CANDIDATE'S AFFIDAVIT	PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF ELECTIONS 210 NORTH OFFICE BLDG. HARRISBURG, PA 17120	OFFICE USE ONLY 2014001759

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): 11th 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.

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

Sworn to and subscribed before me this

_____day of _____20_____

_____
Signature of Officer Administering Affirmation

_____
Signature of Candidate

_____
Official Title

_____
Telephone Number

My commission expires _____

_____
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: 11th Congressional District

YEAR OF PRIMARY: 2014

CANDIDATE'S NAME(PRINT OR TYPE NAME):

OCCUPATION:

RESIDENTIAL STREET ADDRESS:

CITY, BOROUGH OR TWP.:

COUNTY OF SIGNERS: CARBON 13 **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
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AFFIDAVIT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____ SS:

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 _____

day of _____ 20 _____

_____

_____
(Official Title)

My commission expires _____

1 _____
County of Petition Signers Residence

2 _____
Signature of Circulator

3 _____
Printed Name of Circulator

4 _____
Street

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!
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NOMINATION PETITION FOR: REPRESENTATIVE IN CONGRESS

DISTRICT NUMBER: 11th Congressional District

YEAR OF PRIMARY: 2014

CANDIDATE'S NAME(PRINT OR TYPE NAME):

OCCUPATION:

RESIDENTIAL STREET ADDRESS:

CITY, BOROUGH OR TWP.:

COUNTY OF SIGNERS: COLUMBIA 19 **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 1 - 5 BELOW

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day of _____ 20 _____

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(Official Title)

My commission expires _____

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County of Petition Signers Residence

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Printed Name of Circulator

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City, Borough or Twp. Zip Code

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Commonwealth of Pennsylvania
DEPARTMENT OF STATE

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NOMINATION PETITION FOR: REPRESENTATIVE IN CONGRESS

DISTRICT NUMBER: 11th Congressional District

YEAR OF PRIMARY: 2014

CANDIDATE'S NAME(PRINT OR TYPE NAME):

OCCUPATION:

RESIDENTIAL STREET ADDRESS:

CITY, BOROUGH OR TWP.:

COUNTY OF SIGNERS: CUMBERLAND 21 **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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day of _____ 20 _____

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(Official Title)

My commission expires _____

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County of Petition Signers Residence

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Printed Name of Circulator

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Commonwealth of Pennsylvania
DEPARTMENT OF STATE

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NOMINATION PETITION FOR: REPRESENTATIVE IN CONGRESS

DISTRICT NUMBER: 11th Congressional District

YEAR OF PRIMARY: 2014

CANDIDATE'S NAME(PRINT OR TYPE NAME):

OCCUPATION:

RESIDENTIAL STREET ADDRESS:

CITY, BOROUGH OR TWP.:

COUNTY OF SIGNERS: DAUPHIN 22 **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

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COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____ SS:

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My commission expires _____

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Commonwealth of Pennsylvania
DEPARTMENT OF STATE

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NOMINATION PETITION FOR: REPRESENTATIVE IN CONGRESS

DISTRICT NUMBER: 11th Congressional District

YEAR OF PRIMARY: 2014

CANDIDATE'S NAME(PRINT OR TYPE NAME):

OCCUPATION:

RESIDENTIAL STREET ADDRESS:

CITY, BOROUGH OR TWP.:

COUNTY OF SIGNERS: LUZERNE 40 **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: 11th Congressional District

YEAR OF PRIMARY: 2014

CANDIDATE'S NAME(PRINT OR TYPE NAME):

OCCUPATION:

RESIDENTIAL STREET ADDRESS:

CITY, BOROUGH OR TWP.:

COUNTY OF SIGNERS: MONTOUR 47 **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

OFFICIAL USE ONLY

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NOMINATION PETITION FOR: REPRESENTATIVE IN CONGRESS

DISTRICT NUMBER: 11th 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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AFFIDAVIT OF CIRCULATOR

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____ SS:

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NOMINATION PETITION FOR: REPRESENTATIVE IN CONGRESS

DISTRICT NUMBER: 11th 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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AFFIDAVIT OF CIRCULATOR

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____ SS:

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NOMINATION PETITION FOR: REPRESENTATIVE IN CONGRESS

DISTRICT NUMBER: 11th Congressional District

YEAR OF PRIMARY: 2014

CANDIDATE'S NAME(PRINT OR TYPE NAME):

OCCUPATION:

RESIDENTIAL STREET ADDRESS:

CITY, BOROUGH OR TWP.:

COUNTY OF SIGNERS: WYOMING 66 **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 ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

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 _____

day of _____ 20 _____

_____

_____
(Official Title)

My commission expires _____

1 _____
County of Petition Signers Residence

2 _____
Signature of Circulator

3 _____
Printed Name of Circulator

4 _____
Street

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

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 1i and 1ii 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
   ***** Lieutenant Governor
   ***** Attorney General
   ***** Auditor General
   ***** Treasurer
   ***** Justice of the Supreme Court
   ***** Judge of the Superior Court
   ***** Judge of the Commonwealth Court
   ***** Judge of the Court of Common Pleas
   ***** 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