

**CANDIDATE'S  
AFFIDAVIT**

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF ELECTIONS**  
210 NORTH OFFICE BLDG.  
HARRISBURG, PA 17120

OFFICE USE ONLY

2014002160



Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name Middle Name or Initial Suffix

Residential Address: \_\_\_\_\_  
Street Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Municipality (City, Boro, or Township): \_\_\_\_\_ Gender: F  M

Mailing Address (if different from residential): \_\_\_\_\_  
Street Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Voting Precinct Name (including Ward & Division, if applicable): \_\_\_\_\_

Office for which you are seeking nomination: REPRESENTATIVE IN CONGRESS

District Number (if applicable): 10th Congressional District

Email address: \_\_\_\_\_

Name as it is to appear on the Ballot: \_\_\_\_\_

**CANDIDATE AFFIDAVIT** - I do swear (or affirm) that my residence, my election district and the title of the office for which I desire to be a candidate are as specified above, that I am eligible for said office, that I will not knowingly violate any election law or any law regulating and limiting nomination and election expenses, and prohibiting corrupt practices in connection therewith; that I am aware of the provisions of Section 1626 of the Pennsylvania Election Code requiring pre-election and post-election reporting of campaign contributions and expenditures; that unless I am a candidate for Judge of a Court of Common Pleas, the Philadelphia Municipal Court or the Traffic Court of Philadelphia, or the office of school board in a district where that office is elective or the office of magisterial district judge, my name has not been presented as a candidate by nomination petitions of any other party for the same office; that if I am a candidate for any office of a political party I am a registered and enrolled member of such party; that if I am a candidate for Committee Delegate or Alternate Delegate to the National Convention the name of the candidate to whom I am committed is as indicated on my nomination petition and that my signature on the Delegate's Statement was affixed to each page of my nomination petition prior to circulation of same; that I am not a candidate for an office which I already hold, the term of which is not set to expire on the same year as the office subject to this affidavit.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of Officer Administering Affirmation

\_\_\_\_\_  
Official Title

My commission expires \_\_\_\_\_

I swear (or affirm) to the above part(s) as required by the law(s) applicable to the office I am seeking.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
County of Residence



**Commonwealth of Pennsylvania**  
DEPARTMENT OF STATE

OFFICIAL USE ONLY



**ATTENTION!**

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

**NOMINATION PETITION FOR:** REPRESENTATIVE IN CONGRESS

**DISTRICT NUMBER:** 10th Congressional District

**YEAR OF PRIMARY:** 2014

**CANDIDATE'S NAME(PRINT OR TYPE NAME):**

**OCCUPATION:**

**RESIDENTIAL STREET ADDRESS:**

**CITY, BOROUGH OR TWP.:**

**COUNTY OF SIGNERS:** BRADFORD 08

**PARTY OF SIGNERS:** Democratic

**To the SECRETARY OF THE COMMONWEALTH:**

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

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
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**AFFIDAVIT OF CIRCULATOR**

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF \_\_\_\_\_ SS:

CIRCULATOR SHOULD COMPLETE  
1 - 5 BELOW

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

Sworn to and subscribed before me this \_\_\_\_\_ 1 \_\_\_\_\_  
County of Petition Signers Residence

day of \_\_\_\_\_ 20 \_\_\_\_\_ 2 \_\_\_\_\_  
Signature of Circulator

\_\_\_\_\_ 3 \_\_\_\_\_  
Printed Name of Circulator

\_\_\_\_\_ 4 \_\_\_\_\_  
(Official Title) Street

My commission expires \_\_\_\_\_ 5 \_\_\_\_\_  
City, Borough or Twp. Zip Code

NOTE: THIS AFFIDAVIT MUST BE EXECUTED AFTER ALL SIGNATURES HAVE BEEN OBTAINED.



**Commonwealth of Pennsylvania**  
DEPARTMENT OF STATE

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**NOMINATION PETITION FOR:** REPRESENTATIVE IN CONGRESS

**DISTRICT NUMBER:** 10th Congressional District

**YEAR OF PRIMARY:** 2014

**CANDIDATE'S NAME(PRINT OR TYPE NAME):**

**OCCUPATION:**

**RESIDENTIAL STREET ADDRESS:**

**CITY, BOROUGH OR TWP.:**

**COUNTY OF SIGNERS:** JUNIATA 34

**PARTY OF SIGNERS:** Democratic

**To the SECRETARY OF THE COMMONWEALTH:**

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

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Signature of Circulator

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Printed Name of Circulator

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(Official Title) Street

My commission expires \_\_\_\_\_ 5 \_\_\_\_\_  
City, Borough or Twp. Zip Code

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DEPARTMENT OF STATE

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**NOMINATION PETITION FOR:** REPRESENTATIVE IN CONGRESS

**DISTRICT NUMBER:** 10th Congressional District

**YEAR OF PRIMARY:** 2014

**CANDIDATE'S NAME(PRINT OR TYPE NAME):**

**OCCUPATION:**

**RESIDENTIAL STREET ADDRESS:**

**CITY, BOROUGH OR TWP.:**

**COUNTY OF SIGNERS:** LACKAWANNA 35

**PARTY OF SIGNERS:** Democratic

**To the SECRETARY OF THE COMMONWEALTH:**

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

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Signature of Circulator

\_\_\_\_\_ 3 \_\_\_\_\_  
Printed Name of Circulator

\_\_\_\_\_ 4 \_\_\_\_\_  
(Official Title) Street

My commission expires \_\_\_\_\_ 5 \_\_\_\_\_  
City, Borough or Twp. Zip Code

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DEPARTMENT OF STATE

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**NOMINATION PETITION FOR:** REPRESENTATIVE IN CONGRESS

**DISTRICT NUMBER:** 10th Congressional District

**YEAR OF PRIMARY:** 2014

**CANDIDATE'S NAME(PRINT OR TYPE NAME):**

**OCCUPATION:**

**RESIDENTIAL STREET ADDRESS:**

**CITY, BOROUGH OR TWP.:**

**COUNTY OF SIGNERS:** LYCOMING 41

**PARTY OF SIGNERS:** Democratic

**To the SECRETARY OF THE COMMONWEALTH:**

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

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COUNTY OF \_\_\_\_\_ SS:

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\_\_\_\_\_ 4 \_\_\_\_\_  
(Official Title) Street

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**NOMINATION PETITION FOR:** REPRESENTATIVE IN CONGRESS

**DISTRICT NUMBER:** 10th Congressional District

**YEAR OF PRIMARY:** 2014

**CANDIDATE'S NAME(PRINT OR TYPE NAME):**

**OCCUPATION:**

**RESIDENTIAL STREET ADDRESS:**

**CITY, BOROUGH OR TWP.:**

**COUNTY OF SIGNERS:** MIFFLIN 44

**PARTY OF SIGNERS:** Democratic

**To the SECRETARY OF THE COMMONWEALTH:**

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

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\_\_\_\_\_ 3 \_\_\_\_\_  
Printed Name of Circulator

\_\_\_\_\_ 4 \_\_\_\_\_  
(Official Title) Street

My commission expires \_\_\_\_\_ 5 \_\_\_\_\_  
City, Borough or Twp. Zip Code

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DEPARTMENT OF STATE

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**NOMINATION PETITION FOR:** REPRESENTATIVE IN CONGRESS

**DISTRICT NUMBER:** 10th Congressional District

**YEAR OF PRIMARY:** 2014

**CANDIDATE'S NAME(PRINT OR TYPE NAME):**

**OCCUPATION:**

**RESIDENTIAL STREET ADDRESS:**

**CITY, BOROUGH OR TWP.:**

**COUNTY OF SIGNERS:** MONROE 45

**PARTY OF SIGNERS:** Democratic

**To the SECRETARY OF THE COMMONWEALTH:**

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

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**AFFIDAVIT OF CIRCULATOR**

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF \_\_\_\_\_ SS:

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Printed Name of Circulator

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**NOMINATION PETITION FOR:** REPRESENTATIVE IN CONGRESS

**DISTRICT NUMBER:** 10th Congressional District

**YEAR OF PRIMARY:** 2014

**CANDIDATE'S NAME(PRINT OR TYPE NAME):**

**OCCUPATION:**

**RESIDENTIAL STREET ADDRESS:**

**CITY, BOROUGH OR TWP.:**

**COUNTY OF SIGNERS:** NORTHUMBERLAND 49

**PARTY OF SIGNERS:** Democratic

**To the SECRETARY OF THE COMMONWEALTH:**

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

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(Official Title) Street

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**NOMINATION PETITION FOR:** REPRESENTATIVE IN CONGRESS

**DISTRICT NUMBER:** 10th Congressional District

**YEAR OF PRIMARY:** 2014

**CANDIDATE'S NAME(PRINT OR TYPE NAME):**

**OCCUPATION:**

**RESIDENTIAL STREET ADDRESS:**

**CITY, BOROUGH OR TWP.:**

**COUNTY OF SIGNERS:** PERRY 50

**PARTY OF SIGNERS:** Democratic

**To the SECRETARY OF THE COMMONWEALTH:**

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

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CIRCULATOR SHOULD COMPLETE  
1 - 5 BELOW

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

Sworn to and subscribed before me this \_\_\_\_\_ 1 \_\_\_\_\_  
County of Petition Signers Residence

day of \_\_\_\_\_ 20 \_\_\_\_\_ 2 \_\_\_\_\_  
Signature of Circulator

\_\_\_\_\_ 3 \_\_\_\_\_  
Printed Name of Circulator

\_\_\_\_\_ 4 \_\_\_\_\_  
(Official Title) Street

My commission expires \_\_\_\_\_ 5 \_\_\_\_\_  
City, Borough or Twp. Zip Code

NOTE: THIS AFFIDAVIT MUST BE EXECUTED AFTER ALL SIGNATURES HAVE BEEN OBTAINED.



**Commonwealth of Pennsylvania**  
DEPARTMENT OF STATE

OFFICIAL USE ONLY



**ATTENTION!**

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

**NOMINATION PETITION FOR:** REPRESENTATIVE IN CONGRESS

**DISTRICT NUMBER:** 10th Congressional District

**YEAR OF PRIMARY:** 2014

**CANDIDATE'S NAME(PRINT OR TYPE NAME):**

**OCCUPATION:**

**RESIDENTIAL STREET ADDRESS:**

**CITY, BOROUGH OR TWP.:**

**COUNTY OF SIGNERS:** PIKE 52

**PARTY OF SIGNERS:** Democratic

**To the SECRETARY OF THE COMMONWEALTH:**

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

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
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**AFFIDAVIT OF CIRCULATOR**

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF \_\_\_\_\_ SS:

CIRCULATOR SHOULD COMPLETE  
1 - 5 BELOW

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(Official Title) Street

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**Commonwealth of Pennsylvania**  
DEPARTMENT OF STATE

OFFICIAL USE ONLY



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**NOMINATION PETITION FOR:** REPRESENTATIVE IN CONGRESS

**DISTRICT NUMBER:** 10th Congressional District

**YEAR OF PRIMARY:** 2014

**CANDIDATE'S NAME(PRINT OR TYPE NAME):**

**OCCUPATION:**

**RESIDENTIAL STREET ADDRESS:**

**CITY, BOROUGH OR TWP.:**

**COUNTY OF SIGNERS:** SNYDER 55

**PARTY OF SIGNERS:** Democratic

**To the SECRETARY OF THE COMMONWEALTH:**

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

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**Commonwealth of Pennsylvania**  
DEPARTMENT OF STATE

OFFICIAL USE ONLY



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**NOMINATION PETITION FOR:** REPRESENTATIVE IN CONGRESS

**DISTRICT NUMBER:** 10th Congressional District

**YEAR OF PRIMARY:** 2014

**CANDIDATE'S NAME(PRINT OR TYPE NAME):**

**OCCUPATION:**

**RESIDENTIAL STREET ADDRESS:**

**CITY, BOROUGH OR TWP.:**

**COUNTY OF SIGNERS:** SULLIVAN 57

**PARTY OF SIGNERS:** Democratic

**To the SECRETARY OF THE COMMONWEALTH:**

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

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**AFFIDAVIT OF CIRCULATOR**

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF \_\_\_\_\_ SS:

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(Official Title) Street

My commission expires \_\_\_\_\_ 5 \_\_\_\_\_  
City, Borough or Twp. Zip Code

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**Commonwealth of Pennsylvania**  
DEPARTMENT OF STATE

OFFICIAL USE ONLY



**ATTENTION!**

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**NOMINATION PETITION FOR:** REPRESENTATIVE IN CONGRESS

**DISTRICT NUMBER:** 10th Congressional District

**YEAR OF PRIMARY:** 2014

**CANDIDATE'S NAME(PRINT OR TYPE NAME):**

**OCCUPATION:**

**RESIDENTIAL STREET ADDRESS:**

**CITY, BOROUGH OR TWP.:**

**COUNTY OF SIGNERS:** SUSQUEHANNA 58

**PARTY OF SIGNERS:** Democratic

**To the SECRETARY OF THE COMMONWEALTH:**

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

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**AFFIDAVIT OF CIRCULATOR**

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF \_\_\_\_\_ SS:

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Printed Name of Circulator

\_\_\_\_\_ 4 \_\_\_\_\_  
(Official Title) Street

My commission expires \_\_\_\_\_ 5 \_\_\_\_\_  
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DEPARTMENT OF STATE

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**NOMINATION PETITION FOR:** REPRESENTATIVE IN CONGRESS

**DISTRICT NUMBER:** 10th Congressional District

**YEAR OF PRIMARY:** 2014

**CANDIDATE'S NAME(PRINT OR TYPE NAME):**

**OCCUPATION:**

**RESIDENTIAL STREET ADDRESS:**

**CITY, BOROUGH OR TWP.:**

**COUNTY OF SIGNERS:** TIOGA 59

**PARTY OF SIGNERS:** Democratic

**To the SECRETARY OF THE COMMONWEALTH:**

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

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**AFFIDAVIT OF CIRCULATOR**

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF \_\_\_\_\_ SS:

CIRCULATOR SHOULD COMPLETE  
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\_\_\_\_\_ 4 \_\_\_\_\_  
(Official Title) Street

My commission expires \_\_\_\_\_ 5 \_\_\_\_\_  
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**Commonwealth of Pennsylvania**  
DEPARTMENT OF STATE

OFFICIAL USE ONLY



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**NOMINATION PETITION FOR:** REPRESENTATIVE IN CONGRESS

**DISTRICT NUMBER:** 10th Congressional District

**YEAR OF PRIMARY:** 2014

**CANDIDATE'S NAME(PRINT OR TYPE NAME):**

**OCCUPATION:**

**RESIDENTIAL STREET ADDRESS:**

**CITY, BOROUGH OR TWP.:**

**COUNTY OF SIGNERS:** UNION 60

**PARTY OF SIGNERS:** Democratic

**To the SECRETARY OF THE COMMONWEALTH:**

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

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**AFFIDAVIT OF CIRCULATOR**

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF \_\_\_\_\_ SS:

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**Commonwealth of Pennsylvania**  
DEPARTMENT OF STATE

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**NOMINATION PETITION FOR:** REPRESENTATIVE IN CONGRESS

**DISTRICT NUMBER:** 10th Congressional District

**YEAR OF PRIMARY:** 2014

**CANDIDATE'S NAME(PRINT OR TYPE NAME):**

**OCCUPATION:**

**RESIDENTIAL STREET ADDRESS:**

**CITY, BOROUGH OR TWP.:**

**COUNTY OF SIGNERS:** WAYNE 64

**PARTY OF SIGNERS:** Democratic

**To the SECRETARY OF THE COMMONWEALTH:**

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

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**AFFIDAVIT OF CIRCULATOR**

COMMONWEALTH OF PENNSYLVANIA

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# Commonwealth of Pennsylvania



## DEPARTMENT OF STATE

## SECRETARY OF THE COMMONWEALTH

\*\*\*\*\*

### ELECTION CALENDAR\*

First day to circulate and file nomination petitions.....	February 18
Last day to circulate and file nomination petitions.....	March 11
Last day to file objections to nomination petitions.....	March 18
Day for casting of lots for Primary ballot positions.....	March 19
Last day for candidates filing nomination petitions to withdraw.....	March 26
Last day to REGISTER to vote before the Primary.....	April 21
PRIMARY ELECTION.....	May 20
NOVEMBER ELECTION.....	November 4

\* All dates are subject to change without notice

### INSTRUCTIONS FOR CIRCULATING NOMINATION PETITIONS – 2014

NOTICE: You may duplicate these nomination petition pages **prior to circulation** if the duplicates are **exact** copies of the originals (**8 1/2 x 11” paper, 2-sided, head to head**). You may complete all blank spaces at the top of Side 1 of the nomination petition page (see li and lii below) prior to duplication to eliminate clerical error. In addition, some nomination petition pages have been stapled by this office prior to distribution. Staples on these nomination petition pages may be removed prior to circulation.

#### 1. Prior to Circulation

- i. All blank spaces which appear at the top of Side 1 of each nomination petition page must be completed before signatures are obtained.
- ii. Write or print the name of the candidate on the nomination petition page **exactly** as the candidate wants it to appear on the ballot. A nickname is allowed only if it is a derivative of the legal name.

## 2. Signers

- i. Different nomination petition pages must be used for signers residing in different counties.
- ii. Each signer may sign nomination petitions only for as many candidates for each office as they are permitted to vote.
- iii. Each signer of a nomination petition must be a registered and enrolled elector of the political district and of the party referred to in the nomination petition. (Republican electors must sign Republican nomination petitions; Democratic electors must sign Democratic nomination petitions.)
- iv. Each signer must personally sign his or her name in the “Signature of Elector” column and print his or her name in the “Printed Name of Elector” column. Each signer must also insert in the “Place of Residence” column the information concerning residence listing his or her address exactly as it appears on his or her registration affidavit. In the case of an elector having a rural route number or R.D. numbers, the township should be listed. The elector must also insert the date of signing in the “Date of Signing” column, which may be expressed in words or numbers; e.g. February 18, 2014 or 2/18/14

## 3. Circulator’s Affidavit

- i. The Circulator’s Affidavit on each nomination petition page must be signed and notarized after each nomination petition page is circulated. Each notarization must include the notary’s official rubber stamp seal. Any person who circulates this nomination petition must be a qualified registered elector of the party referred to in the petition. *The part of Section 909 of the Pennsylvania Election Code, 25 P.S. § 2869, that requires the circulator of a nomination petition to be a resident of the relevant political district in the petition will not be enforced pursuant to advice received from the Pennsylvania Office of Attorney General in Villa v. Aichele, No. 13-cv-06374 (E.D. Pa 2013).*

## 4. Candidate’s Affidavit and Ethics Statement

- i. Candidates must sign and submit one CANDIDATE’S AFFIDAVIT per set of nomination petitions. The CANDIDATE’S AFFIDAVIT is generated as part of the PDF petition packet.
- ii. Candidates for the following offices must submit with their nomination petitions, a copy of the Statement of Financial Interests, required to be filed with the State Ethics Commission.

- |  |                                      |
|--|--------------------------------------|
| * Governor                               | * Justice of the Supreme Court       |
| * Lieutenant Governor                    | * Judge of the Superior Court        |
| * Attorney General                       | * Judge of the Commonwealth Court    |
| * Auditor General                        | * Judge of the Court of Common Pleas |
| * Treasurer                              | * Judge of the Municipal Court       |
| * Senator in the General Assembly        |                                      |
| * Representative in the General Assembly |                                      |

## 5. Filing Fees

- i. No nomination petition will be accepted for filing in the Office of the Secretary of the Commonwealth unless it is accompanied by the proper filing fee paid by **certified check or money order** payable to the Commonwealth of Pennsylvania.
- ii. Filing fees will not be refunded for any reason (including candidate withdrawal).

## 6. Filing Your Petitions

- i. Please remove all staples from the nomination petition. All nomination petition pages must be bound together when filed. Please use binder clips.
- ii. Each nomination petition page should be numbered on Side 1 and Side 2. Example: Page 1, Side 1/Page 1, Side 2; Page 2, Side 1/Page 2, Side 2; Page 3, Side 1/Page 3, Side 2 and so on.
- iii. Nomination petitions for the offices listed below must be filed with the Bureau of Commissions, Elections and Legislation, Commonwealth Keystone Building, Room 125, Plaza Level, 400 North Street, Harrisburg, PA 17120 no later than 5:00 P.M. on March 11, 2014.

### SIGNATURE REQUIREMENTS AND FILING FEES

OFFICE	SIGNATURE REQUIREMENTS	FILING FEES
GOVERNOR	2000 (including at least 100 from each of at least 10 Counties)	\$200.00
LIEUTENANT GOVERNOR	1000 (including at least 100 from each of at least 5 Counties)	\$200.00
REPRESENTATIVE IN CONGRESS	1000	\$150.00
SENATOR IN THE GENERAL ASSEMBLY	500	\$100.00
REPRESENTATIVE IN THE GENERAL ASSEMBLY	300	\$100.00
MEMBER OF REPUBLICAN STATE COMMITTEE	100	\$25.00
MEMBER OF DEMOCRATIC STATE COMMITTEE	100	\$25.00

**NOTE: ALL DATES AND INFORMATION CONTAINED HEREIN ARE SUBJECT TO CHANGE WITHOUT NOTICE**