

AFFIDAVIT OF CIRCULATOR

COMMONWEALTH OF PENNSYLVANIA } SS:
COUNTY OF

Before me, the undersigned authority in and for said State and County, personally appeared the undersigned, who, being duly sworn according to law, did depose and say that he or she is a qualified elector duly registered and enrolled as a member of the political party and of the political district referred to in this petition; that his or her residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that they all reside in the said political district; that each signed on the date set opposite his or her name; and that, to the best of deponent's knowledge and belief, the signers are qualified, registered and enrolled electors of the designated party of the aforesaid political district.

Sworn to and subscribed before me

this _____ day of _____, 20 _____

(OFFICIAL TITLE)

My Commission expires _____

(SIGNATURE OF CIRCULATOR)

(PRINTED NAME OF CIRCULATOR)

(STREET ADDRESS) (POST OFFICE)

(CITY, BOROUGH OR TOWNSHIP)

CANDIDATE'S AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA } SS:
COUNTY OF

Before me, the undersigned authority in and for said State and County, personally appeared the undersigned, who being duly sworn according to law, did depose and say that his or her residence is as set forth below; that he or she is a qualified elector duly registered and enrolled as a member of the political party and of the political district referred to in this petition; that the name of the office for which he or she consents to be a candidate is

(TITLE OF OFFICE)

that he or she is eligible for said office; that he or she will not knowingly violate any election law, or any law regulating and limiting nomination and election expenses, and prohibiting corrupt practices in connection therewith.

Sworn to and subscribed before me

this _____ day of _____, 20 _____

(OFFICIAL TITLE)

My commission expires _____


(SIGNATURE OF CANDIDATE)

(PRINTED NAME OF CANDIDATE)

(STREET ADDRESS) (POST OFFICE)

(CITY, BOROUGH OR TOWNSHIP)

(E-MAIL ADDRESS, optional)

Election District of Candidate  _____ Ward _____ District

Party _____
Office of _____
City } of _____
Borough }
Township }
Ward _____ District
For a _____ Term

**PETITION
To Have Name of**

(Write or print name plainly as you wish it to appear on ballot)

**As Candidate Printed
On the Official Ballot**
of
**The Above Named Party,
District and Office**
For the
GENERAL PRIMARY
For the Year 20 _____

Filed in the Office of the County Board of Elections.

20 _____
Clerk.
