp. NEW HOPE Zip Code 18938

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUCKS 09

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	BRAD FRARWELL	755	BRIGHTON WAY	SOLEBURY	2/4/24
	Steven DeLano	4	Scott Ln	Dykedom	2/4/24
	Melanie Bersten	4	Scott Ln	Doylestown	2/4/24
	Michael Bandholt	3518	W. Sgar	New Hope	2/4/24
	JANICE M. PARRY	2628	RIVER RD	SOLEBURY	02-09-24
	William B. K. Tazzy, Jr.	2628	RIVER RD	Solebury	2-9-2024
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence BUCKS
- 2 Printed Name of Circulator KAREN ROBERTS
- 3 Signature of Circulator [Signature]
- 4 Number and Street of Circulator 3525 N. SUGAN RD.
- 5 City, Borough or Twp. NEW HOPE Zip Code 18938

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUCKS 09

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Michael Tapalova	7	N. Skyview Way	Newtown Twp.	2/1/24
	Heather Roberts	1377	Wrightston	Wrightston	2/1/24
	M. Carron	98	Vauxhall Way	Newtown	2/1/24
	Marc Luciani	1706	Diamond Drive	Newtown Twp	2/1/24
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Bucks
- 2 Printed Name of Circulator Diane Dowler
- 3 Signature of Circulator Diane Dowler
- 4 Number and Street of Circulator 1041 Lafayette Dr.
- 5 City, Borough or Twp Lower Merion Zip Code 19067

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUCKS 09

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	E. Holly Fitzgerald	2453	Bowman	Bensalem	1/24/24
	Dolly Pagliarotti	3803	CedarCrest	Bensalem	2-5-24
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Bucks County
 2 Printed Name of Circulator E Holly Fitzgerald-Vigore
 3 Signature of Circulator E Holly Fitzgerald-Vigore
 4 Number and Street of Circulator 2455 Bowman Ave
 5 City, Borough or Twp. Bensalem Zip Code 19020

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUCKS 09

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Robert Sellers	505	East Callowhill	East Rockhill	2/6/2024
	Vicki Sellers	525	East Paddock	East Rockhill	2/6/2024
	Matthew Carbonaro	609	Jefferson Drive	Perkasie	2/6/2024
	Cheryl Soliday	1300	W. Rock Rd	East Rockhill	2/6/2024
	DANIEL SOLIDAY	1300	W. Rock Rd	EAST ROCKHILL	2-6-2024
	Linda Anne Curry	409	Daniella Cir	Perkasie	2/6/2024
	William Allen Repp	506	Jefferson	Perkasie	2/6/2024
	Brenda Marles	3	Harroest Lane	Hilltown	2/6/2024
	Timothy Pouslny	957	Bypass Rd	Hilltown	2/6/2024
	Frederick Hirth	1041	Route 313	Perkasie	2/6/24
	Carl Norton	2050	Clover Mill	Quakertown	2/6/24
	JAMES S. SNYDER	45	STONE EDGE RD	EAST ROCKHILL	2/6/24
	WILLIAM DOYLER	269	WINDSOR WAY	DOYLESTOWN	2/6/24
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Brian Bridgewater	604	Rustic Dr.	Perkasie	2/6/24
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW.

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors; duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Bucks

2 Printed Name of Circulator Kimberly A. Bedillion

3 Signature of Circulator Kimberly A. Bedillion

4 Number and Street of Circulator 123 S. 3rd St.

5 City, Borough or Twp. Perkasie Zip Code 18944

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUCKS 09

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Robert W. Ruediger</i>	ROBERT RUEDIGER	1018	GREEN ST	HILLTOWN	2/3/24
<i>Barbara Vees</i>	Barbara Vees	453	Skunk Hollow Rd	Hilltown	2/3/24
<i>Henry Schurman</i>	Henry Schurman	1805	Ridge Rd	West Pottsville	2/3/24
<i>Thaddeus Brzezicki</i>	Thaddeus Brzezicki	7860	Richlandtown	East Rockhill	2/3/24
<i>Stephen Brzezicki</i>	STEPHEN BRZECZKI	7860	Richlandtown	East Rockhill	2/3/24
<i>Stefanie Brzezicki</i>	Stefanie Brzezicki	7860	Richlandtown	East Rockhill	2/3/24
<i>Thomas H. Smith</i>	Thomas H. Smith	21	Hayhorse Rd	Perkasie	2-3-24
<i>Jim York</i>	Jim York	1080	OLD BETHLEHEM	EAST ROCKHILL	2/3/24
<i>Brian L. DuBois</i>	Brian L. DuBois	8114	Coveney Bridge Rd	E. Rockhill	2/3/24
<i>Anne Conolly</i>	Anne Conolly	123	Devonshire Way	Hilltown	2/3/24
<i>Janel Hughes</i>	Janel Hughes	535	S Main St	Perkasie	2-3-24
<i>Ryan Horne</i>	Ryan Horne	535	S. main st	Perkasie	2/3/24
<i>Larry Hughes</i>	Larry Hughes	535	S. Main St	Perkasie	2/3/24
<i>Janice Hughes</i>	Janice Hughes	535	S. main St	Perkasie	2-3-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Lori Kimerhau	1565	Low Rockville Rd	W. Rock Hill	2-3-24
	Cathy Gerhart	120	Low Rd	W. Rock Hill	2/3/24
	MARTHA McDONALD	326	S. MAIN ST	SELLERSVILLE	2/3/24
	Christine Batycki	2617	Crabapple Cir	Hilltown Twp	2/3/24
	David Bedillon	522	Espruce St	Perkasie	2/3/24
	David Kemmerer	1219	Green	Hilltown	2/3/24
	Jonathan Russell	213	CHAMBERZ	HILLTOWN	02/03/24
	Melissa Kemmerer	1219	Green	Hilltown	2/3/24
	Virginia F. Morningstar	2109	N Ridgerd	East Rock Hill	2/3/2024
	Melissa Smith	323	Katie Lane	Bedminster Twp	2/3/24
	NICHOLAS BASIANO	1483	BU School	Bedminster	2-3-24
	David J Bedillon	123	S 3rd St	Perkasie	2/3/24
	Denise Myers	319	Erie Ave	Qualcarton	2/3/24
	PAUL FORELLI	6	KERN DR	Bedminster Twp	2/3/24
	Kimberly A. Bedillon	123	S. 3rd St.	Perkasie	2/3/24
	Steven Natale	113	Ridge Valley	W. Rock Hill	2/4/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Bucks
- 2 Printed Name of Circulator Kimberly A. Bedillon
- 3 Signature of Circulator Kimberly A. Bedillon
- 4 Number and Street of Circulator 123 S. 3rd St.
- 5 City, Borough or Twp. Perkasie Zip Code 18944

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUCKS 09

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Matthew Abernethy	46	First Ave	Richlandtown	2/7/24
	Eileen Yevcak	2	Quail La	Otto	
	Eileen Yevcak	2	Quail La	Tinicum	2/7/24
	EILEEN YEVCAK	2	QUAIL	TINICUM	2-9-24
	Kelly Kendall-Kelly	10	Erwinna Valley	Tinicum	2/7/24
	Jon Kelly	10	Erwinna	Tinicum	2/7
	Annetta Hehr	3	Hazen Hill Rd	Tinicum	2/7
	JAMES DIERKING	3	QUAIL LA	TINICUM	2/7/24
	Catherine A. Remble	1009	Kyle Circle	Quaker Town	2/7/24
	Rebecca Bachinsky	21	Perm School	Tinicum	2/7/24
	CHRISTOPHER VINAL	2	Hager Hill Rd	Tinicum	2/7/24
	E. Wesley Swope	15	Erwinna Valley	Tinicum	2/7/24
	Linda Bierking	3	Quail Lane	Tinicum	2/7/24
	Denise Swope	15	Erwinna Valley	Tinicum	2/7/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Stephen P. Kowalski	466	Darwin	Waycreek	2/7/24
	Jennifer Sasse	97	Temple	Perkasie Twp	2/7/24
	Teresa L. Dynda	594	Hobbs	Tinicum	2/7/24
	Thomas H. Sasse	97	Frankford	Towamencin	2/7/24
	Roger A. Rowe	1727	St. Johns	Bridge	2-7-24
	Deborah Rowe	22	FIND	DRIVE Nockamixon	2-7-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Bucks

2 Printed Name of Circulator Anita L. Nolan

3 Signature of Circulator

4 Number and Street of Circulator 73 McCann Dr.

5 City, Borough or Twp. Tinicum Zip Code 18942

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUCKS 09

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Heather Grandrod	75	Ridge Valley	Tinicum	1/31/24
	Duncan Grandrod	75	Ridge Valley	Tinicum	1/31/24
	Anita L Nolan	73	McCann Dr	Tinicum	1/31/24
	Walter Getch	1572	Rn Rd	Bridgeport	1/31/24
	DONNA M. NICE	48	SPRING LN	BEDMINSTER	2/1/24
	Mark Rauch	1304	Parkbridge	Perkasie	2/1/24
	Kellyn Nolan	1304	Parkbridge	Perkasie	2/1/24
	Bennett S. Nolan	410	w market st	Perkasie	2/1/24
	H DENNIS SMITH	405	BOURNE COTTAGE DR	WOODBORO	2/7/24
	Marianne B. Reymon	48	STEPHE DRIVE	Nockenton	2/7/24
	Kristina Lehman	650	E Broad St	Quakertown	2/7/24
	Andrea S Aber	46	First Avenue	Richlandtown	2/7/24
	Elaine M. Abu	46	1st Ave	Richlandtown	2-7-24
	Christopher T. Aber	46	1st Ave	Richlandtown	2/7/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Bucks

2 Printed Name of Circulator Anita L. Nolan

3 Signature of Circulator Anita L. Nolan

4 Number and Street of Circulator 73 McCann Dr.

5 City, Borough or Twp. Tinicum Zip Code 18942

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUCKS 09

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED:			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Kathleen Seborowski</i>	Kathleen Seborowski	866	Fir Ave	Middletown Twp	1/26/24
<i>Mary Durkin</i>	MARY DURKIN	37	UNITY TURN	MIDDLETOWN	1/26/24
<i>Ann Conway-Konzelman</i>	Ann Conway-Konzelman	558	Gables Ct.	Middletown	1/27/24
<i>Christina Torrente</i>	CHRISTINA TORRENTE	541	GABLES CT	MIDDLETOWN	1/27/24
<i>Christina Torrente</i>	CHRISTINA TORRENTE	541	GABLES CT	MIDDLETOWN Twp	1/27/24
<i>Francis Walter III</i>	Francis Walter III	866	Fir Ave	Middletown Twp	1/27/24
<i>Joanne Rydzewski</i>	Joanne Rydzewski	524	Longview Ave	Middletown Twp	1/28/24
<i>Susanne Lindman</i>	Susanne Lindman	1721	2nd St.	Middletown Twp	1/28/24
<i>Adam Lindman</i>	Adam Lindman	1721	2nd St	MiddleTown Twp	1/28/24
<i>Theresa Stephenson</i>	THERESA STEPHENSON	842	PARKER ST.	MIDDLETOWN TWP	1/29/24
<i>Kay Reed</i>	Kay Reed	660	Bellflower	Middletown	1/29/24
<i>Thomas J. Ramsey</i>	THOMAS J. RAMSEY	650	Bellflower	Middletown	1/29/24
<i>Carole Ramsey</i>	Carole Ramsey	206	W. Park Ave	Langhorne Manor Boro	1/29/24
<i>Anna Carl F. Vorwerk</i>	Anna Carl F. Vorwerk	974	Davidville	Warminster	1-30-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	MARIANNE SEBOROWSKI MCLANNIS	15	LUKENS ST	LOWER SOUTHAMPTON	2/5/25
	MICHAEL ALLEN McDEVITT	15	LUKENS ST	LOWER SOUTHAMPTON	2/5/25
	JAMES SHEASLEY	638	PIR AVE	MIDDLETOWN	2/5/24
	Patricia Forst	638	Pir Ave.	Middlebury Twp	2/5/24
	Marybeth Sheasley	638	Pir Ave	Middlebury	2/5/24
	SR PATRICIA A. COOGAN	1271	Lanphorne Newtown Rd	Middletown	2/6/24
	SR Joan M Price	1271	Longforn Newtown Rd	Middletown	2/6/24
	SR MARIA RAMON	1271	LONGFORN NINTOWN RD	MIDDLETOWN	2/6/24
	Sr Anne E Bartol	1271	Lanphorne Newtown Rd	Middletown	2/6/24
	Sr. Evelyn L Egan	1271	Lanphorne Newtown	Middletown	2/6/24
	SR Jean Rosier	1271	Lanphorne Newtown Rd	Middletown	2/6/24
	SR. EDITH LOYOLA, OSC	1271	Lanphorne Newtown Rd	Middletown	2/6/24
	SR CELIA L MACARILAY	1271	Lanphorne Newtown Rd	Middletown	2/6/24
	JEFFREY B MacFar	835	AVE E	MIDDLETOWN PA	2/6/24
	MELANY SECODA	111	Longnew	Middletown	2/6/24
	JOSH SECODA	111	Longview Ave	Middletown	2/6/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence BUCKS

2 Printed Name of Circulator Kathleen Seborowski

3 Signature of Circulator Kathleen Seborowski

4 Number and Street of Circulator 866 PIR AVE

5 City, Borough or Twp. Middletown Zip Code 19047

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUCKS 09

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	PATRICIA K. BORCIK	3769	Newbolt Ct	BUCKINGHAM	1-28-24
	Susan A. Schiavone	2402	Beaumont	Abington	2-1-24
	Joseph A. Golomshin	2402	Beaumont	Northampton	2-1-24
	Susan M. Vetter	29	Highbold	Northampton	2.1.24
	Allen DePuy	114	Dolexton	LOWER MAKEFIELD	2-5-24
	Anthony J. Tomczak	1018	N. Kinross	Lower Makefield	2/5/24
	Bryan McNamee	1412	Heather Ct	Lower Makefield	2/5/24
	LEE NARDWICZ	1711	Wrightfield Ave	Lower Makefield	2/5/24
	Lorri D. Summers	232	Aspen Rd	Lower Makefield	2.5.24
	Timothy Duffy	12	Spring Ch	Upper Makefield	2/5/24
	Daniel Sambogal	2002	Broadhous Dr.	Lower Makefield	2/5/24
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence BUCKS

2 Printed Name of Circulator PATRICIA K POPRIK

3 Signature of Circulator Patricia K Poprik

4 Number and Street of Circulator 3769 NEWBOLT CT

5 City, Borough or Twp. BUCKINGHAM Zip Code 18902

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUCKS 09

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Carolyn Ross	475-8E	North ST	Doylestown BORO	1/28/24
	Edwin Sheppard	55	Constitution	Doylestown	1/28/24
	Nancy Tegano	4844	Green Heather dr	Doylestown	1/28/24
	Joseph Carcio	1200	Stump Rd	Warrington	1/28/24
	Patrick B Breen	100 UNB 5	Garden LIVST 5	Doylestown	1-28-24
	MARIANN DAVIES	446	Cobblestone	Doylestown	1-28-24
	Jami Appenzeller	868	Central	Southampton	1/28/24
	Keith W Johnson	400	Hickory Dr	Perkasie	1/29/24
	Richene R Johnson	400	Hickory Dr	Perkasie	1/29/24
	Joan M. Cullen	832	Wynnefield	Hilltown Twp	1/29/24
	William H. DeVene, Jr.	3603	Buckwagon	Regelsville	1/29/24
	Donna Marie Shannen	103	Stephens Dr.	Doylestown	1/30/24
	Kathleen Evans	1736	Narrows Hill Rd	Upper Black Eddy	1/30/24
	Charles Coultas	2527	Heath Place	Doylestown	1/30/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	KATHRYN COVINGTON	2822	HEARTH PL	Dayhestown	1/30/24
	Gil Leblach	5876	Mountain Top Rd	New Hope	1/31/24
	Robert Kelly	339	Coed Rd	Lynchburg	1/31/24
	Megan Kelly	2304 #1119	Brownsville Rd	Langhorne	1/31/24
	Samantha Dew	5730	Arcadia Court	Bensalem	1/31/24
	Trevor Robinson	338	Monroe St	Bristol	1/31/24
	James J Slemme	304	Wrights	Newtown	1-31-24
	Mary Slemme	304	Wrights	Newtown	1-31-24
	Kristin Ayler	498	Linton Hill Rd	Newtown	1/31/24
	TIM AYLER	498	LINTON HILL RD	NEWTOWN	1-31-24
	Gregory S. Nowakowski	17	Butter Street	Douglas	1-31-24
	MARY F HEISE	309	HERITAGE	MOLLAND	1/31/24
	Vinodhanti	711	Fox Hill	New Hope	1-31-24
	RAYMOND J FORCINOS	600	MACCLARD RD	FEASTERVILLE	1/31/24
	Candace R. Cabanas	272	Yorkshire Road	Falls Twp	1/31/24
	Menna Cox	64	Pineview	Dayhestown	2/3/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence BUCKS
- 2 Printed Name of Circulator ELLEN COX
- 3 Signature of Circulator
- 4 Number and Street of Circulator 64 PINE VIEW DRIVE
- 5 City, Borough or Twp. DOYLESTOWN TWP. Zip Code 18901

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUCKS 09


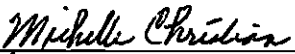
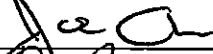

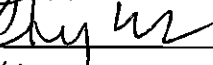


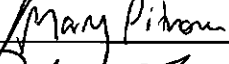

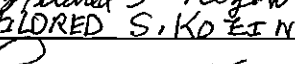
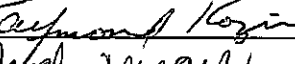
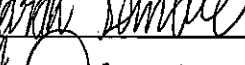

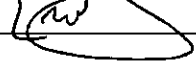
PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	THOMAS E PANZER	534	PARMENTON RD	WARMINSTER	01/23/24
	Darlene M. Sellers	340	Hardman Lane	Warminster	01/23/24
	Michael A. Luongo	4968	Crosspoint Drive	Buckingham	01/23/24
	Joanne H. McLinken	31	Rolling Lane	Aristol Twp	1/23/24
	Lisa J. Panzer	534	Parmenter Rd	Warminster	1/24/24
	Judith A. Algeo	1061	Creek Rd	Warminster	1/24/24
	Shari Gelfand Williams	8	Shelley Rd	Northampton	1/24/24
	Dakota Wheritty	989	Gorson Dr	Warminster	1/24/24
	Victoria Panzer	534	Parmenter	Warminster	1/29/24
	Margaret Kohlenberg	436	Maple St	Warminster	1/28/24
	Jennifer Kohlenberg	436	Maple St	Warminster	1/28/24
	William S. Kohlenberg	436	Maple St	Warminster	1/28/24
	William Kohlenberg	436	Maple St	Warminster	1/28/24
	Clayton Lutzow	274	Sweetbriar Dr	Warminster	1/28/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Samantha Lutza	274	Sweetbriar	Warminster	1/28/24
	Michelle Christian	385	Natale Ln.	Warminster	1/28/24
	Joe Christian	385	Natale Lane	Warminster	1/28/24
	Kyle Evans	503	Overlook	Warminster	1/28/24
	Amy Evans	503	Overlook Dr	Warminster	1-28-24
	Katelynne Cooper	694	Cotlar Lane	Warminster	1/28/24
	Jack Pitone	560	Parmentier Rd	Warminster	1/28/24
	Mary Pitone	560	Parmentier	Warminster	1/28/24
	JEFFREY FOSTER	530	PARMENTIER	WARMINSTER	2/4/24
	MILDRED S. KOZIN	526	Parmentier Rd	WARMINSTER	2/4/24
	RAYMOND KOZIN	526	PARMENTIER	WARMINSTER	2/4/24
	Sarah Demore	518	Parmentier	Warminster	2/4/24
	Christine Demore	518	Parmentier	Warminster	2/4/24
	ERIC Demore	518	Parmentier	Warminster	2/4/24

STATEMENT OF CIRCULATOR

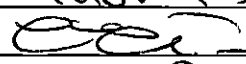
CIRCULATOR SHOULD COMPLETE 1-5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Bucks

2 Printed Name of Circulator Thomas E. Carter

3 Signature of Circulator 

4 Number and Street of Circulator 534 Parmentier Rd

5 City, Borough or Twp. Warminster Pa Zip Code 18974

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUCKS 09

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JANICE LEE RUDZINSKI	7104	Sheffield Dr	LOWER MAKEFIELD	2/3/24
	ROBERT TALARICO	1479	BROOKFIELD ROAD	LOWER MAKEFIELD	2/3/24
	Beth Ann Cauley	1355	James Ct.	Lower makefield	2/3/24
	KEVIN COURT	1355	JONES CT	Lower Makefield	2/3/24
	SUSAN SPEVAK	1612	FAIRFIELD RD	LOWER MAKEFIELD	2/3/24
	Adriana Philip	1945	Timber Lakes Dr	Lower Makefield	2/3/24
	JOSEPH R PHILIP	1945	TIMBER LAKES DR	Lower MAKEFIELD	2/3/24
	JOAN Philip	1945	Timber Lakes Dr	Lower Makefield	2/3/24
	John DeLorenzo	1576	BRAMBLE CT	Lower makefield	2/3/24
	Patrice Pladsen	1554	Brookfield Rd	Lower makefield	2/3/24
	Dominic Diccianni	2013	FARAVIEW DR	Lower MAKEFIELD	2/3/24
	Kathy O'Donnell	2013	FARAVIEW	Lower makefield	2/3/24
	Francis B. Alvarez	1493	Brookfield Rd	Lower makefield	2/3/24
	JOSE R. ALVAREZ	1493	Brookfield Rd	Lower MAKEFIELD	2/3/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Mary Jane Larson</i>	Mary Jane Larson	827	Washington Crossing Rd	Upper Makefield	2/3/2024
<i>Kathleen Pedrick</i>	Kathleen Pedrick	1525	Brookfield Rd	Lower Makefield	2/3/2024
<i>Anthony M. Tropea</i>	ANTHONY M. TROPEA	1478	GREENMEADOWS	LOWER MAKEFIELD TWP	2-3-24
<i>Brielle Maria McNair</i>	Brielle Maria McNair	1509	Pownal Drive	Lower Makefield Twp	2/3/24
<i>Jacquelyn P. McNair</i>	Jacquelyn P. McNair	1509	Pownal Drive	Lower Makefield	2/3/24
<i>Samuel McNair</i>	Samuel McNair	2509	Pownal Drive	Lower Makefield	2/3/24
<i>Jonathan C. McNair</i>	Jonathan C. McNair	1509	Pownal Drive	Lower Makefield	2/3/24
<i>Sharon K. Barberides</i>	Sharon K. Barberides	6	Berkley Dr.	Lower Makefield	2/3/24
<i>Esther Fiori</i>	Esther Fiori	240	Dorlington Rd.	Lower Makefield	2/4/24
<i>David Fiori Jr</i>	DAVID Fiori Jr	1995	Woodside Rd	LOWER MAKEFIELD	2/4/24
<i>Vanessa A. Fiori</i>	VANESSA A. FIORI	1995	Woodside Road	Lower Makefield	2/4/24
<i>Lisa A. Halteman</i>	Lisa A. HALTEMAN	4	BOWMANS Drive	Upper Makefield	2/5/24
<i>Karen H. Russo</i>	KAREN H. RUSSO	1106	MAKEFIELD RD	LOWER MAKEFIELD	2-5-24
<i>Cynthia Sellani</i>	CYNTHIA Sellani	1297	Cleanview Drive	Lower Makefield	2-05-24
<i>Michael P. Spevak</i>	MICHAEL P SPEVAK	1612	FAIRFIELD	LOWER MAKEFIELD	2/05/24
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence BUCKS

2 Printed Name of Circulator VANESSA FIORI

3 Signature of Circulator *Vanessa Fiori*

4 Number and Street of Circulator 1995 Woodside Road

5 City, Borough or Twp. Lower Makefield Zip Code 19067

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUCKS 09

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	John W. Houck	2688	WINDYBUSH	WRIGHTSTOWN PA 18990	2-4-24
	ERIC C. McNAUL	100	Perry LN	Wrightstown	2/4/24
	Beverly Garner	870	Penns Park Rd	Wrightstown	2/4/24
	DONALD GARNER	870	Penns Park Rd	Wrightstown	2/4/24
	Thomas Bogdan	10	Buck Hill Dr	Holtung	2-4-24
	Anthony Marozzo	1044	Millicent R	Wrightstown	2/4/24
	Linda Cleary	945	Penns Park	Wrightstown	2/4/24
	Matt Marozzo	2423	Second St Pike	Wrightstown	2/4/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Bucks

2 Printed Name of Circulator Linda T. Mannherz

3 Signature of Circulator *Linda T. Mannherz*

4 Number and Street of Circulator 333 Hunters Wood Dr

5 City, Borough or Twp. Wrightstown Zip Code 18940

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUCKS 09

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Linda F. Manherz	333	Hunters Wood	Wrightstown	2/3/24
	Robert E. Musher	333	Hunters Wood	Wrightstown	2/4/24
	Arthur J. Brumby	358	Hunter Wood	Wrightstown	2/4/24
	CHESTER S. POLODNOWSKI	867	ROUNSHIP LINE RD	WRIGHTSTOWN	2/4/24
	Leonard A. Cavallaro	195	Jericho valley Dr.	Wrightstown	2/4/24
	Kevin Seip	189	Oothodox DR	Richboro	2/4/24
	Victoria M. Guest	522	Dunham Rd	Wrightstown	2/4/24
	Gerald Speed	522	Dunham Rd	Wrightstown	2/4/24
	Jan Seip	189	Oothodox Dr	Richboro	2/4/24
	Jenna Brunsbach	1085	Washington Ave.	Wrightstown	2/4/24
	Donna H. Gargak	4203	Miladies Lane	Buckingham	2/4/24
	Peter J. Smith	871	Park Ave	Wrightstown	2/4/24
	Gail Schwartz	30	Kings Ln	Richboro	2/4/24
	Robert Schwartz	30	Kings Ln	Buckhorn	2/4/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Bucks

2 Printed Name of Circulator LEONARD A. CAVALLARO

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 195 Tericho Valley Drive

5 City, Borough or Twp. Wrightstown Zip Code 18940

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUCKS 09

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Dianne Mills</i>	Dianne Mills	690	DURHAM	Wrightstown	2/4/24
<i>Brian A Mills</i>	BRIAN A MILLS	690	DURHAM RD	WRIGHTSTOWN	2/4/24
<i>Susan Brennan</i>	SUSAN BRENNAN	187	GOLF CLUB	Langhorne	2/4/24
<i>Sharon Ellison</i>	Sharon Ellison	27	Larch Cir	Northampton	2/4/24
<i>Rowan Ellison</i>	Rowan Ellison	27	Larch Cir	Northampton	2/4/24
<i>Donald J. Loff</i>	DONALD J. LOFF	172	Pheasant Lane	Wrightstown	2/4/24
<i>Lawrence Kerwood</i>	Lawrence Kerwood	2534	2nd St. Pike	Wrightstown	2/4/24
<i>Linda Need</i>	Linda Need	169	Pheasant Ln	Wrightstown	2/4/24
<i>Barbara D'Amato</i>	Barbara D'Amato	2237	Second St. Pike	Wrightstown	2/4/24
<i>Louis D'Amato</i>	Louis D'Amato	2232	2nd St. Pike	Wrightstown	2/4/24
<i>Mary Ellen Goldstein</i>	Mary Ellen Goldstein	106	Whisper Hill Rd	Wrightstown	2-4-24
<i>Richard Goldstein</i>	Richard Goldstein	106	Whisper Hill Court	Wrightstown	2-4-24
<i>Lorraine M. Poll</i>	LORRAINE M. POLL	47	North Dr.	Holland, Pa	2-4-24
<i>Richard P. Poll</i>	RICHARD P. POLL	47	NORTH DR	HOLLAND PA	2/4/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	DAVID DELBIANCO	835	CHERRY	WRIGHTSTOWN	2/4/24
	EDUARDO BRITO	843	LAUREL HILL	WRIGHTSTOWN	2/4/24
	Lisa Espenshade	25	Alexanders Court	Wrightstown	2/4/24
	Stephanie Filogor	80	St. Imber Rd	Northampton	2/4/24
	Daniel Looper	80	St. Imber Rd	Northampton	2/4/24
	Chad Gibson	1159	Swamp Rd	Wrightstown	2/4/24
	Sam Fiorello	1212	Meadow Brook Dr	Quakertown	2/4/24
	Marilyn A. Maxwell	129	Woolley Run Rd	Penns	2/4/24
	Richard Maxvick	129	Woolley Run Rd	Penns	2-1-24
	Kathleen Cavallo	195	Jericho Valley	Wrightstown	2-4-24
	Regina Lloyd	56	Alexanders Ct	Wrightstown	2-9-24
	Robert S. Lloyd	56	Alexanders Ct	Wrightstown	2/4/24
	Celeste Aruso	5	Oxford D	Jupland	2/4/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Bucks
- 2 Printed Name of Circulator Leonard A. Cavallaro
- 3 Signature of Circulator
- 4 Number and Street of Circulator 195 Jericho Valley Dr
- 5 City, Borough or Twp. Wrightstown Zip Code 18940

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUCKS 09

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	EILEEN T. ZOLOTOROFF	600	Sackettsford	Northampton	1/28/24
	Pavel Adamsky	740	Durham rd	Buckingham	1/29/24
	Ella Adamsky	740	Durham rd	Buckingham Newtown	1/27/24
	Jennifer Ladd	39	Louchkov Gweln	Leighton, PA	1/29/24
	Ashley Collins	318	Finville	Upper Makefield	1/29/24
	Laura Standeven	1875	Quarry Rd	Lower Makefield	1/29/24
	Ali Webster	267	S. Lincoln Ave	Newtown Borough	2/1/24
	BARRY FLECK	107	Court ST	Newtown Boro	2/1/24
	David G. Davis	370	Parkview	Newtown Twp	2/1/24
	Robert J. Davies	78	Parkview Way	Newtown Twp	2/1/24
	Kimberly Chandler	29	Commanders Dr	Washington Xing	2/1/24
	Ryan Gallagher	183	Eagle Rd	Newtown Twp	2-1-24
	Martin Lutsebaum	25	Farnham Ln	Northampton	2/1/24
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Duques

2 Printed Name of Circulator Dave Miller

3 Signature of Circulator Dave Miller

4 Number and Street of Circulator 1041 Lafayette Dr

5 City, Borough or Twp Miller, Makefield Zip Code 19067

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUCKS 09

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Heather DeFoor	2105	Waverly Rd	Southampton	1-28-24
	Grace Collins	1458	Wrightstown Rd	Upper Merion	1-29-24
	Ludmila Shubin	740	Durham	Buckingham	1-29-24
	Jen Delgado	235	Empire Ave	Langhorne Boro	1-29-24
	Renee Kilgarriff	335	S. Lincoln Ave	Newtown Boro	2/1/24
	Valerie Davis	370	Parkview	Newtown Twp	2/1/24
	Claire Wilson	53	Parkview	Newtown Twp	2/1/24
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5-4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Bucks

2 Printed Name of Circulator Diane Fowler

3 Signature of Circulator Diane Fowler

4 Number and Street of Circulator 1041 Lafayette Dr.

5 City, Borough or Twp. Lewer Makefield Zip Code 19067

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUCKS 09

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Donald Damm	297	Woods Edge	PL Langhorne	1/9/24
	Larry Hampton	304	W. Maple Ave	Langhorne, Boro	2/4/24
	Virginia Hampton	302	West Maple Ave	Langhorne Boro	2-4-24
	Joan Kennedy	128	South Woodbine	Middletown Langhorne	2-4-24
	Michael J Kennedy	128	South Woodbine	Middletown Langhorne	2-4-24
	DAVID PICTON	202	Parkway	Middletown Langhorne	2-4-24
	Janet Maher	212	N. Bellevue	Langhorne Borough	2/4/24
	Linda J Burn	202	E. Marshall	Langhorne Borough	2/4/24
	Joseph D Burns Jr	202	E. MARSHALL	Langhorne BORO	2-4-24
	Emma Tomlinson	204	W. Gilliam	Langhorne Manor	2/4/24
	PAUL PALLANT	314	Deer Rd	Middletown Langhorne	2/4/24
	Karen Trillo	504	Station Drive	Manor Langhorne	2/4/24
	Michael Minch	504	Station Avenue	Langhorne MIDDLEBORO	2/4/24
	RALPH MCCLELLAN	28	FRUITREE RD	MIDDLETOWN	2/4/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Becky Holzner	146	V. Richards	Langhorne PA	2/4/24
	Art Holzner	146	W. Richards	Langhorne PA	2/4/24
	GREG R. DARNLEY	7	CRICKSET RD	MIDDLETOWN	2-4-24
	Brittany Darnley	2	Quaint Rd	Middletown	2/4/24
	Kristen Farny	116	E Winchester Ave	Langhorne Borough	2/4/24
	Jacquelyn S. Stout	133	E Winchester Ave	Langhorne Borough	2/4/24
	Fred Tomlinson	204	W. BILLER	LEWIS MANOR	2-4-24
	Amanda Birney	55	Fountain Rd	Levittown PA	2-4-24
	Kimberly Carney	35	Amygylt	Langhorne	2-4-24
	William Carney	35	Amygylt	LANGHORNE	2-4-24
	Dersonah Carben	546	Parkside Ave	Middletown Twp	2/4/24
	Robert Weldon	22	Cricketset	Middletown	2/4/24
	DAWN C MILLER	146	V. Nicholas	Langhorne	2/4/24
	William Miller	146	V. Richards Ave	Langhorne	2/4/24
	Bernadine Weng	145	E Marshall Ave	Langhorne	2/4/24
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Bucks
- 2 Printed Name of Circulator Falk Farny
- 3 Signature of Circulator
- 4 Number and Street of Circulator 116 E. Winchester Ave
- 5 City, Borough or Twp. Langhorne Borough Zip Code 19047

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUCKS 09

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro, or Twp.	
	Gregory A. Erway	203	National Ave	Langhorne	2/3/24
	KAREN L. ERWAY	203	National Ave	Langhorne	2/3/24
	Tom DeFoor	475	Bucks Rd	Middletown	2/4/24
	Diane Lawless	41	Turf Rd	Levittown PA	2/4/24
	BRANDON BORDEN	839	Jeffrey Lane	Langhorne PA	2/4/24
	BRUCE K. KEELEY	43	Gunning Ln	MIDDLETOWN LANGHORNE	2/4/24
	Christine Keeley	43	Gunning Lane	Langhorne, PA Middletown	2/4/24
	Joanne Lawler	165	Summit Fern	Middletown	2/4/24
	JOHN M. LACERTE	APT. 180	800 TRENTON RD	LANGHORNE	2/4/24
	Cheryl Brodbeck	202	West Park Ave	Langhorne Manor	2/4/24
	JOHN BRODBECK	202	W. PARK AVE	LANGHORNE MANOR	4 FEB 24
	Robert Little	180	Country	Langhorne	2-4-24
	Theresa Little	180	Countryside Ln	Langhorne	2/4/24
	SUSAN L. RODOSA	46	Hydrangea	MIDDLETOWN	2/4/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Stephanie Hartstorn</i>	Stephanie Hartstorn	165	S Walnut	Middletown	2/4/24
<i>[Signature]</i>	JOHN JOSEPH	366	KILBURN RD	LANGHORNE	2/4/24
<i>[Signature]</i>	B. Brent Marks	732	PARSON LAKE	Middletown	2/4/24
<i>[Signature]</i>	William Craven	1060	Ave B	Langhorne	2/4/24
<i>[Signature]</i>	Tom M. Paul Sr	289	St. H. Rd	Middletown	2/4/24
<i>[Signature]</i>	Edward Ramsay	206	W. Park Ave	Langhorne Middletown	2/4/24
<i>[Signature]</i>	Diane M. Jones	504	Clarissa	Pennel	2/4/24
<i>[Signature]</i>	Brian Matt. U	5	Coral Rock	Middletown	2/4/24
<i>[Signature]</i>	Diane Lentz	55	Touraine	Middletown	2/4/24
<i>[Signature]</i>	GENNADY	28	GOLF CLUB	LANE	2/4/24
<i>[Signature]</i>	MARINA SEKIRIYA	28	GOLF CLUB	Langhorne	02/04/2026
<i>[Signature]</i>	EDWARD STANON	600	CHARLOTTE HOUSE DR	Middletown	2/4/2024
<i>[Signature]</i>	Kathleen Horvath	127	West Maple Ave	Langhorne Boro	2/4/24
<i>[Signature]</i>	Helen Gordon	458	Cypress	Middletown	2/4/24
<i>[Signature]</i>	Carmie Doyle	728	Langhorne Yardley Rd	Middletown	2/4/24
<i>[Signature]</i>	Denise Boyle	297	Woods Edge	Langhorne	2/4/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Bucks

2 Printed Name of Circulator Frank Fong

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 116 E. Walnut Ave

5 City, Borough or Twp. Langhorne Zip Code 19047

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION:

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUTLER 10

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No;	Street or Road	City, Boro or Twp.	
<i>Valerie Stennetz</i>	Valerie Stennetz	145	Hampshire Drive	Cranberry Twp	1/27/24
<i>Regina Lape</i>	Regina Lape	138	Pauline	Evans City	1/27/24
<i>Adam Spithaler</i>	Adam Spithaler	931	Twilight St	Cranberry Twp	1/27/24
<i>Raymond Holland</i>	Raymond Holland	725	Norwegian Square	Adams Twp	1/27/24
<i>Nancy T Duerling</i>	Nancy T Duerling	7454	Franklin Rd	Cranberry Twp	1/27/24
<i>John L. Kennedy</i>	John L. Kennedy	115	List Hill	Middlesex 1	1-27-24
<i>Taylor J Kennedy</i>	Taylor J Kennedy	115	List Hill	Middlesex 1	1-27-24
<i>Tricia Holland</i>	Tricia Holland	725	Norwegian Square	Adams Twp	1/27/24
<i>Christina Schmitt</i>	CHRISTINA SCHMITT	403	KAREN CT	CRANBERRY TWP	1/27/24
<i>David Schmitt</i>	David Schmitt	403	Karen Ct	Cranberry Twp	1-27-24
<i>Patricia G. Stirling</i>	Patricia G. Stirling	121	Red Bruce	Lancaster Twp	1-27-24
<i>Diana Salera</i>	Diana Salera	216	Pine St	Gettysburg	1-27-24
<i>Donald Salek</i>	DONALD SALEK	216	PINE ST	GETTYSBURG	1-27-24
<i>Apple Yaucit</i>	APPLE YAUCIT	105	Brighton Ln	Adams 2	1/27/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence BUTLER

2 Printed Name of Circulator DENISE ETTER

3 Signature of Circulator *Denise Etter*

4 Number and Street of Circulator 123 HAMPSHIRE DR.

5 City, Borough or Twp. CIZANBERRY TWP Zip Code 16066

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUTLER 10

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Stephenie Scialabba	207	Emerson Ave	Cranberry Twp	1/27/24
	DANIEL ESIER	123	HAMPSHIRE DRIVE	CRANBERRY TWP	01/27/24
Jamie Inferrera	Jamie Inferrera	931	Twilight Street	cranberry Twp	1/27/24
	MICHAEL Lanno	26	ZELIE DR	ZELIENOPLE	1/27/24
	Filippo D Lombardi	307	Cosette Dr	Cranberry Twp	1/27/24
	William Fragale	100	E. Brewster Rd	Butler PA	1/27/24
	John Scialabba	207	Emerson Ave	Cranberry Twp	1/27/24
	Nelia DeSantos	205	Sunsett	Valencia	1-27-24
	Jeffrey M. DeSant	205	Sunsett	Valencia	1-27-24
	Julie Shepard	307	Boxette Dr	CRSBY TWP	1-27-24
	GABE Campizelli	310	Ashaway	Cran Twp	1/27/24
	Nicki Fragale	100	East Brewster Rd	Butler Center Twp	1/27/24
	Jennifer R Pullar	507	Myoma	ADAMS TWP	1/27/24
	Heidi Rettig	502	Perry Highway	Lancaster Twp	1-27-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	DAVID PETRAS	502	Perry Hwy	LANCASTER TWP	1/27/24
	Bruce W. Hezlep	817	Deep Lake Drive	Cranberry Twp PA	1/27/24
	S. Michael Streib	102	Conterbury Trl	Cranberry Twp	1/27/24
	Amy Zugell	713	Sirburton Ct.	Cranberry Twp	1/27/24
	Daniel M. Zugell	713	Sir Barton	Cranberry Twp	1/27/24
	Dianne H. Gregor	127	Youngblood Rd	Zelienople	1/27/24
	Katelyn Ryan	338	Highway 202	Seva Fields	1/27/24
	MARK S. GORDON	202	Marion Pointe Blvd	MARION	1/27/24
	Solan McMillin	321	S High	Zelienople	1/27/24
	Janet Maharg	143	Oakdale Dr	Zelienople	1/27/24
	Terry Maharg	143	Oakdale Dr	Zelienople	1/27/24
	Cynthia Knoechel	145	Oakdale Dr	Zelienople	1/27/24
	Bruce Knoechel	145	Oakdale Dr	Zelienople	1/27/24
	BARBARA SPITALER	112	Angeloff Lane	Valencia	1/27/24
	ROBERT LAAK	738	PAULINE PL	EVANS CITY	1/27/24
	CHERYL AUTH	324	Grand Lynn Lane	Evans City	1/27/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence BUTLER
- 2 Printed Name of Circulator DENISE ETTER
- 3 Signature of Circulator
- 4 Number and Street of Circulator 123 HAMPSHIRE DR.
- 5 City, Borough or Twp. CRANBERRY TWP Zip Code 16066

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUTLER 10

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Michael J. Porchak	1303	Kittanning Pike	Fairview Twp	2/1/24
	Sandra L. Patchak	1303	Kittanning Pike	Fairview Twp.	2/1/24
	Tyler M. Beate	451	Donaghy Rd	Donegal Twp	2-1-24
	Catherine Leenheer	406	Isabella	Zelienople, PA	2/2/24
	Mariette Reeb	316	W. New Castle	Zelienople Pa	2/2/24
	WAYNE REEB	316	W. New Castle	Zelienople Pa	2-2-24
	RICHARD C. POWELL	426	E. NEW CASTLE ST	ZELIENOPE, PA	2-2-24
	Catherine Powell	426	E. New Castle St	Zelienople	2/2/24
	timothy M SIMPSON	842	EDMOND ST	HARMONY	2-2-24
	Elizabeth S. Francino	151	Critchlow School Rd	Forward Twp	2-2-24
	Carol A. Johnson	211	Ridge Rd.	Center Twp.	2-5-24
	Diane R. Marburger	1309	Marse. C. Rd.	Adams	2-5-2024
	Bonnie Lynn Thoma	109	Grohman Rd	Summit Twp	2-5-2024
	Melvin Kelly	330	Shawnee St	Butler City	2/5/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence BUTLER

2 Printed Name of Circulator Michele M. Mustello

3 Signature of Circulator Michele M. Mustello

4 Number and Street of Circulator 177 Medical Center Road

5 City, Borough or Twp. Donegal Township Zip Code 16025

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUTLER 10

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Lonnie Myers</i>	Lonnie Myers	116	Ford Dr	Buttee	1-26-24
<i>Mary B Bray</i>	Mary B Bray	128	Wet Slippery	Chicora Boro	1-26-24
<i>Lindsay Block</i>	Lindsay Block	102	Pine Ridge Drive	Chicora	1/26/24
<i>Cindy Hilderbrand</i>	Cindy Hilderbrand	1085	Chicora - Fenelton rd	Fenelton	1-26-24
<i>[Signature]</i>					
<i>[Signature]</i>					
<i>Jerome Macynak</i>	Jerome Macynak	261	Brown Rd	Parker Twp	1-26-24
<i>[Signature]</i>	JEDASAK WILBERT	102	FROST ST	CHICORA BORO	1-26-24
<i>Beth Anne Dunlap</i>	BETH ANNE DUNLAP	714	BEARFIELD	FENELTON	1-26-24
<i>Jack Dunlap</i>	JACK DUNLAP	714	Clearfield	Fenelton	1-26-24
<i>Adam Murray</i>	Adam Murray	117	Water St	Chicora	1/28/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Butler

2 Printed Name of Circulator Cindy Hilderbrand

3 Signature of Circulator Cindy Hilderbrand

4 Number and Street of Circulator 1685 Chicora-Fenelton Road

5 City, Borough or Twp. Fenelton Zip Code 16034

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUTLER 10

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Theo Edwards	151	TRIAN Rd	Fenelton	2/3/24
	FRANK Kaladish	151	TRIAN Rd	Fenelton	2/3/24
	Stacey McLaughlin	336	Slipperyback Rd.	Brady Twp	2/3/24
	HEATHER Hoy's	405	W North	Butler	2/3/24
	Lonna C. Hoy's	405	W North	Butler	2-3-24
	Richard Grabowski	473	Chicora Rd	Oakland Twp	2-3-24
	Vanessa Barnett	473	Chicora Rd	Oakland Twp	2-3-24
	Josi Nebel	117	Belleshire	Center Twp	2/3/24
	DONALD				2/3/24
	Leslie Mahood	101	Maga Ln	Brady Twp	2-3-24
	KEITH MAHOOD	101	MAGA LANE	BRADY TWP	2-7-24
	Monica Adams	103	Maga Ln	Brady	2-3-24
	TERRY G. Gebel	354	W Slippery ROCK ST.	CHICORA	2-3-24
	Jacob C. Luedy	278	Ridge Rd.	Valencia	2-3-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>Robert G. Ogden</i>	Robert G. Ogden	348	Holyoke Rd	Center Twp	2/3/24
16. <i>Connie Gregor</i>	CONNIE Gregor	266	Renfrew	Penn Twp	2/3/24
17. <i>Robert Gregor</i>	Robert Gregor	266	Renfrew	Penn Twp	2/3/24
18. <i>Sara Hughes</i>	Sara Hughes	285	Evans City Rd	Butler	2/3/24
19. <i>Robin L. Kiley</i>	ROBIN L KILEY	177	REIDOW RD	FORWARD	2/3/24
20. <i>Phillip A. Kiley</i>	PHILLIP A KILEY	177	REIDOW ROAD	FORWARD	2-3-24
21. <i>Michaelann Harrigan-King</i>	Michaelann Harrigan-King	327	Warrick	Sevenfields	2/3/24
22. <i>Linda Hemphill</i>	LINDA HEMPHILL	120	GLINFORD VILLAGE	CHICORA PA (FAIRVIEW TWP)	2/3/24
23. <i>Richard Hemphill</i>	RICH HEMPHILL	120	GLINFORD VILLAGE	CHICORA PA (FAIRVIEW TWP)	2/3/24
24. <i>Marty E. Best</i>	MARTY E Best	339	Sandy Pt	Allegheny Twp	2/3/24
25. <i>William E. Best</i>	WILLIAM E BEST	339	SANDY PT RD	ALLEGHENY TWP	2/3/24
26. <i>Mary C. Cherry</i>	Mary C. Cherry	210	Beech Rd	Butler Twp	2/3/24
27. <i>Peter Henry</i>	PETER HENRY	210	BEECH RD	BUTLER TWP	2-3-24
28. <i>James Sauers</i>	James Sauers	495	Whitstom Rd	Butler TWP	2-3-24
29. <i> Pamela R. Double-Sauers</i>	Pamela Double-Sauers	495	Whitstom Rd	Butler	2-3-24
30. <i>Judith L. Dietzen</i>	Judith L Dietzen	339	Holyoke Rd	Center Twp	2-3-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Butler
- 2 Printed Name of Circulator Cindy Hilderbrand
- 3 Signature of Circulator *Cindy Hilderbrand*
- 4 Number and Street of Circulator 685 Chicora - Penelton Road
- 5 City, Borough or Twp. Penelton Zip Code 16034

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUTLER 10

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	CHERYL GUENTHER	129	MAURDRESS	PROSPECT BORO	1/23/24
	GUSTAVE GUENTHER	129	MONROE ST	PROSPECT BORO	1/23/24
	Ruth Fisher	141	Rhodee Rd	Slippery Rock <i>W Liberty Boro</i>	1/23/24
	Joan G Fairmezege	145	Wynneworth D.	Butler	2-12-24
	John McKindley	107	Sunburst Ct.	Center Twp Butler PA	2-2-24
	Jo A. Miller	113	Orchard Dr	Prospect PA	2-4-24
	BERNIE MILLER	113	ORCHARD DR	PROSPECT	2/4/24
	Deb Wolfe	112	Orchard Dr	Prospect, PA	2-4-24
	Justin Malinix	391	N. Glou	butler	2-4-24
	Kathy Malinix	121	Orchard Ln	Prospect	2-4-24
	Naomi Betty	121	Orchard	Prospect	2-4-24
	Samuel H. Wagner	378	main st.	Prospect Boro	2-4-24
	Kimberly Greco	171	ORCHARD DR	PROSPECT BORO	2/4/24
	Beverly Lotz	174	Orchard Dr	Prospect PA	2-4-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Jill Wilson</i>	FERRI WILSON	114	Boyer Lane	Prospect	2/5/24
<i>Richard W. Brain</i>	RICHARD W. BRAIN	126	S. FRANKLIN ^{ST.}	PROSPECT PA	2/6/24
<i>Mike</i>	Michael DAVIS	363	Main St	Prospect	2/6/24
<i>Gayle P Blackwood</i>	Gayle L Blackwood	298	Election House	Butler PA	2-6-20
<i>Thomas J Blackwood</i>	Thomas J Blackwood	290	Election House	Butler PA	2-6-29
<i>Isaac Gwenter</i>	Isaac Gwenter	129	Monroe St	Prospect	2/6/24
<i>Dorothy Beumer</i>	Dorothy Beumer	109	Duna Ln	Butler	2/4/24
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Butler

2 Printed Name of Circulator Cheryl Gwenter

3 Signature of Circulator *Cheryl Gwenter*

4 Number and Street of Circulator 129 Monroe St

5 City, Borough or Twp. Prospect Zip Code 16052

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUTLER 10

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Deborah L. Horstman	1511	Grant Ave	Oakland Twp	2-3-24
	Peter E. Walowen	327	Fairview Rd	PARKER TWP	2-3-24
	Randall Meyer	2125	EVANS	JACKSON	2-3-24
	Thomas G. Davidson	119	Shawnee Dr	Center Twp	2-3-24
	Kimberley E. Walker	382	McGrady Hollow Rd	Clearfield Twp	2-3-24
	Marsha McLafferty	402	Cherokee Drive	Center Twp	2-3-24
	Richard E. McLafferty	402	Cherokee Dr	Center Twp	2-3-24
	John M. Williams	313	Clay Ave	MARS	2-3-24
	PAMELA M. Williams	313	CLAY AVE	MARS	2-3-24
	PAMELA LEWIS	127	RANDOLPH	JACKSON	2-3-24
	Pamela Lewis	127	Randolph Pl	Jefferson Twp	2/3/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence BUTLER

2 Printed Name of Circulator CHERYL GUENTHER

3 Signature of Circulator *Cheryl Guenther*

4 Number and Street of Circulator 129 MONROE ST

5 City, Borough or Twp. PROSPECT Zip Code 16682

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUTLER 10

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Shawn Crilly	485	Seybertown Rd	East Brady	
	Stella May Geibel	1031	Bonglesbrook Rd	Oakland	1/26/2024
	Robin L Geibel	1031	Bonglesbrook Rd	Oakland	1/26/2024
	Brian L Colford	1100	Painter Ln	Oakland	1/27/24
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Butler
 2 Printed Name of Circulator Cindy Hilderbrand Cindy Hilderbrand
 3 Signature of Circulator Cindy Hilderbrand Cindy Hilderbrand
 4 Number and Street of Circulator 1085 Chicora Fenelton Road
 5 City, Borough or Twp. Fenelton Zip Code 16034

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUTLER 10

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Cindy Hilderbrand	685	Chicora - Fenelton rd	Fenelton Donegal twp	1-24-24
	Mary Bember	327	Chicora Fenelton Rd	Chicora Donegal Twp	1-26-24
	Robert M Bember	327	Chicora - Fenelton Rd	Chicora Donegal Twp	1-26-24
	Teressa Sue Campbell	110	Vensel Ln	Chicora Fairview twp	1-26-24
	Bruce E Campbell	110	Vensel Ln	Chicora Fairview Twp	1-26-24
	Griffin Snyder	222	Spruce Rd.	Kams City Fairview Twp	1-26-24
	MICHAEL SYBERT	130	FAIRMONT RD Hemlock Rd	CHICORA FAIRVIEW TWP	1-26-24
	Brian K Pottman	104	Hemlock Rd	Petrola Fairview twp	1-27-24
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Butler
 2 Printed Name of Circulator Cindy Hilderbrand
 3 Signature of Circulator Cindy Hilderbrand
 4 Number and Street of Circulator 685 Chicora - Fenelton Road
 5 City, Borough or Twp. Fenelton Zip Code 16034

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CAMBRIA 11

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Margy Lieb	1341	NICKTOWN HILL	Barr Twp	2-1-24
	RALPH J LIEB	1341	HILL Rd	BARR Twp	2-1-24
	Robert J Lieb	1327	NICKTOWN Hill Rd	Barr Twp	2-3-24
	Bridget Lieb	1327	Nicktown Hill Rd	Barr Twp	2-3-24
	DANIEL LIEB	107	GEORGE FIRSCH LAKE	BARR TWP	2-4-24
	Brandi Lieb	107	George Kirsch Ln	Barr twp	2-4-24
	Brooke Lieb	203	Forest Lane	Barr twp	2-4-24
	CHRISTINE LIEB	203	Forest Lane	Barr twp	2-4-24
	Brian E Lieb	203	Forest Ln	Barr twp	2/4/24
	Adam Lieb	175	Forest Ln	Barr Twp	2/4/24
	Breanna Lieb	175	Forest Ln	Barr Twp	2/4/24
	Zachary Lieb	164	George Kirsch Ln	Barr Twp	2/4/24
	Jacob Lieb	203	Forest	Barr Twp	2/4/24
	Edward J. Lieb	199	Forest	Barr Twp	2/4/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Susan Lieb	199	Forest Lane	Barr	2-4-24
	Samuel A Krumenacher	380	Krumenacher Ln	Barr	2-4-24
	RONALD A KRUENACHER	380	KRUMENACHER LANE	BARR	2/4/24
	Amy Lieb	349	Ridge Rd	Barr	2/4/24
	Carol A. Lieb	349	Ridge Rd	Barr	2-4-24
	Kevin H. Lieb	349	Ridge Road	Barr	2-4-24
	MIKE LIEB	132	ST BONIFACE ST	BARR	2-4-24
	Emily Lieb	100	St Henry St	Barr	2-4-24
	Ben Lieb	100	St Henry St	Barr	2-4-24
	Joseph Ludwig	564	Luther Road	Barr	2-4-24
	Loraine Ludwig	564	Luther Rd	Barr	2-4-24
	Kaitlyn Ludwig	564	Luther Rd	Barr	2-5-24
	Paul Ludwig	182	Iron Bridge	Nicktown	2-5-24
	Dennis Farabaugh	703	Ridge Rd	Barr	2-5-24
DERON GORMISH	Deron Gormish	708	Palmer Ave	Patton	02-01-24
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state, that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Cambria
- 2 Printed Name of Circulator Stephen L. Dillon
- 3 Signature of Circulator Stephen L Dillon
- 4 Number and Street of Circulator 456 Water Falls Rd
- 5 City, Borough or Twp. Nicktown / Barr Twp Zip Code 15762

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CAMBRIA 11

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Robert L Dillon</i>	Robert L Dillon	461	WATER FALLS RD	BARR	1-26-24
<i>Diana C Dillon</i>	Diana C. Dillon	461	Water Falls Rd	Barr Twp	1-26-24
<i>Michelle L Snyder</i>	Michelle L Snyder	439	Waterfalls Rd	Barr twp	2/3/24
<i>Christopher A Snyder</i>	Christopher A Snyder	439	Water Falls Rd	Barr Twp	2/3/24
<i>Alex Snyder</i>	Alex Snyder	439	Water Falls Rd	Barr Twp.	2/3/24
<i>Theresa C Dumm</i>	Theresa C Dumm	119	Luther Rd	Barr twp	2/5/24
<i>Francis Dumm</i>	FRANCIS Dumm	119	LUTNER RD	BARR TWP	2-5-24
<i>Mark A Dumm</i>	Mark A. Dumm	119	Luther Rd	Nicktown	2-5-24
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

**CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW**

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Cambridge
 2 Printed Name of Circulator Mary R Dillon
 3 Signature of Circulator Mary R Dillon
 4 Number and Street of Circulator 456 Water Falls Rd
 5 City, Borough or Twp. Nicktown Zip Code 15762

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CAMBRIA 11

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Elizabeth Gueguen	3146	Blue Goose Rd.	Barr Twp.	2/6/24
	Mack Kline	310	Lieb Rd	Carrolltown	2/6/24
	Alma Kline	310	Lieb Rd	Carrolltown	2/7/24
	John Kline	324	LYB Rd	Carrolltown	2/7/24
	William Kline	2519	Killen School Rd	Nicktown	2/7/24
	Jacob Kline	310	Lieb Rd	Carrolltown	2-7-24
	Jeffrey Kline	374	Abundant	North Cambria	2-7-24
	David Kline	324	Lieb rd	Carrolltown	2-7-24
	Abigail Kline	310	Lieb Rd	Barr Twp	2-7-24
	Sharon Kline	310	Lieb Rd	Barr Twp	2/7/24
	Agnes Kline	324	Lieb Rd	Carrolltown	2-7-24
	Maria Stryka	786	Wolf Rd	Barr Twp	2/7/24
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Cambria

2 Printed Name of Circulator Mary R Dillon

3 Signature of Circulator Mary R Dillon

4 Number and Street of Circulator 1456 Water Falls Rd

5 City, Borough or Twp. Nicktown Zip Code 15762

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CAMBRIA 11

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Stephen L Dillon</i>	Stephen L. Dillon	456	Water Falls Rd	Barr Twp	1-24-24
<i>Mary R Dillon</i>	Mary R Dillon	456	Water Falls Rd	Barr Twp	1-25-24
<i>David J Dillon</i>	David J. Dillon	1394	Rebecca Ln	Barr Twp	1-25-24
<i>Cindy Bopp</i>	Cindy Bopp	158	Railroad St	W Carroll Twp	1-29-24
<i>Rich Whitford</i>					
<i>Rich Whitford</i>	Rich Whitford	315	Delaware st	Carroll town	1-30-24
<i>Paul Kelly Kitchen</i>	Paul Kelly Kitchen	400	N. Main ST.	Carrolltown Pa	1-30-24
<i>Ray Smith</i>	RAY SMITH	1905	EMPIRE AVE	Northway comsq	1-31-24
<i>Margaret Cavittner</i>	Margaret Cavittner	179	Hertzog	Carroll Twp	2-1-24
<i>Andriy Kelt</i>	Andriy Kelt	3711	Campbell Ave	N. Cambria	2-1-24
<i>Sarah Kelt</i>	Sarah Kelt	3711	Campbell Ave	N. Cambria	2-1-24
<i>William F. Frederick</i>	William F. Frederick	211	Ditch Rd	East Carroll Twp	2-5-24
<i>Joseph A Longman</i>	JOSEPH A LONGMAN	177	E. CAMBRIA ST	MERCANTILE RD.	2-6-24
<i>ANJULIA J. LONGMAN</i>	ANJULIA J. LONGMAN	104	RR. 211 KENTWOOD AVE	PATTAN RD.	2-6-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>James McMullen</i>	JAMES McMULLEN	641	McMullen Rd	ASHVILLE PA	2/9/24
<i>Eileen A. McMullen</i>	EILEEN A McMULLEN	641	McMullen Rd	ASHVILLE	2-9-24
<i>Howard Tegdorp</i>	Howard Tegdorp	303	Plank Rd	Cambria Twp	2/9/24
<i>John M. Ritz</i>	John M Ritz	408	N Central	Ebensburg	2/9/24
<i>Ann E. Poole</i>	Ann E. Poole	518	W. Horner Str.	Ebensburg, Pa	2/9/24
<i>H. John Poole</i>	H. John Poole	518	W. Horner Str.	Ebensburg, Pa.	2/9/24
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Cambria
- 2 Printed Name of Circulator Stephen L. Dillon
- 3 Signature of Circulator *Stephen L Dillon*
- 4 Number and Street of Circulator 456 Water Falls Rd
- 5 City, Borough or Twp. Nicktown / Barr Twp Zip Code 15762

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CAMBRIA 11

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Alyson Marie Schulte	118	Bethy James Pl	Geistown, Borough	2-7-24
	Debbie Washington	1101	Cowher	Johnstown	2-8-24
	Robert S Kuvak	1505	SARINA HILL RD	Port Hope	2-9-24
	DANIEL WATSON	216	Spring St	Johnstown	2/8/24
	LORRAINE McLASSICK	715	Michigan	Stony creek	2-8-24
	ELISHA BRLOG	149	Fouge	RICHLAND	2-9-24
	Edward Miller	103	Township Cambria Twp	Cambria Twp	2-9-24
	GARY C BASSETT	71	VIOLET ST	UPPER YODER	2-9-24
	Gary C Bassett	71	Violet St	Upper Yoder	2-9-24
	Chris Pevlack	207	Crestview	Adams	2-9-24
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence CAMBRIA

2 Printed Name of Circulator Jacqueline Gulbach

3 Signature of Circulator Jacqueline Gulbach

4 Number and Street of Circulator 248 Starburst Dr.

5 City, Borough or Twp. Johnstown Richmond Zip Code 15904

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CAMBRIA 11

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Pamela Herdman	557	Harold	Johnstown	1-27-24
	Ken Herdman	557	HAROLD	JOHNSTOWN	1-27-24
	Fred YANCY	104	Marilyn	Johnstown	2-1-24
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence CAMBRIDG
- 2 Printed Name of Circulator Jacqueline Kuback
- 3 Signature of Circulator [Signature]
- 4 Number and Street of Circulator 248 Starburst Dr.
- 5 City, Borough or Twp. Johnstown Richland Zip Code 15904

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CAMBRIA 11

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Louise Bassett</i>	Louise Bassett	71	Violet	Upper Yoder	2-9-24
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence CAMBRIA

2 Printed Name of Circulator Jacqueline Tubb

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 24 De Star dust Dr.

5 City, Borough or Twp. Johnstown Richland Zip Code 15904

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CAMBRIA 11

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Donna R. Miller	176	SHAMWEE ACRES TRL	Johnstown	1/28/24
	KATHY L. MILLER	176	SHAMWEE ACRES TRL	JOHNSTOWN	1/29/24
	Giovanni Vitalie	560	Leroy St	Johnstown	1/31/24
	Gina Vitalie	550	Leroy St	Johnstown	1/31/24
	Robert DeLosa	540	Leroy St	Johnstown	1/31/24
	Michael Vitale	550	Leroy St	Johnstown	1/31/24
	Susan J. Lovette	1300	Christopher	Johnstown	1/31/24
	Susan J. Lovette	1300	Christopher	Johnstown	1/31/24
	William Weinzierl	140	Shenkelview	Johnstown	2/6/24
	Karen Weinzierl	140	Shenkelview	Johnstown	2/6/24
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence CAMBRIA

2 Printed Name of Circulator Donald R Miller Jr

3 Signature of Circulator *Donald R Miller Jr*

4 Number and Street of Circulator 176 SHAWNEE ACRES TRL

5 City, Borough or Twp. Johnstown Zip Code 15905

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CAMBRIA 11

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	DAVID R. LAYMAN	5	COLONIAL RIDGE RD.	RICKLAND	2-2-24
	Denise L. Layman	5	Colonial Ridge	Richland	2-2-24
	Cindy M. Marlowe	246	Shokomoko Ln	Upper Yoder	2-2-24
	Christopher Marlowe	246	Shokomoko Ln	Upper Yoder	2-2-24
	ELIZABETH STRICKER	606	COBUE	JOHNSTOWN	2/3/24
	Kathleen Bidelman	1554	Salomon Run Rd	Richland	2/3/24
	DOLORIS KARMELESTEIN	83	OSBORNE ST.	JUNI	2/3/24
	ROBERT " "	"	"	"	"
	Brendy Houghton	122	S. Caroline	Chensburg	2/3/24
	DOUGLAS R. LENGEFELDER	125	LAYTON LN	RICKLAND	2/3/24
	DAVID R. KALLEN	813	Blind Elm	Richland	2-3-24
	MATTHEW MISURDA	217	Fayette Apt	Westmont	2-3-24
	TAMMY F. MULHEARN	837	8th St	Cambria	2.3.24
	James J. Frieber	1493	Benesholt Hill Rd	m. d. p Taylor	2/3/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Marianne Meyer</i>	MARIANNE Meyer	612	LIBERTY AVE	STONYCREEK TWP	2/3/24
<i>David M. Kowroski</i>	David M. Kowroski	404	Constable Ave	Richland Twp.	2/3/24
<i>Sue E. Wolfe</i>	SUE E. WOLFE	3724	WENCHER	UPPER YODER	2/3/24
<i>Kevin P. Hinkoff</i>	Kevin P. Hinkoff	3724	WENCHER	UPPER Yoder	2/3/24
<i>Wendi Sokira</i>	Wendi Sokira	800	Sunberry St	Richland Twp	2/3/24
<i>Matthew Langerholc</i>	Matthew Langerholc	211	Fall timber Dr.	Richland	2/3/24
<i>David Donate</i>	David Donate	2434	Bedford St	Geistown	2/3/24
<i>Matthew Prang</i>	MATTHEW Prang	156	THISTLE	WINDYBARK	2/3/24
<i>Julie Lehman</i>	Julie Lehman	175	Whispering Pines	Upper Yoder	2-3-24
<i>Lana Custer</i>	Lana Custer	295	Beaver Ct	Upper Yoder	2-3-24
<i>Byron K. Lutzke</i>	Byron K. Lutzke	295	BEAVER CT	UPPER YODER	2-3-24
<i>William M Kulback</i>	WILLIAM M KULBACK	298	STARBUCK	RICHLAND	2/5/24
<i>Dave Hayes</i>	Dave Hayes	929	Gillespie Ave	Portage	2/6/24
<i>Andrea Surtan</i>	Andrea Surtan	629	Indiana Str.	Johnstown	2-7-24
<i>Mark S. Rybak</i>	Mark S. Rybak	105	Bonita St.	Johnstown	2-7-24
<i>Roberta Wadsworth</i>	Roberta Wadsworth	1532	Adams Ave	Jackson Twp	2/7/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Cambria

2 Printed Name of Circulator Theresa L. Kosaber

3 Signature of Circulator *Theresa L. Kosaber*

4 Number and Street of Circulator 427 Howells Hill Rd

5 City, Borough or Twp. Cambria Twp 4 Zip Code 15946

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CAMBRIA 11

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Regina Kirkpatrick	713	Sunset AV	Westmont	02-27-24
	WILFRED J. PUBLINER JR.	117	APRIL LN	MIDDLE TOWNSHIP	2/2/24
	Ronald R Newson	164	Wyndemere	Richland Twp	2/3/2024
	DAN SANTA	702	Sunelona	Westmont	2/3/24
	Detrus Frieber	1493	Bensho ff Hill	Middle Taylor	2/3/24
	Wade R Meyer	612	Liberty Ave	Stony Creek	02-03-24
	Kelly Morgan	425	Cleaver	Bereton	2-3-24
	Thomas L. Goughour	7	William St.	Johnstown	2-3-24
	Darlene Ribarik	226	Woodvale Ave	City	2-3-24
	Ronald A Ribarik	226	Woodvale	Johnstown	2-3-24
	Joltu Penobin	175	WISSAHOZEN PENOBIN LN	UNY TWP	2-3-24
	Anbinette M Repak	833	Fronheiser St	Johnstown	2-3-24
	Denise J. Michaels	824	Fronheiser St	Johnstown	2-3-24
	Heather Pudliner	327	Griffith Ave	Johnstown	2-5-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JOHN M. PULNER	327	GRIFITH AVE	JACKSON TWP	2/5/24
	Mary Hayes	929	GILLIS RC Ave	PORTAGE	2-6-24
	Patricia A. Carbone	1104	Rachel St	Richland	2-6-24
	Helen M Csikos	134	Freidheffln	Schnoblen	2-7-24
	Ronald L. Wadsworth	1532	ADAMS AVE.	JACKSON TWP	2-7-24
	CHAD KAMINSKY	316	Parkhill Dr	East Taylor	2-7-24
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence CAMBRIA

2 Printed Name of Circulator Jacqueline Kuback

3 Signature of Circulator

4 Number and Street of Circulator 248 Starburst Dr

5 City, Borough or Twp. Jonestown Richland Zip Code 15904

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CAMBRIA 11

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	ARLENE HARRISON	1121	HILL RD, BENSHOFF	MIDDLE TAYLOR	1-28-24
	ALLAN HARRISON	1121	HILL RD, BENSHOFF	MIDDLE TAYLOR	1-28-24
	CRAIG E. BARNHART	124	OLD DELTA LN	UPPER YODER	1-28-24
	Shari L. Harrison	615	Watters Ave	Richland	2-4-24
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence CAMBRIA

2 Printed Name of Circulator ARLENE HARRISON

3 Signature of Circulator Arlene Harrison

4 Number and Street of Circulator 1121 BENSHOFF HILL RD.

5 City, Borough or Twp. JOHNS TOWN Zip Code 15906

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CENTRE 14

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Janet Whitaker	1225	Deerfield Dr.	Ferguson	2/8/24
	Debra Tingler	230	E. Burnas	Bellevue	2/8/24
	LESLIE C SHULER	230	E Burnas	BELLEVUE	2/8/24
	Karen Blair	411	Arbor way	state college	2/8/24
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

**CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW**

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence _____
- 2 Printed Name of Circulator _____
- 3 Signature of Circulator _____
- 4 Number and Street of Circulator _____
- 5 City, Borough or Twp. _____ Zip Code _____

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CENTRE 14

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	BRENDA KLEIN	228	SMITH ST	RUSH	2/3/24
	ANTHONY MULL	224	S. 4th ST	RUSH	2-3-24
	Paul D. Lamb	3508	Black Moshannon	Rush	2-3-24
	LYNDA S. MULL	224	S. 4th St.	Rush	2-3-24
	Teresa M. Mull	323	E. Spruce St.	Phillipsburg	2/3/24
	MARK FELMER	404	CORTSET	Phillipsburg	2-3-24
	James R. Millbride	366	Lincoln St	Ferwood Twp	2/3/24
	Robert R. Park	720	N. Nixon	Ferguson	2/8/24
	Mary C. Haupt	514	E. High St.	Bellefonte	2/8/24
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence CENTRE

2 Printed Name of Circulator Jennifer D. Mantoni

3 Signature of Circulator [Handwritten Signature]

4 Number and Street of Circulator 112 Rockwood Dr

5 City, Borough or Twp. Rush Twp Zip Code 16866

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CENTRE 14

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Johanna L. Hatley</i>	Johanna L. Hatley	227	Varsity	Patton	2/1/24
<i>Margaret Jean Bigham</i>	Margaret Jean Bigham	240	Varsity Ln	Patton twp	2/1/24
<i>Emily E. Rickard</i>	EMILY E. RICKARD	614	Snyderham Rd.	Walker Twp	2/8/24
<i>Russell P. Brooks</i>	Russell Brooks	119	Wynwood	POTTA	2/8/24
<i>Daniel E. McIntire</i>	Daniel E. McIntire	146	Roundhill	HARRIS	2/8/24
<i>Barbara J. McIntire</i>	Barbara J. McIntire	146	Roundhill Rd	HARRIS	2/8/24
<i>Lynn Herson</i>	Lynn Herson	122	Paul Paul	Fry	2/8/24
<i>Lynn Herson</i>	Lynn Herson	688	McCormick	State College	2/8/24
<i>Deborah C. Frava</i>	Deborah C. Frava	126	Presidents Dr	PATTON TWP	2/8/24
<i>Tracy Massaglia</i>	Tracy Massaglia	223	Walnut	Rush Twp	2/8/24
<i>Annen Layng</i>	Annen Layng	202	Emmerson	State College	2/8/24
<i>Sally L. Schradt</i>	Sally L. Schradt	277	Village Heights	College	2/8/24
<i>Sandra L. Poole</i>	SANDRA POOLE	720	N. NIXON RD	Fergusow	2-8-24
<i>Christine M. Miller</i>	Christine M. Miller	266	Commerce	Bonnie twp	2/1/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence CENTRE

2 Printed Name of Circulator Jennifer Dellantonio

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 0112 Rockwood Dr

5 City, Borough or Twp. Rush Twp Zip Code 16866

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CENTRE 14

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Bryan Sampsel	904	Woodward Dr.	Bellefonte Boro	2/3/2024
	ALBERT J. GRIMM	1065	Seibert	Berthier	2/3/24
	Jerome F. Kinney	131	Elm St	Bellefonte PA	2/3/24
	Beth Kinney	131	Elm St.	Bellefonte	2/3/2024
	Steven Dershan	725	E. Linn St	Bellefonte	2/3/24
	Kathy E. Evey	604	Buffalo Run	Berthier Bellefonte	2/3/24
	Rebecca Mays	719	Cornwall	Patton	2-3-24
	Calvin Mays	719	Cornwall	Patton	2-3-24
	Mary Kate Claw	248	Amberleigh	Bellefonte	2/3/24
	Michael Smith	248	Amberleigh	Bellefonte	2/3/24
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence CENTRE

2 Printed Name of Circulator Jennifer DeMaestri

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 112 Rockwood Dr

5 City, Borough or Twp. Rush Twp Zip Code 16866

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



DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
 B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CENTRE 14

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	BRUCE E HELMS	3509	HALEMCOON VALLEY ROAD	HALEMCOON TWP.	23 JAN 24
	Thomas B Risle	159	Valley View Place	Benner Twp	1/23/24
	Kenneth Layng	525	Kristina Cir	Patton Twp	1/23/24
	LARRY A PARICO	167	NORMAN AVE	SPRING TWP	01/23/24
	NANCY PARICO	167	NORMAN AVE	Spring Twp	1/24/24
	Pam Ferrerick	596	Devonick	Patton Twp	1/23/24
	Rose Ann Hoover	3320	manengo Rd	Halfmoon Twp	1/23/24
	Christa J Gallagher	217	Kimber Lee Dr	Patton Twp	1/23/24
	Robert A. Cross II	222	Ash St	Benner Twp	1/23/24
	Megan Layng	525	Kristina Cir	Patton Twp	1/23/24
	Margaret Majewski	15	Corafield	Halfmoon Twp	
	Jennifer DiLantonio	112	Rockwood Dr	Rush Twp	1/23/2024
	Melvin E. Westerman	165	W. Pine Grove Rd	Long Green Mills Ferguson Twp	1/23/2024
	Stephen Tycko	295	Miles Hollow	Hastorin	1/23/2024



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR				DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Susan J. Burkholder	105	Woodside Dr. ^{SEPT}	Harris	1/24/24
	Lynn C. Jackson	744	Tussey Ln	College	1/24/24
	William Bishop	120	Hubble Rd	College	1/24/24
	ROBERT CINATL	264	MS BATH ST	FERGUSON	24 JANUARY 24
	Gary A. Wisser	1180	ECUMAN LANE	BERNER TWP	1/24/24
	Joyce C. Haas	12	1794 Meadow Lane	Patton	1-24-24
	David W. Lintal	1447	Willowbrook Drive	Harris	1/25/24
	Rachel Axten	104	Lovejoy Hall	State College	2/2/24
	STEVEN SCHELLBERG	250	GENESIS DR	POET MANTLEDA	2/4/24
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence CENTRE

2 Printed Name of Circulator Jennifer Dellantonio

3 Signature of Circulator

4 Number and Street of Circulator 112 Oakwood Dr

5 City, Borough or Twp. Rush Twp Zip Code 16806

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

DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
 B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CENTRE 14

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Lori Yetko	295	Mile Hall Rd	Houston	1/23/24
	John Ewton	116	Doubletree	Port Matilda	1/23/24
	Richard Smead	1030	Bishop	Bellefonte	1/23/24
	THESE J. ROTH	1254	PURDUE MOUNTAIN RD	BENNER	1/23/24
	Ronald E. Walker	1954	Purdue Mtn Rd	Benner	1/23/24
	Dianne D. Showers	1459	Willowbrook	Harris	1/24/24
	Deborah D. Lintal	1447	Willowbrook	Dr Harris	1/24/24
	DENNIS P MALACHOSKY	2405	TADPOLE RD	FERGUSON TWP	1/24/24
	Anne Malachosky	2405	Tadpole Rd	Englewood	1/24/24
	Charles H. Mason	499	Unionville Pike	Unionville	1/24/24
	David S. Showers	1459	Willowbrook	Harris	1/24/24
	Joseph L. Aquino	116	Outer Dr	State College	1-24-24
	Clyde A. Mighello	111	Becks Ln	Howard	1-24-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	DATE OF SIGNING		
		House No.	Street or Road	City, Boro or Twp.
15. <i>Lee Dorey</i>	LEE DOREY	1403	Nittany Valley Dr	Walcha
16. <i>Thomas C. Miller</i>	Thomas C. Miller	306	mountain	Harris
17. <i>Jane S. Messina</i>	Jane S. Messina	125	Thistle Ln.	Bellefonte
18. <i>Penny Ann Thompson</i>	Penny Ann Thompson	110	Kenneth	Howard
19. <i>Chelsi Graham</i>	Chelsi Graham	222	E Pine	Howard
20. <i>Naomi C. McNulty</i>	Naomi C. McNulty	726	Tussey Ln	College Twp
21. <i>Daryl R. Scheff</i>	Daryl R. Scheff	467	Wolf Rd	Harris Twp
22. <i>Franklin M. Harter</i>	Franklin M. Harter	118	Honeysuckle Dr	HARRIS
23. <i>Wendy L. Davidson</i>	Wendy L. Davidson	116	Crater Dr	College
24. <i>Glenn W. Thompson</i>	Glenn W. Thompson	161	N. Fillow	Banner
25. <i>Glenn W. Thompson</i>	Glenn W. Thompson	110	Kenneth St.	Howard Boro
26. <i>Michael J. Russell</i>	MICHAEL J. RUSSELL	506	NIMITZ	STATE COLLEGE
27. <i>William J. Dishgiser</i>	William J. Dishgiser	202	Wanderer	Ferguson
28. <i>Lynn Darlington</i>	Lynn Darlington	2348	Gen. Potter Hwy	POTTER
29. <i>Jesse M. Dwyer</i>	Jesse M. Dwyer	2348	Gen. Potter Hwy	Potter

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence CENTRE

2 Printed Name of Circulator Jennifer D'Antonio

3 Signature of Circulator *J. D'Antonio*

4 Number and Street of Circulator 112 Rockwood Dr

5 City, Borough or Twp. Rush Twp Zip Code 16866

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

Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CENTRE 14

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Brian P. Yangula	701	Market St.	Boggs TWP	2-1-24
	Sharon A. Yangula	701	Market St.	Boggs Twp	2-1-24
	Alice F. Fisher	603	Pine Alley	Boggs Twp	2-1-24
	Robert P. Fisher	603	Pine Alley	Boggs Twp.	2-1-24
	Lester B. Barnhart	408	Market St.	Boggs Twp.	2/1/24
	Susan Wood Gay	501	Market St.	Boggs Twp.	2/1/24
	Elizabeth Lewis Goss	501	Market St.	Boggs Twp	2-1-24
	Janet M. Desterling	220	Mt. Hollow Farm	Boggs Twp	2-2-24
	Paul A. Desterling	220	Mt. Hollow Farm	Boggs Twp	2/2/24
	Anne Fisher	270	Mtn Hollow Farm Ln	Boggs Twp	2/3/24
	Samuel Joseph Yangula	701	Market St	Boggs Twp	2/3/24
	Thomas Richard Witmer	325	3rd Ave.	Boggs Twp	2/3/24
	Janice Marie Witmer	325	3rd Ave.	Boggs Twp	2/3/2024
	Kyle E. Yangula	701	Market st.	Boggs Twp	2-3-2024



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Centre

2 Printed Name of Circulator Brian P. Yanguly

3 Signature of Circulator Brian P. Yanguly

4 Number and Street of Circulator 701 Market St.

5 City, Borough or Twp. Boggs TWP Zip Code 16853

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CENTRE 14

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Karin G. Garner	808	Runville Rd	Boggs - West 39	2/5/24
	Fay Stark	895	Runville Rd	Boggs - West 39	2/5/24
	AUDREY DAVIDSON	849	RUNVILLE RD	BOGGS - WEST	2/5/24
	Michael Davidson	849	RUNVILLE RD	BOGGS - WEST	2/5/24
	Richard Taylor	106	Haverly Ln	Boggs - West	2/7/24
	Carlin Taylor	106	Haverly Ln	Boggs - West	2/7/24
	CURTIS AINTON	120	Somerset Ln	Boggs - West	2/7/24
	Tammy Irion	210	Haverly Ln	Boggs - West	2/7/24
	Carol Deering	1832	Moose Run Rd	Boggs West	2/7/24
	Paul Deering	1832	Moose Run Rd	Boggs West	2/7/24
	Mark Irion	250	Haverly Ln	Boggs West	2/7/24
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Centre

2 Printed Name of Circulator Tammy Irion

3 Signature of Circulator Tammy Irion

4 Number and Street of Circulator 210 Haverly Lane

5 City, Borough or Twp. Bellefonte/Boggs Zip Code 16823

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



DEPARTMENT OF STATE

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.



NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CENTRE 14

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JULIANNE G. SILLS	500	EAST MARYLYN AVE	ST. COLLEGE	2/5/24
	ROBERT A. SILLS	500	EAST MARYLYN AVE	ST. COLLEGE	2/5/24
	DAVID MERTZ				
	DAVID MERTZ	500	E. MARYLYN AVE	ST. COLLEGE	2/5/24
	THOMAS L. SMITH	500	E. MARYLYN AVE 1-15A	STATE COLLEGE	02/05/24
	JOHN W. WIEDERHORN	500	E. MARYLYN AVE 1150	STATE COLLEGE	2/05/24
	CAROL T. WIEDERHORN	500	E. MARYLYN AVE 1150	STATE COLLEGE	2/05/24
	DAVID B. QUISPEL	500	E. MARYLYN AVE	STATE COLLEGE	01/05/24
	SUZANNE D. SIMPSON	500	E. MARYLYN AVE	STATE COLLEGE	2/7/24
	ROBERT L. KABEL	500	E. MARYLYN AVE 1-147	STATE COLLEGE	2/7/24
	LOIS W. KRAUSSER	500	E. MARYLYN AVE A 12	STATE COLLEGE	2-1-24
	VERENA AESCHBACHER	500	E. MARYLYN AVE CR2	STATE COLLEGE	2/7/24
	SANDRA RIDDIFORD	500	EAST MARYLYN	STATE COLLEGE	2/07/24
	MARTHE R. WEIDNER	500	EAST MARYLYN	STATE COLLEGE	2/23

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR				DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
15.	<i>Ellen K. Jannett</i>	Ellen K. Jannett	500	E. Marylyn Ave E-134	State College	2/07/24
16.	<i>Donna M. Doyle</i>	Donna M. Doyle	500	E. MARYLYN AVE D 52	STATE COLLEGE	2/17/24
17.	<i>Carter L. Ackerman</i>	Carter L. Ackerman	500	E. MARYLYN AVE	STATE COLLEGE	2/17/24
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence CELTRE

2 Printed Name of Circulator JULIANNE G. SILL

3 Signature of Circulator *Julianne G. Sill*

4 Number and Street of Circulator 600 EAST MARYLYN AVE - K-167

5 City, Borough or Twp. St. College Zip Code 16801

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

OVER →

Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CENTRE 14

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Beth Irvin	460	Flat Rock Road	WORTH Port Matilda	2/1/24
	KEITH E REESE	123	REESE Hollow	WORTH	2/1/24
	Warren Daughenbaugh	147	Fitzner Lane	WORTH	2/1/24
	Robert J Petrus	845	E. Mt. Rd	WORTH	2/1/24
	Jadine Reese	123	Reese Hollow Rd	WORTH	2/1/24
	Robert William Irvin	460	Flat Rock Rd	WORTH	2/2/24
	Barbara Daughenbaugh	147	Fitzner Ln	WORTH	2-2-24
	JOAN LOSE	130	FLORENCE	SPRING	2/2/24
	DENNIS C. LOSE	130	FLORENCE DR	SPRING	2/2/24
	Tonia Rudy	111	E Mt Rd	WORTH	2/3/24
	Dean Rudy Jr	111	E. Mt Rd	WORTH	2/3/24
	William B Bell	510	Flat Rock Rd	WORTH	2/3/24
	Angel Woodward	545	Flat Rock Rd	WORTH	2/3/24
	Matt Spicer	545	Flat Rock Rd	WORTH	2/3/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	WILLIAM E HANCE JR	206	E. OAK	Port Matilda Boro	2-3-24
	BOBBIE J HAMER	206	E. OAK	Port Matilda P.M Boro	2-3-24
	KEILEY CORMAN	302	cherry	Port Matilda P.M Boro	2-3-24
	Kyle S corman	307	Cherry	Port Matilda P.M Boro	2-3-24
	Amy J. Maney	331	Laurel Run Rd	Worth	2-3-24
	Kenneth J. Maney	331	Laurel Run Road	worth	2-3-24
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Centre
- 2 Printed Name of Circulator Beth H. Irvin
- 3 Signature of Circulator
- 4 Number and Street of Circulator 460 Flat Rock Road
- 5 City, Borough or Twp. Worth Township Zip Code 16870

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CLARION 16

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Emily Bish	86	Ridgeview Dr	Madison Twp	2-4-24
	Brandon Bish	86	Ridgeview Dr.	Madison Twp	2-4-24
	Courtney Murray-Blair	89	Ridgeview Dr	Madison Twp	2-4-24
	Curtis Murray	89	Ridgeview Dr	Madison Twp	2-4-24
	BYRON BURDICK	10907	RT 66	LIMESTONE TWP	2-5-24
	Douglas Guntz	463	McGregor Rd	LIMESTONE	2-6-24
	LeAnn Guntz	463	McGregor Rd	Limestone	2-6-24
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Clarion

2 Printed Name of Circulator CHERIE A. GABRESKI

3 Signature of Circulator Cherie A. Gabreski

4 Number and Street of Circulator 1082 Mc Gregor Rd.

5 City, Borough or Twp. Limestone TWP Zip Code 16214-4422

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CLARION 16

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Douglas G Minich	140	Schock house Rd	Redbank Twp	2-3-24
	Jody L Minich	110	Shoemaker Rd	Redbank Twp	2-3-24
	Rebecca Allison	7264	Route 146	Limestone Twp	2-3-24
	Brian Ochs	3661	Pumptown Rd	Redbank Twp	2-3-24
	Corrah Ochs	31001	Pumptown Rd	Redbank Twp	2-3-24
	Dawna Allison	3020	Pumptown Rd	Redbank Twp	2-3-24
	Kenneth Allison	3020	Pumptown Rd	Redbank Twp	2-3-24
	Marcy Monrean	2524	Pumptown Rd	Redbank Twp	2-3-24
	Justin Monrean	2526	Pumptown Rd	Redbank Twp	2-3-24
	Erin N. Monrean	2760	Pumptown Rd	Redbank Twp	2-3-24
	Peter R. Monrean	2750	Pumptown Rd	Redbank Twp	2/3/24
	David Musser	1984	Pumptown Rd	Redbank Twp	2-3-24
	Cindy Musser	1984	Pumptown Rd	Redbank Twp	2-3-24
	Patrick J Lawrence	5178	Pumptown Rd	Redbank Twp	2-3-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Eileen Connor	1781	Pumpkin Rd	Redbank Twp	2-3-24
	Phillip C Smith	1317	Windmill Rd	REDBANK TWP	2-3-24
	Dana Smith	1317	Windmill Rd	Redbk Twp	2-3-24
	Gerald Shreck	2725	Windmill Rd	Redbank.	2-3-24
	DANE ROWE	5733 RT	66	REDBANK TWP	2-3-24
	EVAN ROWE	5740	66	REDBANK	2-3-24
	Kari Kane	5740	66	Redbank	2/3/24
	John Royer	6266	66	Redbank	2/3/24
	Carla Royer	6266	Rt 66	Redbank	2-3-24
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1-5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Clarion
- 2 Printed Name of Circulator Stephen C Allison
- 3 Signature of Circulator
- 4 Number and Street of Circulator 230 Stahlman Drive
- 5 City, Borough or Twp. Limestone Twp Zip Code 16244

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CLARION 16

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	JOHN H CRIST	111	CRESTMONT DR	PAINT	2/5/24
	AYLENE CRIST	111	WESTMONT DRIVE	Paint	2/5/24
	Rosemary Schill	411	Ridgewood Rd	Paint	2/5/24
	Melinda Montoya	755	Phase #77 Jamaica Rd.	Paint	2/5/24
	PATRICIA MCFARLAND	755	Phase #90 Kearney Rd	PAINT	2/3/24
	Nancy Davis	225	Ridgewood Rd.	Paint	2/5/24
	Judy Stahl	517	Highland Dr	Paint	2/5/24
	JUDY STAHL	517	HIGHLAND DR	PAINT	2/5/24
	TRICIA PHILLIPS	403	Ridgewood Rd	Paint	2/5/24
	MICHAEL PHILLIPS	403	Ridgewood Rd	PAINT	2/5/24
	DOUGLAS K. KLEEN	422	Ridgewood Rd	PAINT	2/5/24
	Dawn M Klein	125	Ridgewood Rd	PAINT	2/5/24
	GREGORY MYERS	125	Crestmont	PAINT	2/5/24
	CATHIE RAPP	220	Conifield	New Bethlehem	02/07/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>Melanie Finetti</i>	Melanie Finetti	502	Highland	Paint	2/7/24
16. <i>Jami Smart</i>	Jami Smart	116	Crestmont	Shipperville	2/7/24
17. <i>Calen M. Whitridge</i>	Calen M. Whitridge	103	Dover Rd	Shipperville	2-7-24
18. <i>Mark Miller</i>	mark miller	513	Highland	Shipp-16	2-7-24
19. <i>Joanna Rice</i>	Joanna Rice	114	Crestmont	Shipperville	2/7/24
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Clayton

2 Printed Name of Circulator CELENE CRIST

3 Signature of Circulator *Calene Crist*

4 Number and Street of Circulator 111 CRESTMONT DRIVE

5 City, Borough or Twp. Paint Zip Code 16254

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CLEARFIELD 17

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Marylee Leonard</i>	MARYLEE LEONARD	190	Leonard Rd	Grand Twp	2/6/24
<i>Kenneth James Leonard</i>	KENNETH J. LEONARD	190	LEONARD RD	Grand Twp	2/6/24
<i>Ramona Smith</i>	Ramona Smith	1168	Guinea Hill Rd.	Lawrence Twp	2/6/24
<i>Donna M Hamilton</i>	Donna M Hamilton	172	Hurxthal Pt	Karthays Twp	2-6-24
<i>Gayle Sheehan</i>	GAYLE SHEEHAN	416	Park Ave	Clearfield	2-8-24
<i>Larry Dixon</i>	LARRY DIXON	148	PARK RD	CLEARFIELD LAWRENCE TWP	2-8-24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence CLARFIELD
- 2 Printed Name of Circulator SUSAN WILLIAMS
- 3 Signature of Circulator *Susan Williams*
- 4 Number and Street of Circulator 275 CARNS LN
- 5 City, Borough or Twp. LAURENCE Zip Code 16830

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CLARION 16

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Mark Gross</i>	MARK GROSS	1036	Hoover Rd.	New Bethlehem	2-4-24
<i>Diane M Gross</i>	DIANE M GROSS	1036	HOOVER RD	NEW BETHLEHEM	02-04-2024
<i>Patricia J Lewis</i>	PATRICIA J. LEWIS	321	Fisher Rd	Strattanville	02-06-24
<i>James T Lewis III</i>	JAMES T. LEWIS III	321	Fisher Rd	Strattanville	2-6-24
<i>Ferry Blake</i>	FERRY BLAKE	250	JACKSON ST	STRATTANVILLE	2-6-24
<i>Terry Blake Jr</i>	TERRY BLAKE JR	620	main st	Strattanville	2-6-24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Clarion

2 Printed Name of Circulator Richard A. McNaughton

3 Signature of Circulator [Handwritten Signature]

4 Number and Street of Circulator 410 Washington St.

5 City, Borough or Twp. Strattanville PA Zip Code 16258

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CARBON 13

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Ty Poole	251	Cynod	Franklin	2-1-24
	MEG G. ATZ	115	Ridgeview Dr	Lehigh	2-1-24
	Dean Georgia	115	Ridgeview	Lehigh	2/1/24
	Paul Magliaro	179	W. 17th	Lehigh	2-2-24
	C. Nelson	230	Carlson Ln	Lehigh	2-2-24
	Stephanie Galade	4026	Long Run Rd.	Franklin	2/3/24
	Michael Galade	4026	Long Run Rd	Franklin	2/3/24
	Gregory Stigant	100	William Penn	East Penn	2/3/24
	Janet M. Stigant	166	William Penn	East Penn	2/3/24
	Theresa Kiefer	218	N. 3rd St.	Lehigh	2/5/24
	Curtis J. Kiefer Jr.	218	W 3rd St	Lehigh	2/5/24
	Lucas Powell	2718	Fairyland	Franklin	2-5-24
	Scarlett Farnsworth	72	Emerson	NEARBY	2-5-24
	Heather Neff	116	E. 2nd St.	Franklin	2-5-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Amy Jalkman	115	oak st	Franklin	2/5/24
	Nathan Henry	399	Court st	Lehigh	2-5-24
	Robert Spabell Jr	610	Firline rd	Lower Merion	2-6-24
	Katie A Kalkanda	432	S3rd St.	Lehigh	2-6-24
	EUGENE HOTTEL	271	Fairview	Franklin	2-6-24
	Tom Matuschek	228	Canal	Franklin	2-6-24
	Colleen Hutter	3995	Firline Rd	Lower Merion	2-6-24
	Alan DeBellis	1560	Breezewood	Mahoning	3/6/24
	Brandon Boyd	701	Indian Hill	Franklin	2/6/24
	Michael Hopsjode	330	S 9th St.	Lehigh	2/6/24
	Jason Redon	400	Canal	Franklin	2/7/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Carbon

2 Printed Name of Circulator Ty Poole

3 Signature of Circulator

4 Number and Street of Circulator 251 Canal St.

5 City, Borough or Twp. Franklin Twp Zip Code 18235

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CLINTON 18

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Nora Wagner</i>	Nora Wagner	39	East End Mt Rd.	Salona	2/2/24
<i>Carey Feere</i>	CAREY FEERE	230	South Aitchery	Lock Haven	2.2.24
<i>Amy Stevenson</i>	Amy STEVENSON	229	Rose St	Lock Haven	2-2-24
<i>Mark Stevenson</i>	MARK STEVENSON	229	Rose St.	Lock Haven	2-2-24
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1-5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence CLINTON

2 Printed Name of Circulator KURTIS D SMITH

3 Signature of Circulator Kurtis D Smith

4 Number and Street of Circulator 333 LINNIPPI TRAIL

5 City, Borough or Twp. WAYNE TWP Zip Code 17745

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CLINTON 18

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Fay Courter</i>	Fay Courter	7194	Jacksonville	Porter twp	1-27-24
<i>George Courter</i>	George Courter	7194	JACKSONVILLE	Porter Twp	1-27-24
<i>Lenore Phillips</i>	Lenore Phillips	44	Lizardville Rd	Mill Hall, PA	1-28-24
<i>Seth T. Robinson</i>	Seth T. Robinson	791	Prospect Ave	Pine Creek Twp	1-28-24
<i>David W. Haines</i>	David W. Haines	703	West Bald Eagle St	Lock Haven	1-28-24
<i>Harb Hughes</i>	Harb Hughes	1138	Susquehanna Blvd	Juniata Twp	2-2-24
<i>Dianna Hanning</i>	Dianna Hanning	265	S. Altesden St	Lock Haven	2-2-24
<i>Barbara Barrett</i>	Barbara Barrett	309	W. Keller St	Lock Haven	2-2-24
<i>Kevin Blasz</i>	KEVIN BLASZ	214	Brookton	Lock Haven	2-2-24
<i>Donald E. Grant</i>	Donald E. Grant	1200	W. 4th St.	Flemington	02-02-24
<i>Wanda LaChet</i>	Wanda LaChet	74	Bunge Rd	Mill Hill	2-2-24
<i>Kathy Laubscher</i>	Kathy Laubscher	227	Water St	Lock Haven	2-2-24
<i>Katelyn Miller</i>	Katelyn Miller	75	N. Vista Dr.	Lock Haven	2-4-24
<i>Amber Lamey</i>	Amber Lamey	800	Prospect Ave	Lock Haven	2-4-24



	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
15.	<i>Keith Lamy</i>	Keith Lamy	800	Prospect Ave	Lock Haven	2-4-21
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1-5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence CLINTON

2 Printed Name of Circulator KURTIS D SMITH

3 Signature of Circulator *Kurtis D Smith*

4 Number and Street of Circulator 333 LYNBURY TRAIL

5 City, Borough or Twp. WAYNE TWP Zip Code 17745

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CUMBERLAND 21

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	THOMAS J. USIATAH	454	Bothway	Lower Allen Mechanics Log	2/10/24
	JANE HUBEL	1435	HILLCROSS CT.	LOWER ALLEN	2/11/24
	JAMES G. MANN	900	Charles St	Mechanics Log	2/11/24
	RICHARD NENSEL	245C	BRANDT AVE	NEW COMP	2/11/24
	Michael Frankowski	4703	Courtland St	Hampton Twp Camp Hill	2-11-24
	Adrienne Frankowski	4703	Courtland St	Hampton Twp	2-11-24
	debora witzl	810	Briarwood Ln.	Hampton	2-11-24
	JAMES E. SCHICK	1020	Teakwood	East Hampton	2-11-24
	Joyce E Black	1519	Inverness Ln.	Hampton	2/11/2024
	Dean W. Villone	1500	Thompson	Lower Allen	2/11/2024
	Vicki E Villone	1500	Thompson lane	Lower Allen	2/11/2024
	Laura Keller	324	Belaire	Lower Allen Shiremanstown	2-11-24
	Geoffrey Shover	1111	Thompson W	Hampton	2/11/24
	Tommy Shearer	1111	Tonbridge Ln	Hampton	2/11/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Jeffrey L. Iseman	232	Four Seasons Lane	East Peasbore Township	2/11/24
	ANDREW SUDZIAK	75	Honeysuckle	Silver Spring	02-11-2024
	LINDA Young	3	Beaver Rd	Lower Allen	2/11/24
	FREDRICK M. YOUNG	3	BEAVER RD	Lower Allen	2/11/24
	H. EDWARD BLACK	425	SAUNDERS ROAD	Lower Allen	2/11/24
	Bryan J. Anthony	1517	INVERNESS DR	Hampden	2/11/24
	Patricia D. Anthony	1517	Inverness Dr.	Hampden	2/11/24
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief; and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Cumberland

2 Printed Name of Circulator Sheryl DeLozier

3 Signature of Circulator

4 Number and Street of Circulator 1331 Scovett Way

5 City, Borough or Twp. Lower Allen Twp Zip Code 17070

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the Instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CUMBERLAND 21

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Tina L. Alvara	4173	Arouse	Hampden	1/25/2024
	Susan Kichman	257	W. 24TH ST	Camp Hill Boro	1/25/24
	Shannon Kincaid	2	Cheltenham Cir	Lower Allen	1/25/24
	KEVIN Kincaid	2	Cheltenham Cir	Lower Allen	1/25/24
	SHANNON Terry	958	Alloveron	Upper Allen	1/26/24
	Sarah Krahulik	41	Shady Rd	East Pennsburo	1-26-24
	Sam Todd Krahulik	41	Shady Rd	East Pennsburo	1-26-24
	Harold J Ritterer	926	Hankersville St	East Pennsburo	1-26-24
	Leslie Marshall	5	canal road	East Penn	1/26/24
	Becky Ribley	346	MEADOW LN	Monaghan	1/29/24
	Shanna A. McGeehan	2055	MAJOR RD	CAMP HILL ACRO	1/29/24
	Elizabeth K. Fodor	1226	Summit Way	Hampden	1/29/24
	Betty Huffard	880	Valley Rd	East Pennsburo	1/29/24
	Christopher L. Iltis	1739	Creek Vista Dr.	Lower Allen Twp	1/29/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Cumberland
- 2 Printed Name of Circulator Cynthia Ward
- 3 Signature of Circulator Cynthia Ward
- 4 Number and Street of Circulator 107 Salt Rd
- 5 City, Borough or Twp. East Pennsboro Zip Code 17025

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CUMBERLAND 21

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Michelle Nestor	1211	High Hollow	Hampden	2/10/24
	Roy Jacobs	6280	Peregrine Way	Hampden	2/10/24
	Jocelyne Kuttel	470	Adams Ln	Hampden	2/11/24
	Catherine Brookhart	6015	Charlton	Hampden	2/11/24
	Sandra Jacobs	6280	Peregrine	Hampden	2/11/24
	CHRISTOPHER NESTOR	1211	Hartwood	Hampden	2/11/24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1-5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Cumberland County
- 2 Printed Name of Circulator Michelle Nestor
- 3 Signature of Circulator *Michelle Nestor*
- 4 Number and Street of Circulator 1211 High Hollow
- 5 City, Borough or Twp. Hampden Township Zip Code 17050

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CUMBERLAND 21

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	NATHAN P. SILCOX	1313	KING ARTHUR	HAMPDEN	1/27/24
	Kelly Neidener	281 N.	Red Stonehenge	Middlesex	4/27/24
	LOUIS J. CAPOZZA	1655	HOLLY PIKE	South Middlesex Township	1/27/24
	ALBERT H. BIERSOCK	63	OLD PIONEER RD	HAMPDEN TWP	1/27/24
	JOHN S. CHAPP	1005	BAYBROOK	HAMPDEN	1/27/24
	A. THOMAS	1019	N. WILKESFORD	HAMPDEN	1/24/24
	PATRICK BOSOM	103	N. 21 ST	CAMP HILL	1/29/24
	KAITLYN SILCOX	1313	KING ARTHUR	HAMPDEN	2/2/24
	Jennifer Carin	1608	Lowell Lane	Lower Allen	2/3/24
	Brock Warner	911	WILKESFORD	Hampden	2/5/24
	Craig Mellott	58	Bethpage R	Silver Spg	2/10/24
	Aethelred Mellott	58	Bethpage R	Silver Spg	2/11/24
13.					
14.					

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

STATEMENT OF CIRCULATOR


CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence CUMBERLAND

2 Printed Name of Circulator MATTHEW P. SILVER

3 Signature of Circulator 

4 Number and Street of Circulator 1313 KING ARTHUR DR

5 City, Borough or Twp. LANCASTER Zip Code 17602

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CUMBERLAND 21

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Matthew Wilson Martin	9	West Green street	Mechanicsburg Boro	1/23/2024
	Alexia Christian	760	Barn Swallow Way	monroe Township	1/26/2024
	Patricia A. Seibert	142	1st st	New Cumberland	1/30/24
	Matthew Zupar	35 ^{APT} ₂₂	W Main St	Mechanicsburg	2/3/24
	Alex Maurer	324	W. Main	Mechanicsburg	2-3-24
	Elizabeth Trez	214	W Main st	Mechanicsburg	2-7-24
	Pamela Martz	2206	Spring Run Dr.	Upper Allen	2-7-24
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Cumberland
- 2 Printed Name of Circulator Matthew Wilson Marton
- 3 Signature of Circulator Matthew Wilson Marton
- 4 Number and Street of Circulator 9 West Green Street
- 5 City, Borough or Twp. Mechanicsburg Boro Zip Code 17055

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CUMBERLAND 21

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Sandra Altman	18	Beverly Ct	Dickinson Twp	2/3/24
	Peter Altman	18	Beverly Ct	Dickinson	2/3/24
	Martha Warddeck	2282	Pine Rd.	Penn	2/3/24
	MILLARD WARDDECK	2282	PINE RD	PENNA	2-3-24
	John M Fisher	10	Baughman Dr	Upper Frankford	2-3-24
	Wade Webb	261	Deerfield Road	Camp Hill Lower Allen	2-3-24
	Dawn Becker	261	Deerfield Road	Camp Hill Lower Allen	2-3-24
	Shelly Capozzi	1655	Holly Pike	Salt Middletown	2-3-24
	David Crown	133	S. West St. Apt 2	Carlisle	2-4-24
	Cheryl Schock	102	Walton Ave	N Middletown Twp	2-4-24
	Valerie Schock	102	Walton Ave	North Middletown	2-4-24
	Jacob Brown Shields	1881	Rachel Dr	North Middletown	02/04/24
	Toni Shields	1881	Rachel Dr	N Middletown	2-4-24
	Stanislaw Strenkowski	21	Circle Dr	Middlesex	2-4-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15. <i>George A. Reese</i>	GEORGE A. REESE	1571	Wagoner GAR Rd	North Middletown	2-4-24
16. <i>Helen Schock</i>	Helen Schock	102	Watson Ave	N. Middletown	2/8/24
17. <i>Lamont Schock</i>	Lamont Schock	102	Walton M.	M. Middletown	28 2024
18. <i>Sherrie Worley</i>	SHERRIE WORLEY	712	Forge Rd.	S. Middletown	2/8/24
19. <i>Sharon Snyder</i>	Sharon Snyder	10	Meadow Dr.	West Penn	2/8/24
20. <i>Margorie Lowe</i>	MARGORIE LOWE	102	Littleton Rd.	Hampden	2/10/24
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Cumberland
- 2 Printed Name of Circulator H. JAY SEXTON
- 3 Signature of Circulator H. Jay Sexton
- 4 Number and Street of Circulator 4 Michael Oaks Rd.
- 5 City, Borough or Twp. COOKE TWP Zip Code 17324

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CUMBERLAND 21

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	ALYSSA H. HOLSTAY	831	LINDSEY RD.	SOUTH MIDDLETON (9) CARLISLE PA	1/23/24
	Stephen E. Kwisely	801	Amesbury Rd	York Springs PA	1/23/24
	Kai Hermanson	991	Fickes School Rd	York Springs PA	1/23/24
	Kelly Hermanson	94	Fickes School Rd	York Springs PA	1/23/24
	Lynn C. Hursting	831	Landing Rd	South M. Middle	1/23/24
	Amanda Hermanson	77	Partridge Ln	Carlisle	1/23/24
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



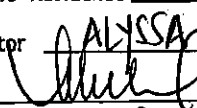
SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence CUMBERLAND COUNTY
- 2 Printed Name of Circulator ALYSSA H. (KNISELY) HOLSTAY
- 3 Signature of Circulator 
- 4 Number and Street of Circulator 831 LINDSEY ROAD
- 5 City, Borough or Twp. SOUTH MIDDLETON TWP. Zip Code 17015

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CUMBERLAND 21

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Beverly M Beidel	1720	walnut Bottom Rd	South Middleton	2/13/24
	Leslie R Rhoades	308	Pinegrove Rd	Arkness Twp	2/14/24
	John M. Rhoades Jr	308	Pine Grove Rd	Arkness Twp	2/14/24
	Jay R Beidel	1720	walnut Bottom Rd	South Middleton	2/9/24
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Cumberland
- 2 Printed Name of Circulator Beverly M Beidel
- 3 Signature of Circulator Beverly M Beidel
- 4 Number and Street of Circulator 1720 Walnut Bottom Rd
- 5 City, Borough or Twp. South Middleton Zip Code 17015

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CUMBERLAND 21

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	LASZLO PASZTOR JR	532	5 HANOVER ST	CARLISLE	28 JAN 24
	Margaret L. Pasztor	532	5 Hanover St.	Carlisle	Jan. 24, 2024
	Timothy W. Carr	1	W. Penn	Carlisle	1-24-2024
	MICHAEL A. MILLER	95A	PARTRIDGE CIR	N. MIDDLETON	01/28/24
	Jason W. Smith	126	S. West	Carlisle	1-29-24
	ARTHUR C. PFEIFFER JR.	185	FAITH CIRCLE	NO. MIDDLETON TWP.	1-30-24
	DAVID R. MILLER	1	WILKIN DR	DICKINSON TWP	1/31/24
	Joan E. Leach	3715	Enola Rd	Lower Frankford	2/1/24
	Anne Hartzell	825	HANOVER	CARLISLE	2/4/24
	Arthur W. Hartzell	825	N. Hanover	Carlisle	2/4/24
	JONATHAN RASNER	218	5 YELLOW BRIDGE	DICKINSON	2/4/24
	MICHAEL A. MAHA	3	OWN VIEW	CARLISLE PA	2-6-24
	DALE L. MASSEK	949	N NORTH ST	N. MIDDLETON	2-7-24
	Vern L. Leach	3715	Enola Rd	Lower Frankford	2/6/24



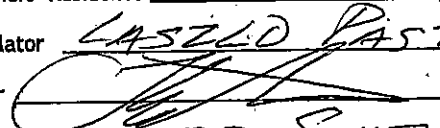
SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence CUMBERLAND
- 2 Printed Name of Circulator CASZLO PASZTOR, JR
- 3 Signature of Circulator 
- 4 Number and Street of Circulator 532 SOUTH HANOVER ST
- 5 City, Borough or Twp. CARLISLE Zip Code 17013

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CUMBERLAND 21

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Edward J. Corcoran	518	Cain Ave	Silver Spring	2/26/24
	Janet Swisher	848	Louise St	Ev. Perm.	2/24/24
	Allen R. Peffer	829	Meadow Lane	Hampden	2-7/24
	Shirley B. Peffer	194	S Middleton	Middleton	2/9/24
	Charles J. Peffer	194	S Middleton	MIDDLETON	2/7/24
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Cumberland
 2 Printed Name of Circulator Jay C Swisher Jr
 3 Signature of Circulator Jay C Swisher Jr
 4 Number and Street of Circulator 323 Touchstone Dr
 5 City, Borough or Twp. South Middleton Zip Code 17015

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CUMBERLAND 21



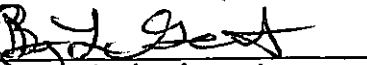


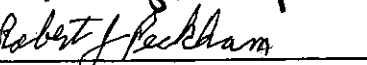
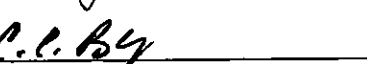
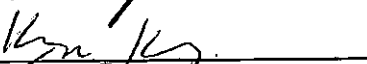

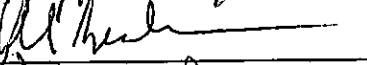






PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot, of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Vincent Corrado	14	Tiffany Dr	S. Middlesex Gartiste	1-25-2024
	Nancy S. Corrado	14	Tiffany Dr	S. Middlesex Gartiste	1-25-2024
	Andrew Corrado	14	Tiffany Dr	S. Middlesex Gartiste	1/25/24
	Neal J. DeSanti	6	Tiffany Dr	Middlesex Twp	1/25/24
	ARNOLD P. JENKINS	749	Dogwood Ln	MIDDLESEX TOWNSHIP	1-25-24
	PAUL J. RUDOLPH	70	W. South	CR 121513	1/25/24
	MICHAEL E. RUDOLPH	1213	REDWOOD HILLS CIR	MIDDLESEX TOWNSHIP	1/25/24
	Velma Miller	34	Fairview St	South Middleton	1/25/24
	Gerald Miller	34	Fairview St	South Middleton	1/25/24
	JOHN A. BONIN	102	STONEEDGE DR	SOUTH MIDDLETON	1/25/24
	LARRY BRAXTON	412	LEYTON WAY	Mechanicsburg	1/25/24
	ROBERT HALL	161	CHANNELITE	NORTH MIDDLETOWN	1/25/24
	Anthony Abbey	400	Riverland Dr.	East Pennsboro	1/25/24
	Lina M. Jensen	125	Hickory Rd	Middlesex Twp	1/25/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	STEPHEN KIPPER	220	SHIRLEY LN	SOUTH MIDDLESEX	1/25/24
	ROBERT E. ENDECK	37	WHITE OAK DR	Wickensan	1/25/24
	Bryan L. Goshert	26	Mountain St	Mt Holly Springs	1/26/24
	Ruby L. Goshert	26	Mountain Street	Mount Holly Springs	1/26/24
	Marilyn Seig	12	Tiffany Dr	South Middlesex	1/29/24
	ROBERT J. PECKHAM	4	TIFFANY DR	MIDDLESEX	1/29/24
	CHARLES BLUMBERG	5	TIFFANY DR	MIDDLESEX	1/29/24
	Kyle Kemp	28	Circle Dr	Middlesex	2/1/24
	Troy Raudabach	9	E. Court St	South Middlesex	2-1-24
	Philip Raudabach	9	TIFFANY DR	MIDDLESEX	2-1-24
	Sharon Rich	18	Tiffany Dr	Carlisle, Middlesex	2-1-24
	Jim Rich	18	TIFFANY DR	CARLISLE/MIDDLESEX	2-1-24
	Sandra Baughman	22	Tiffany Dr	Middlesex	2-1-24
	Debbie Jo Mills	144	Middlesex	Middlesex	2-3-24
	RONALD M. RIZIMA	144	MIDDLESEX	MIDDLESEX	2-3-24
	Dennis L. Slippy	20	McAllister C	W. Pensboro	2/3/24

STATEMENT OF CIRCULATOR

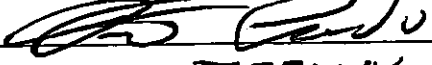
CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence CUMBERLAND VALLEY

2 Printed Name of Circulator Vincent Caputo

3 Signature of Circulator 

4 Number and Street of Circulator 14 TIFFANY DR.

5 City, Borough or Twp. CARLISLE (Middlesex) Zip Code 17015

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CUMBERLAND, 21

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Deborah Baker	35	Summerfield Dr	South Middleton	1/24/24
	David J Greeley	402	Crossroad School Rd	West Pennsboro	1/24/24
	ROBERT SCHULLER	360	N. MIDDLESEX RD	MIDDLESEX	1/26/24
	Barbara Gleim	450	SHERWOOD DRIVE	MIDDLESEX	1/29/24
	Darlene Ramond	1889	Rachel Dr	North Middleton	1/31/24
	Mary Holman	20	Carla Dr	Shippensburg	2/2/24
	Elaine Deindler	580	Grays Gap Rd	North Middleton	2-2-24
	Anita Gutschell	103	Burgess Road	Carlisle	2-2-24
	Kathryn L. Auld	903	Dunbar Rd	Carlisle	2-2-24
	Steven P. Coussly	1602	Kent Rd	Lower Allen	2-3-24
	Beth Ann Connolly	1602	Kent Rd	Lower Allen	2-3-24
	Thomas R Coldsmith	1251	Baltimore	Shippensburg	2-3-24
	Kathy Coldsmith	1251	Baltimore	Shippensburg	2-3-24
	LOU CAPOZZI	1655	HOLLY PIKE	SOUTH MIDDLESEX TOWNSHIP	2-3-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>John Fish</i>	John Fish	2	W Penn	Carlisle	2-3-24
<i>Jack R. [unclear]</i>	JACK R. [unclear]	1400	ANSON CROSS DR	HANDSON	2/3/24
<i>Elsie M. Brunner</i>	Elsie M. Brunner	1	WEST PENN ST	CARLISLE	2/3/24
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence CUMBERLAND VALLEY
- 2 Printed Name of Circulator Vincent Corrado
- 3 Signature of Circulator *[Signature]*
- 4 Number and Street of Circulator 14 TIFFANY DR.
- 5 City, Borough or Twp. CARLISLE (Middlesex) Zip Code 17015

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: CUMBERLAND 21

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
[Signature]	Richard Tommedle	23	Crandle Dr.	Upper Frankford	2/27/24
[Signature]	Arlene Tommedle	23	Crandle Dr.	Upper Frankford	2-23-24
[Signature]	CHARLES LIEBERT	18	TODD CIRCLE	CARLISLE	2/23/24
[Signature]	Theresa P. Liebert	18	Todd Circle	Carlisle	1-23-24
[Signature]	Richard Tommedle	23	Crandle Dr.	Upper Frankford	1/23/24
[Signature]	CHARLES LIEBERT	18	TODD CIRCLE	CARLISLE	1/23/24
[Signature]	Arlene Tommedle	23	Crandle Dr.	Upper Frankford	1-23-24
[Signature]	Julie L. Corl	101	Glennridge	Upper Frankford	1-25-24
[Signature]	Brooke N. Corl	101	Glennridge	Upper Frankford	1-25-24
[Signature]	BILL WENZEL	33	ADELE AVE	FRANKFORD	1-25-24
[Signature]	Regina Wenzel	33	Adele Ave	Upper Frankford	1-25-24
[Signature]	ROBERT L. CORL	101	GLENRIDGE DR	UPPER FRANKFORD	1-27-24
[Signature]	Deborah Rae Keen	2	Crandle Dr.	Upper Frankford	1/27/24
[Signature]	Jenny D Wells	31	Adele Ave	Upper Frankford	1-27-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>John DeDee</i>	Michael E Wells	31	Adale Ave	Upper Merion	1-27-24
<i>Karen L. Crutcher</i>	Karen L. Crutcher	809	Nesbit Dr	Carlisle	1-27-24
<i>Erik P. Peterson</i>	Erik S Peterson	303	S Edge Rd	South Middleton	1/29/24
<i>Anna M McKinzie</i>	Anna McKinzie	111	N. East St	Carlisle	1/29/24
		111	N. East St	Carlisle	1/29/24
<i>James Steven McKinzie</i>	JAMES STEVEN MCKENZIE	111	N. East St	Carlisle, PA	1/29/24
<i>Jeremy A. Brandenburg</i>	Jeremy A. Brandenburg	1502	Terrace Ave	Carlisle, PA	1/24/2024
<i>Kourtney Brandenburg</i>	Kourtney Brandenburg	1502	Terrace Ave	Carlisle, PA	1/24/24
<i>David B Killian</i>	David B Killian	1116	Hillsides Dr	Carlisle PA	1/30/24
<i>Linda L Peffer</i>	Linda L Peffer	22	Cradle Dr	Upper Frankford	2-5-24
<i>Mary Davidson</i>	MARY DAVIDSON	27	CRAWDLER DR	UPPER FRANKFORD	2-5-24
<i>Ronald B. Davidson</i>	Ronald B. Davidson	27	CRAWDLER DR	UPPER FRANKFORD	2-5-24
<i>Patricia J. Salhammer</i>	Patricia J. Salhammer	18	Orchard Ave	Upper Frankford	2-5-24
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Cumberland
- 2 Printed Name of Circulator Richard Tomfelle
- 3 Signature of Circulator *[Signature]*
- 4 Number and Street of Circulator 23 Crandle St.
- 5 City, Borough or Twp. Carlisle (Upper Frankford) Zip Code 17015

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SCHUYLKILL 54

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Lorna Gray Wiley	664	Fearnot Rd	HUBLEY (Sacramento)	2/9/24
	ERIC E STRAUB	503	REAR WEST GRAND	PORTER	2/9/24
	Sandra Wiest	415	Deer Ln	Hubley	2/9/24
	William Rich	517	W. Centre	Shenandoah	2/9/24
	ROXANNE NYE	237	WEST GRAND AVE	PORTER	2/9/24
	Dale S. Wiley	664	Fearnot Rd	Hubley	2/9/24
	KERRY A YISH	93	DIETRICH AVE	PORTER	2/9/24
	Lori Hand	721	E Colliery	Porter	2/9/24
	ALLEN COADY	22	HICKORY	WAYNE	2/9/24
	JUDY HEIM	55	FAIRVIEW RD.	Elared Pitman	2-9-24
	Tara Straub	207	Church St	Porter	2/9/24
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Schuylkill

2 Printed Name of Circulator Ronald L. Raker

3 Signature of Circulator Ronald L. Raker

4 Number and Street of Circulator 3177 Peters Mtn. Road

5 City, Borough or Twp. Halifax Twp. Zip Code 17032

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SCHUYLKILL 54

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Charles Gilbert</i>	Charles Gilbert	189	Oak Grove Rd	P.G. Twp.	2/9/24
<i>Thomas D. Symans</i>	Thomas D. Symans	29	High Road	Cass Twp	2/9/24
<i>Wendy Straub</i>	Wendy Straub	503	West Grand	Porter Twp	2/9-24
<i>Carl Nye III</i>	Carl Nye III	237	West Grand	Porter TWP	2/9/24
<i>Paul Bennick</i>	Paul Bennick	101	EAST MAPLE	Hegins Twp	2/9/24
<i>David Straub</i>	David Straub	33	Stross Road	Branch Twp	2/9/2024
<i>Lisa M. Coady</i>	Lisa M Coady	22	Hickory St	Wayne Twp	2/9/2024
<i>Spencer Jones</i>	Spencer Jones	273	E main st	Hegins twp	2/9/2024
<i>Marty Shade</i>	Marty Shade	1511	MAIN ST	Hegins twp	2/9/2024
<i>Lamy T Coleman</i>	Lamy T Coleman	129	E Maple St	Hegins Twp	2/9/24
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

**CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW**

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Schuylkill
 2 Printed Name of Circulator Ronald L. Raker
 3 Signature of Circulator Ronald L. Raker
 4 Number and Street of Circulator 3177 Peters Mtn. Road
 5 City, Borough or Twp. Halifax Twp. Zip Code 17032

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SCHUYLKILL 54

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Carol HISH	93	Dietrich Rd	Porter	2-9-24
	GARY HAND	721	E. Collier Ave	Porter Township	9/FEB/24
	Ray Shadle	4	Muskee	Washington	2-9-24
	Gary Heim	55	Fairview Rd	Florencia Twp	2-9-24
	Michael Bordner	55	VISTA Rd Kingsbury	UPPER Middletown	2-9-24
	Rick W Strunk	207	Chamber	Porter	2-9-24
	Ivan K Kauffman	10	Pine Creek Road	Hubley	2-9-24
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

**CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW**

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Schuylkill

2 Printed Name of Circulator Ronald L. Raker

3 Signature of Circulator Ronald L. Raker

4 Number and Street of Circulator 3177 Peters Mtn. Road

5 City, Borough or Twp. Halifax Twp. Zip Code 17032

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SOMERSET 56

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
1. <i>Christopher Gutschell</i>	Christopher Gutschell	2232	Kings St	Johnstown	2-3-24
2. <i>Roxann Guetta</i>	Roxann Guetta	824	Berkey Rd	Windber	2-10-24
3. <i>George Guetta</i>	GEORGE GUETTA	824	Berkey Rd	WINDBER	2-10-24
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Somerset

2 Printed Name of Circulator Jacqueline Fulbair

3 Signature of Circulator [Signature]

4 Number and Street of Circulator 248 Stardust Dr

5 City, Borough or Twp. Johnstown Richmond Zip Code 15904

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SULLIVAN 57

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Joanne M. Adams</i>	Joanne M. Adams	15899	Route 87	Colley Twp SULLIVAN CO	2-1-24
<i>Brenton R. Adams</i>	Brenton R. Adams	15899	Route 87	Colley Twp SULLIVAN CO	2-1-24
<i>Bertrigo Adams</i>	Bertrigo Adams	15899	RT 87	Colley Twp	2-1-24
<i>John Deckard</i>	John Deckard	15899	Lakeford	Laporte	2-1-24
<i>DAVID CEPHART</i>	DAVID CEPHART	974	SAKER RD	Colley	2-2-24
<i>Brittany Weisenberg</i>	Brittany Weisenberg	1046	Saxer Rd	Colley	2-2-24
<i>Patricia Fwick</i>	Patricia Fwick	1132	SIXER RD	Colley	2/2/24
<i>Randy Fwick</i>	Randy Fwick	1132	Saxer Rd	Colley	2/2/24
<i>Mildred F. Smith</i>	Mildred F. Smith	15899	RT 87	Colley Twp	2/2/24
<i>Janet C. Schleeter</i>	Janet C. Schleeter	16811	RT 87	Colley Twp	2/2/24
<i>Drew Ditzler</i>	Drew Ditzler	16777	RT 87	colley Twp	2-2-24
<i>Judy Frey</i>	Judy Frey	358	Star	Colley Twp	2-2-24
<i>Jerry Frey</i>	Jerry Frey	358	Star	Colley Twp	2-2-24
<i>ARTHUR G. DURLAND</i>	ARTHUR G. DURLAND	616	STAR ROAD	COLLEY TWP	2-2-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Kathy Durland</i>	Kathy Durland	616	Star Road	Colley Twp	2/2/2024
<i>Louis J. George</i>	Louis J. George	915	Saxer Rd	Colley Twp	2-2-24
<i>Henrietta Ross</i>	HENRIETTA ROSS	915	SAXER RD	Colley Twp	2-2-2024
<i>Louis George Jr.</i>	Louis George Jr	915	Saxer Rd	Colley Twp	2-2-24
<i>Amanda George</i>	Amanda George	915	Saxer Rd	Colley Twp	2/2/24
<i>Robert Smith</i>	Robert Smith	558	Holly Hill Rd	Colley Twp	2/4/24
<i>Bruce Kline</i>	Bruce Kline	1555	87	Colley Twp	2-5-24
<i>Deanna Kline</i>	Deanna Kline	1555	Rt 87	Colley Twp	2/5/24
<i>Elizabeth M. Heath</i>	Elizabeth M Heath	15296	Rt 87	Colley Twp	02.05.2024
<i>Glenn B. Holcomb</i>	Glenn B. Holcomb	15158	Rt 87	Colley Twp	02/05/2024
<i>Laurann Holcomb</i>	Laurann Holcomb	15158	Rt 87	Colley Twp	2/05/2024
<i>Thomas S. McGowan</i>	Thomas S. McGowan	16515	Rt 87	Colley Twp	2-6-2024
<i>Debbie J. McGowan</i>	DEBBIE J. MCGOWAN	16515	Rt 87	Colley Twp	2-6-2024
<i>Elizabeth Grande</i>	Elizabeth Grande	16187	Rt 87	Colley Twp	2-6-2024
<i>James V. Ciranna</i>	JAMES V. CIRANNA	14687	Rt 87	Colley Twp	2/6/24
<i>Garl Smith</i>	Garl Smith	Rt 87	15330	Colley Twp	2/6/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence SULLY
- 2 Printed Name of Circulator BURTON R. ADAMS
- 3 Signature of Circulator *Burton R Adams*
- 4 Number and Street of Circulator 15899 ROUTE 87, DUSHORE, PA
- 5 City, Borough or Twp. COLLEY TWP Zip Code 18614

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SULLIVAN 57

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	ANDREW G TROSTLE	10054	Ellenton mtn Rd	Shunk PA 17768 Fox Twp	2/2/24
	Travis Trostle	10054	Ellenton mtn Rd	Shunk PA 17768 Fox Twp	2/2/24
	REBECCA A. WATTS	11280	Ellenton mtn Rd	SHUNK, PA 17768 Fox Twp	2/2/24
	Tami Trostle	10054	Ellenton mtn Rd	Shunk PA 17768	2/2/24
	Linsay Trostle	10054	Ellenton mtn Rd	Shunk PA 17768	2/2/24
	Joseph Trostle	10054	Ellenton mtn Rd	Shunk PA 17768	2/2/24
	ROBERT A. SHISLER	3309	Horsham Rd	Shunk Pa Fox	2/6/24
	Robert P Henderson Jr	PO Box 3	989 North St	Shunk, PA 17768 Fox	2/6/24
	RICHARD C. HEESS	RT 154	10220 Shunk	Shunk, PA, FOX 17768	2/6/24
	Kristi M. Heess	10280	RT 154	Fox Twp	2-6-24
	Dan Vorel	10362	RT 154	Fox Twp	2/6/24
	David Vorel	10362	RT 154	Fox Twp	2/6/24
	Carol A. Miller	11063	Ellenton mtn Rd	Fox Twp	2/6/24
	Carolyn K. Neightman	1152	Ellenton mtn Rd	Fox Twp	2/6/24

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
15.	<i>Otis L. Williams</i>	OTIS L WILLIAMS	2444	Highland Blvd	Fox Twp	2-6-24
16.	<i>Jon D. Weaver</i>	Jon D. Weaver	9294	Route 154	Shunk, Fox Twp.	2-6-24
17.	<i>Lou Ann Wilcox</i>	Lou Ann Wilcox	325	Railroad Grade Rd	Fox Twp	2-6-24
18.	<i>Mark R. Wilcox</i>	MARK R. WILCOX	325	Drill Road Grade Road	Fox Twp	3-6-24
19.	<i>Rodney Shettle</i>	Rodney Shettle	11892	Route 154	Shunk	2/6
20.	<i>Natalie Shettle</i>	Natalie Shettle	11892	Route 154	Shunk	2/6
21.	<i>Mark Hamilton</i>	MARK HAMILTON	10134	Rt. 154	Shunk	2/6
22.	<i>Robert L. Loomis Jr</i>	ROBERT L. LOOMIS JR	158	6th Mill Ln	Shunk	2/6
23.	<i>Kelly L. Weaver</i>	KELLY L WEAVER	9294	RT 154	SHUNK	2/6/24
24.	<i>Margaret J. Bagley</i>	Margaret J Bagley	9196	Rt 154	Shunk	2/6/24
25.	<i>Rendk Bagley</i>	Rendk Bagley	9196	Rt 154	Shunk	2/6/24
26.	<i>Kenton Boyer</i>	Kenton Boyer	11301	Ellenton Way	Shunk	2-6-24
27.	<i>Jeannie M Boyer</i>	Jeannie M Boyer	11301	Ellenton ^{Mtn} Rd	Shunk	2-6-24
28.	<i>Ralph H. Miller</i>	Ralph H. Miller	11068	Ellenton ^{Mtn} Rd	Shunk	2-6-24
29.	<i>Dale Shisler</i>	Dale Shisler	10017	RT 154	Shunk	2-7-24
30.	<i>Zikos Economides</i>	ZIKOS Economides	PO Box 5	140 Royal Road Grade Rd	Shunk	2/7/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Sullivan County
- 2 Printed Name of Circulator Andrew Tristle
- 3 Signature of Circulator *[Signature]*
- 4 Number and Street of Circulator 10054 Ellenton Mtn Rd
- 5 City, Borough or Twp. Fox Twp Zip Code 17768

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY

ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SULLIVAN 57

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District; to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Pamella Stoddard</i>	Pamella Stoddard		P.O. Box 190	123E main St Dushore PA 18614	1-27-24
<i>Lyndean Stoddard</i>	Lyndean Stoddard	8804	Route 487	Dushore, Pa 18614	1-27-24
<i>Emily Klem</i>	Emily Klem	8804	Route 487	Dushore, PA 18614	1-27-24
<i>Shanda Stoddard</i>	Shanda Stoddard	123	East main St P.O. Box 254	Dushore, PA 18614	1-27-24
<i>Ronald L. Dyer</i>	Ronald L. Dyer	1142	Fisk Rd	Wyalusing	2/4/24
<i>Leslie J. Bender</i>	Leslie J. Bender	54	minner Rd	Cherry Twp	2/4/24
<i>Dooglas W. Foust</i>	Dooglas W. Foust	30	THUMMARD	LAPORTE Twp	2/4/24
<i>Clarissa Yonkin</i>	Clarissa Yonkin	681	Beat	Cherry Twp	2-4-24
<i>Russell Merchant</i>	Russell Merchant	9110	Rt 220	Cherry	2-4-24
<i>Jewel Cicero</i>	Jewel Cicero	1009	Hochberg Rd	Cherry Twp	2-4-24
<i>Donald A. Cicero</i>	Donald A. Cicero	1009	Hochberg Rd	Cherry Twp	2-4-24
<i>Tammie J. Weakland</i>	Tammie J. Weakland	182	Pugh's Rd	Cherry Twp	2-4-24
<i>Danny Weakland</i>	Danny Weakland	182	Pugh's Rd	Cherry Twp	2-4-24
<i>Derek Farrell</i>	Derek Farrell	29	Bahr Rd	Forks Twp	2/6/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>[Signature]</i>	LEO F. FIESTER	1258	RT 220	Laporte Twp	2/6/24
<i>Carol Matlack</i>	CAROL MATLACK	4596	Rt 220	Laporte Twp	2/6/24
<i>Mark Matlack</i>	Mark Matlack	4596	Rt 220	Laporte Twp	2/6/24
<i>Edward W Fournay</i>	EDWARD W FOURNEY	441	CHESOCK RD	CHERRY TWP	2/7/24
<i>Nancy C. Degling</i>	Nancy C. Degling	711	Horseshoe Rd	Cherry Twp	2-7-24
<i>Thomas S Degling</i>	THOMAS S. DEGLING	711	Horseshoe Rd	Cherry Twp	2-7-24
<i>David J. Bahr</i>	David J. Bahr	391	wampole rd	Cherry Twp	2-7-24
<i>[Signature]</i>	Richard J. Rexer	8724	Rt 220	Cherry	2-7-24
<i>Rudolph A. Adair</i>	Rudolph A Adair	95	Bear Run Ave	Forks Twp	2-7-24
<i>Candice M. Rexer</i>	Candice M. Rexer	8738	Route 220	Cherry Twp	2-7-24
<i>Lee F. Lambert</i>	Lee F. Lambert	213	Academy Ln	Disthorpe B	28-24
<i>Hilary Stya</i>	Hilary Stya	16	Hendrickson	Valley Twp	2/8/24
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1-5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Sullivan

2 Printed Name of Circulator Donald A. Cicero

3 Signature of Circulator *[Signature]*

4 Number and Street of Circulator 1009 Hochberg Road

5 City, Borough or Twp. Cherry Twp Zip Code 18611

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SULLIVAN 57

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>[Signature]</i>	Peter Homan	206	Water St	Dushore Boro	2/1/24
<i>[Signature]</i>	Austen A. McGee	208	Boer Dr.	Dushore Boro	2/1/24
JOHN A. SHOEMAKER	JOHN A. SHOEMAKER	124	LAUREL ST	DUSHORE BORO	2/1/24
<i>[Signature]</i>	Amelia Kay Homan	206	Water St	Dushore Boro	2/1/24
<i>[Signature]</i>	Amelia R. Homan	206	Water St	Dushore Boro	2/1/24
<i>[Signature]</i>	Mark A. Carl	419	Worleys Ford Rd	Eagles Mere Susquehanna Twp	2/2/24
<i>[Signature]</i>	Skaci Frank	101	Main St	Dushore Boro	2/2/24
<i>[Signature]</i>	Sarah S. Jensen	120	Headly Ave	Dushore Boro	2/2/24
<i>[Signature]</i>	Joshua R Fry	15174	US Hwy 220	Penna Twp	2/3/24
<i>[Signature]</i>	Down Tourischer	212	Belvedere	Dushore Boro	2/3/24
<i>[Signature]</i>	Randi Tourischer	212	Belvedere Rd	Dushore Boro	2/3/24
<i>[Signature]</i>	Neva Minarik	201	Sunrise Dr	Laporte Twp	2/3/24
<i>[Signature]</i>	MAT SEUB	113	SWAMP RD	cherry Twp	2/4/24
<i>[Signature]</i>	Neathor Seib	113	Swamp Rd	Cherry Twp	2/4/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>[Signature]</i>	Sandra Bepf	145	Camden St	Dushore Boro	2/4/24
<i>[Signature]</i>	JAMES J. BUCKLEY	935	HAYES DR	CHERRY TWP	2/4/24
<i>[Signature]</i>	KEVIN A. POTTE	190	RONES RD	CHERRY TWP	2-4-24
<i>[Signature]</i>	John Wilczinski	150	CHESACK RD	CHERRY TWP	2-4-24
<i>[Signature]</i>	JOSHUA MCGAT	84	RUDY RD	ELKLAND TWP	2-4-24
<i>[Signature]</i>	FRANCIS P. BRAY	677	DUSTY MT RD	CHERRY TWP	2-4-24
<i>[Signature]</i>	KENNEDY MCGEE	881	HOSES HWY	CHERRY TWP	2-4-24
<i>[Signature]</i>	Christine Shoemaker	124	Laurel St.	Dushore Boro	2-4-24
<i>[Signature]</i>	CONNIE HATCH	24	DEANE LN	ELKLAND TWP	2-5-24
<i>[Signature]</i>	KEARY A MEEHAN	14	Boxer DR	Dushore Boro	2-6-24
<i>[Signature]</i>	John A. Suocemaker	125	Headley Ave	Dushore Boro	2-6-24
<i>[Signature]</i>	Marybeth Miner	127	Summit	Dushore Boro	2-7-24
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence SULLIVAN

2 Printed Name of Circulator P DEAN HOMER

3 Signature of Circulator *[Signature]*

4 Number and Street of Circulator 206 Wata St

5 City, Borough or Twp. Dushore Borough Zip Code 18614

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SULLIVAN 57

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	ROBIN DESIRÉE SHAFER	826	PLEASANT VALLEY RD	FORKS TWP.	2-6-24
	Christine A. Brazd	654	Lambert Hill Rd.	FORKS Twp.	2/6/24
	ROBERT J. SHAFER	826	PLEASANT VALLEY RD	FORKS TWP	2/7/24
	JACQUELYN G. ROUSE	2002	MOLYNEUX HILL RD	FORKS TWP	2/7/24
	Noreen R. Keency	2169	MOLYNEUX HILL RD	FORKS TWP	2/7/24
	Christopher Muscarege	654	Lambert Hill Rd.	Forks Twp	2/8/24
	WENDY STEEL HASTINGS	438	Worlds End Rd	Shrewsbury Twp	2/9/24
	Muel Harris	232	2015 GR RD	Shrewsbury Twp	2/9/24
	Pat Keller	242	Fairds Rd	DuSarc	2/9/24
	Travis G. Wiley	27	Brenckley	Forksville	2/9/24
	Julie Norton	8	Shelley Ln	Forksville	2/9/24
	DENNIS B. DOWELL	55	BRIDGE ST	FORKSVILLE	2/9/24
	Julie Gault Shaffer	89	Shelley Ln	Forksville	2/9/24
	Scott Eberlin	268	Rohes Rd	Cherry	2-9-24

SIGNATURE OF ELECTOR.	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence SULLIVAN COUNTY

2 Printed Name of Circulator CHRISTINE A. BRAZEL

3 Signature of Circulator Christine A. Brazel

4 Number and Street of Circulator 1654 Lambert Hill Rd.

5 City, Borough or Twp. Dushore Zip Code 18614

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



**Commonwealth of Pennsylvania
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: SULLIVAN 57

PARTY OF SIGNERS: Republican

To the **SECRETARY OF THE COMMONWEALTH:**

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp. La Porte TWP	
<i>Walter Botsford</i>	Walter Botsford	2478	Nordmont Road	Agency Valley	1/26/24
<i>Emera L Botsford</i>	EMERA L. BOTSFORD	859	Little Rd	La Porte Twp	2/4/24
<i>Kevin Botsford</i>	Kevin Botsford	72	Henny Rd	La Porte Twp	2/5/24
<i>Helen M Tobin</i>	Helen M Tobin	10	Morgan Ave	Eagles Mere	2/9/24
<i>Alana Schiele</i>	Alana Schiele	27	Brendly Rd	Forksville	2/9/24
<i>Lisa K Co.v</i>	Lisa Co.v	29	Hoffsmith Rd	Hills Grove	2-9-24
<i>Sharon K Smith</i>	Sharon K Smith	98	Valley View Ln	Eagles Mere	2-9-24
<i>Glenn Beckley</i>	Glenn Beckley	13353	RT 87	Cherry	2-9-24
<i>Catherine Econiff</i>	CATHERINE ECONIFF	214	Alvord Ave	Shrewsbury	2-9-24
10.					
11.					
12.					
13.					
14.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence SULLIVAN COUNTY

2 Printed Name of Circulator CHRISTINE A. BRAZEL

3 Signature of Circulator Christine A. Brazel

4 Number and Street of Circulator 654 Yambert Hill Rd.

5 City, Borough or Twp. DUSHORE Zip Code 18614

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: WESTMORELAND 65

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Veronica Condon	1618	Ashland	S. Greeng	1/25/24
	SCOTT KEYSER	560	SHERWOOD CIRCLE	YOUNGWOODS	1/25/24
	Heidi Zedler	806	South Ct	Greensburg	01/28/24
	Shawn Malinski	106	Mirzpunk	Greensburg	1-25-24
	Barbara Greco	9461	Rte 22	New Alex	1/25/24
	Don Greco	7461	Rt 22	New Alexandria	1/25/24
	Christina Penska	17	Adrian Dr	Greensburg	1/25/24
	Aloise J Penska	17	Adrian Dr	Greensburg	1-25-24
	PAUL G. KOSKO	521	Stirrup Dr	Hempfield	1/25/24
	Linda J. Kosko	521	Stirrup Dr	Hempfield	1/25/24
	Susan Nelson	165	Nursery Rd	Greensburg	1/25/24
	Debra Prohaska	23	South Spring Ave	Greensburg	1/25/24
	Ronald Overly	811	Brown St	Greensburg	1/25/24
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Robin Hausa	308	Pardus Ct	Greensburg	1/25/24
	Jason Hausa	308	Pardus Ct	Greensburg	1/25/24
	Scott Holshey	1959	Clawson Ave	GRBG	1/25/24
	Alexander W. Brown	590	Woodrose Dr. Unit 2	New Stanton	1/25/24
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Westmoreland
- 2 Printed Name of Circulator Benjamin J Wien
- 3 Signature of Circulator
- 4 Number and Street of Circulator 230 Westmoreland Ave
- 5 City, Borough or Twp. Greensburg Zip Code 15601

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: WASHINGTON 63

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Stacey Bonus	123	Suncrest St	Canonsburg	1/25/24
	Gregory Sopiak	138	Patterson	Nottingham	1-28-24
	John Sopiak	130	Fourth St	Houston	1-28-24
	Manette Sopiak	130	Fourth St	Houston	1-28-24
	Jacquelyn Khanolkar	142	Lakeview Dr	Canonsburg	1-31-24
	Michael Khanolkar	142	Lakeview Dr	Canonsburg	1-31-24
	Jason Sopiak	103	Silver Maple Ave	Houston	1-31-24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

**CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW**

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence _____
- 2 Printed Name of Circulator _____
- 3 Signature of Circulator _____
- 4 Number and Street of Circulator _____
- 5 City, Borough or Twp. _____ Zip Code _____

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME (PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: WESTMORELAND 65

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Rebecca S. Pluecke	129	Grant Street	Greensburg	1-25-2024
	FRANCES A. SCHRAGIN PETRAS	4056	BRIARWOOD DR	Hempfield Twp	1-25-2024
	Thomas S. Hadden	4612	WINDBROOK	Murrysville	1/25/2024
	Marianne Strick	142	RUSTIC LN	S. Huntingdon	1-25-24
	RONALD A. STRICK	142	RUSTIC LANE	South HUNTINGDON	1-25-24
	Rebecca Horne	312	Melchery me	Latrobe	1/25/24
	Sandra Horne	312	Melchery me	Latrobe	1/25/24
	JOE JAHAR	208	D. 5th	W. Newton	1/25/24
	David R. Craig	136	S 2nd	W. Newton	1/25/24
	Anna L. Craig	136	S. 2nd St	West Newton	1-25-24
	James DeStefano	408	Utopia Rd	Apollo	1/25/24
	ELIZABETH DESEFANO	408	UTOPIA RD	APOLLO PA	1/25/24
	Kelle Spahr	3	W. Bluffs	Greensburg	1/25/24
	Shawn Jenkins	3	W. Bluffs	Greensburg	1/25/24

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Joseph Manley</i>	JOSEPH MANLEY	103	Stanton Dr.	New Stanton	1/25/24
<i>Lori Swethen</i>	LORI SWETHEN	120	Joyce	Greensburg	1-25-24
<i>Mark R. Baetzner</i>	MARK R. BAETZNER	110	MAINT	ADAMS BORO	1-25-24
<i>Thomas Mettlen</i>	THOMAS METTLEN	997	MIDWATER RD	Hempfield	1/25/24
<i>Debra Althoff</i>	DEBRA ALTHOFF	997	Hickory Hill Rd	Hempfield	ASPX
<i>Debra Althoff</i>	DEBRA ALTHOFF	222	Keul	Gettysburg	1-25-24
<i>Jill Cooper</i>	JILL COOPER	603	Fred Rogers Dr.	Unity	1-25-24
<i>Sherri Thompson</i>	SHERRI THOMPSON	Lot #41	PO BOX 28	Hempfield	1-25-24
<i>William F. Prohaska</i>	WILLIAM F. PROHASKA	23	S. Spring Ave	Greensburg	1/25/24
<i>Victoria I. Detire</i>	VICTORIA I. DETIRE	953	Konking Meadows	GBG	1-25-24
<i>Jon E. Fink</i>	JON E. FINK	115	Holly Hill Dr	GBG	1-25-24
<i>Sarah L. Kuchma</i>	SARAH L. KUCHMA	5510	Rt 711	New Florence	1/25/24
<i>William J. Kuchma</i>	WILLIAM J. KUCHMA	5510	Rt 711	New Florence	1/25/24
<i>Charles A. Eckert</i>	CHARLES A. ECKERT	118	Bryant Drive	Greensburg	1/25/24
<i>Tracey Miller</i>	TRACEY MILLER	634	Lynn St	Greensburg	1-25-24
<i>Adin Miller</i>	ADIN MILLER	634	Lynn St	Greensburg	1-25-24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Westmoreland

2 Printed Name of Circulator Benjamin Wren

3 Signature of Circulator *Benjamin Wren*

4 Number and Street of Circulator 230 Westmoreland Ave

5 City, Borough or Twp. Greensburg Zip Code 15601

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: WESTMORELAND 65

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Aaron L. Moller	634	Lynn St.	Greensburg	1-25-24
	PAMELA S. ELMER	200	PRECISION LANE	RUFFSDALE	1/25/24
	William Hartnett	49	Timper Trail Dr.	Hempfield	1-25-24
	JEFF DeLoak	222	Paul Drive	Mount Pleasant	1-25-24
	Sean Kewes	422	Arch Ave	Greensburg	1-25-24
	Jason Brown	103	Beech Valley	Hempfield	1-25-24
	ZACHARY J. ZMBECK	161	ASTER DR	7TH PLEASANT	1-25-24
	ALVIN CHRIS COUCH	317	DEBOER DR	LATROBE	1-25-24
	Dorothy A. GAUS	668	MILLER RD	Hempfield	1-25-24
	Ryan J. Steffey	98	Milbee Ln	Greensburg	1-25-24
	Dawn Metoskie	255	Marlboro Dr	New Kensington	1/25/24
	CHRIS W. NETOSKIE	255	MARLBORO DR	New Kensington	1/25/24
	MICHELE KRUPCY	1143	Brookside	Hempfield	1-25-24
	ROBERT L. KRUPCY	1143	BROOKSIDE	Hempfield	1/25/24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Christine Kopasicko</i>	CHRISTINE KOPASICKO	144	Bennett	New Alex	1/25/24
<i>Elizabeth Johnson</i>	Elizabeth Johnson	1432	Paper St	South greensburg	1/25/24
<i>Ryan Bowen</i>	Ryan Bowen	204	JACOBS WAY	Hempfield	1/25/24
<i>Lora L. Waller</i>	Lora L. Waller	603	Westland	Hempfield	1-25-24
<i>Stevan Waller</i>	STEVAN WALLER	603	Westland	Hempfield	1-25-24
<i>Daniel J. Kopasicko</i>	DANIEL J. KOPASICKO	144	Bennett Dr.	New Alexandria	1/25/24
<i>Craig Parko</i>	CRIG PARKO	628	STARK ST.	GAE, PA	1/25/24
<i>Rosemary Thomas</i>	Rosemary Thomas	13799	Lincoln Hwy	N. Huntingdon	1/25/2024
<i>Scott Thomas</i>	Scott Thomas	13799	Lincoln Hwy	N. Huntingdon	1/25/2024
<i>Amber Simpson</i>	Amber Simpson	2	Foxglove	Greensburg	1/25/2024
<i>Paul J. Simpson</i>	PAUL J. SIMPSON	2	Foxglove Drive	Greensburg	1/25/24
<i>Rebecca Sigdman</i>	Rebecca Sigdman	79938	Grandview Ave	Greensburg	1/25/24
<i>Lori Long</i>	Lori Long	1505	Alpen Strasse	Latrobe	1-25-24
<i>DALE M LONG</i>	DALE M LONG	1505	Alpen Strasse	Latrobe	1-25-24
<i>Donald A Bowman</i>	Donald A Bowman	291	Young Dr	Apollo	1-25-24
<i>Lillian I Bowman</i>	Lillian I Bowman	291	Young Dr	Apollo	1/25/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Westmoreland

2 Printed Name of Circulator Benjamin J. Wren

3 Signature of Circulator *Benjamin J. Wren*

4 Number and Street of Circulator 230 Westmoreland Ave

5 City, Borough or Twp. Greensburg Zip Code 15601

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: WESTMORELAND 65

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Sandra Coletti</i>	SANDRA COLETTI	564	HICKORY	GRS	1-25-24
<i>Madalyn Rowson</i>	Madalyn W. Rowson	310	Seminole	Coler	1-25-24
<i>Elaine Farnham</i>	ELAINE FARNHAM	732	Cribbs St	Coler	1-25-24
<i>Tina A. Mann</i>	Tina A. Mann	1407	1st St.	Menor	1-25-24
<i>Carl Dorsey</i>	CARL DORSEY	927	JAMELL DR	GRSB	1-25-24
<i>Lillian L Kerr</i>	Lillian L Kerr	226D	N. Center	New Stanton	1-25-24
<i>Jeffrey J Kerr</i>	Jeffrey J. Kerr	2260	N. Center	New Stanton	1-25-24
<i>Jamie Ann</i>	Jamie Ann	326	ARCHER	Greensburg	1-25-24
<i>Pete Angelo</i>	Pete Angelo	201	Kearhance	Greensburg	1-25-24
<i>Darlene Reddicord</i>	Darlene Reddicord	444	ETON DR.	Greensburg	1/25/24
<i>Harry Reddicord</i>	Harry Reddicord	444	ETON DR	Greensburg	1/25/24
<i>Tamara Soich</i>	Tamara Soich	3	Crowsnest Road	Bovard	1-25-24
<i>Michael Soich</i>	Michael Soich	3	Crowsnest Road	Bovard	1-25-24
<i>Samuel Wieder</i>	Samuel Wieder	235	Hawksworth Rd	Greensburg	1-25-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Jeff Metrosky</i>	JEFF METROSKY	621	GREENMONT	GREENSBURG	1-25-24
<i>Mike Stape</i>	Mike Stape	111	SPANISH VILLAGE DR	JEANNETTE	1/25/24
<i>Jennifer L. Stape</i>	Jennifer L. Stape	111	Spanish Villa Dr	Jeannette	1-25-24
<i>Rebecca K. Costello</i>	Rebecca K. Costello	579	Agnes ST.	Hempfield Twp	1-25-24
<i>Jennifer Korte</i>	Jennifer Korte	864	Cleardale Dr	Hempfield	1-25-24
<i>Galen Keenan</i>	Galen Keenan	583	Steel Ave	Hempfield	1-25-24
<i>Cheryl Keenan</i>	Cheryl Keenan	583	Steel Ave	Hempfield	1-25-24
<i>Jim Carney</i>	Jim Carney	124	Locust	Lyttle	1-25/24
<i>Diane M. Carney</i>	Diane M. Carney	124	Locust St	Lyttle PA	1/25/24
<i>Mary Spino</i>	Mary Spino	208	Center	Greensburg	1/25/24
<i>Dom Spino</i>	Dom Spino	208	Center	Greensburg	1/25/24
<i>Rebecca Costello</i>	Rebecca Costello	579	Agnes St	Hempfield	1/25/24
<i>Martha Pattallo</i>	Martha Pattallo	501	Kenmore Ave	Gbg PA	1/25/24
<i>Douglas W. Chew</i>	Douglas W. Chew	1039	Sunview	Hempfield	1/25/24
<i>Suzette M. Fedor</i>	Suzette M. Fedor	25	Holyoke Dr.	Gbg.	1/25/2024
<i>Kathleen Cerra</i>	Kathleen Cerra	73	Milbeek Ln	Greensburg	1/25/24

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Westmoreland

2 Printed Name of Circulator Bertram J Wren

3 Signature of Circulator *Bertram J Wren*

4 Number and Street of Circulator 230 Westmoreland Ave

5 City, Borough or Twp. Greensburg Zip Code 15601

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: MERCER 43

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	BARBARA WISE	310	EAST WASHINGTON BLVD	GRAVE CITY	1-24-24
	Scott E Boyd	409	Boyd Rd	New Vernon Twp	1/24/24
	Donna L Boyd	409	Boyd Rd	New Vernon Twp	1/24/24
	Deborah L. McEwen	20	Rosewood Lane	Pine Twp.	1/24/24
	Don Jennings	412	LIBERTY ST	GRAVE CITY	1/24/24
	JEAN A. GILLILAND	653	Pulaski - mercer Rd	Wilmington Twp	1/26/24
	Amber R. White	114	Chestnut St	West Salem	1-26-24
	Donna Laver	74	Laver Rd	Perry Twp.	1-26-24
	Rachel Leigh Richardson	21	Hortil Rd	Pine Twp	1-29-24
	JOHN A. LIBOWITZ	666	FREDONIA	Delaware Twp	1/30/24
	ann coleman	2165	Pickel Dr	hermitage	1/30/24
	William A Finley Jr	887	Butler Pike	Findley Twp	1/30/24
	Rebecca Humes	1296	Lake Road	Jefferson Twp	1/30/24
	GEORGIE HUMES	1296	LAKE RD.	JEFFERSON TWP	1-30-24



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>[Signature]</i>	CLIFFORD GWISE	310	E. WASHINGTON BLVD	Strove City	1-30-24
<i>[Signature]</i>	GEORGE R. FORREY	147	Old Mill Rd	Liberty Twp	2/1/24
<i>[Signature]</i>	Vernon A. Hausel	58	Eagle	Gresham	2/6/24
<i>[Signature]</i>	James Gentile	20	Manorview	Hempfield	2/6/24
<i>[Signature]</i>	Gerald Michael Stumpfer	35	Templeton	Hempfield	2/6/24
<i>[Signature]</i>	Michael C. McKinney	7	Eastwood Dr.	Hempfield	2/6/24
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence Mercer

2 Printed Name of Circulator Ann Coleman

3 Signature of Circulator *[Signature]*

4 Number and Street of Circulator 2165 Pierre Bluffs

5 City, Borough or Twp. Hermitage Zip Code 16148

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



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: AUDITOR GENERAL

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Tim DeFoor

OCCUPATION: Auditor General

RESIDENTIAL STREET ADDRESS: 2231 Boas Street

CITY, BOROUGH OR TWP.: Susquehanna Township

COUNTY OF SIGNERS: BUTLER 10

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	RICHARD R SNYDER	448	Browns Hill Rd	MIDDLESEX	1-24-24
	Jay Snyder	448	Browns Hill Rd.	Middlesex	1-24-24
	Jonathan W. Onetz	130	Hillview Dr	Middlesex	1-25-24
	Vicky Cigella	6121	Forest Dr	Middlesex	1-26-24
	Ron & Snow	134	main st	Bruin	1-27-24
	victoria snow	134	main st	Bruin	1-27-24
	LORRAINE HIRCARD	7041	FOREST TR.	PENNA TWP	1-27-24
	HUBERT DEWEY	7041	FOREST TR.	PENNA TWP	1-27-24
	Edmund Juntus	212	HOLMES Row Rd	Sarver	1-31-24
	Cheryl Theisen	110	Railroad St	Penn	2-1-24
	TERRENCE L. TURANO	108	TANNECUM DR	Middlesex	2-1-24
	Carol A. Kasten	134	SAXONY Trails	Clinton	2-1-24
	Michael Speaker	168	Carroll Road	Winfield	2-2-24
	Kathleen V. Keown	158	Eckstein Rd	Butler Twp. H Renfrew	2-2-24

860

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Nancy Sipple</i>	Nancy Sipple	249	Logan Rd	Middlesex Twp	2-2-24
<i>Cindy Chisholm</i>	cindy chisholm	384	Steiner bridge Rd	Middlesex Twp	2-6-24
<i>David Martin</i>	DAVID MARTIN	6178	BROWN RD	PENN	2/7/24
<i>Melinda Martin</i>	MELINDA D. MARTIN	1178	BROWN RD.	PENN	2/7/24
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

- 1 County of Petition-Signers' Residence Allegheny
- 2 Printed Name of Circulator Lucia Roth
- 3 Signature of Circulator *Lucia Roth*
- 4 Number and Street of Circulator 9767 Griffith
- 5 City, Borough or Twp. McCandless Zip Code 15090

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