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PRINT PLAINLY

**COMMONWEALTH OF PENNSYLVANIA
PETITION**

TO HAVE NAME OF CANDIDATE PRINTED UPON THE OFFICIAL PRIMARY BALLOT

NAME _____

MAILING ADDRESS _____
NUMBER
STREET
POST OFFICE
ZIP

RESIDENCE _____
MUNICIPALITY
WARD
DISTRICT

We, the undersigned, all of whom are qualified electors of

_____ COUNCIL DISTRICT # _____

(COUNTY/CITY)

and are registered and enrolled members of the _____ Party, and have signed no other petition inconsistent herewith, hereby petition the County Board of Elections of Allegheny County to have the above candidate's name, whose profession, business or occupation is _____, and whose residence is above set forth, printed on the official ballot of the said Party, in the said County, for the Primary for the year 20 _____ as a candidate for the office of

MEMBER OF _____ COUNCIL DISTRICT # _____ YEAR TERM _____
(COUNTY OR CITY)

SIGNERS ARE CAUTIONED TO AVOID THE USE OF DITTO MARKS

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE			DATE OF SIGNING
			House No.	Street or Road	Municipality	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

STATEMENT OF CIRCULATOR

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition. (Underlined Portion Not Applicable to Candidates for Magisterial District Judge.)

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

1 _____
Printed Name of Circulator

3 _____
Number and Street Address of Circulator

2 _____
Signature of Circulator

4 _____
City, Borough or Twp. Zip Code

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

WAIVER OF EXPENSE ACCOUNT REPORTING AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA }
COUNTY OF ALLEGHENY } SS:

Before me, the undersigned authority in and for the said State and County, personally appeared the undersigned, who, being duly sworn according to law, did depose and say that as a candidate, he or she does not intend to form a political committee or to receive contributions or make any expenditures in excess of Two Hundred Fifty Dollars (\$250) during any reporting period, that, as a candidate, he or she will keep records of contributions and expenditures as required by law; that, as a candidate, he or she will file reports as required by law if contributions or expenditures exceed Two Hundred Fifty Dollars (\$250). (Act No. 1980-127)

Sworn to and subscribed before me


this _____ day of _____, 20____

Signature of candidate

printed name of candidate phone no. (Daytime)

(Official Title)

My commission expires _____

 THIS PETITION WILL NOT BE ACCEPTED for filing unless a copy of your "Statement of Financial Interests" is attached. ALL CANDIDATES, (except Constable - see below), ARE ALSO REQUIRED TO FILE the original copy of the "Statement" with the Political Subdivision in which they are candidates, ON OR BEFORE THE LAST DAY TO FILE A NOMINATION PETITION. CONSTABLE Candidates ARE REQUIRED TO FILE the original copy of the "Statement" with the State Ethics Commission within the same time period. (Not applicable to Judge and Inspector of Election Candidates.)

THIS PETITION WILL ALSO NOT BE ACCEPTED for filing unless a notarized copy of the CANDIDATE'S AFFIDAVIT AND ETHICS LAW INFORMATION is attached or a signed UNSWORN CANDIDATE DECLARATION is appended in lieu of notarization of the affidavit

Entered by _____

Entry checked by _____