

This Petition MUST be printed double-sided

Signatures must be procured within the legal period for securing same: and this Petition must be filed in the office of the Pike County Board of Elections on or before the last day prescribed by law.

EACH SIGNER MAY SIGN PETITIONS FOR AS MANY CANDIDATES FOR EACH OFFICE AS HE OF SHE CAN VOTE FOR, AND NO MORE

**COMMONWEALTH OF PENNSYLVANIA
PETITION**

To have the name of the Candidate Printed upon the Official Ballot for the Primary Election

We, the undersigned, all of whom are qualified electors of PIKE COUNTY and _____
(ELECTORAL DISTRICT IN WHICH THE NOMINATION IS TO BE MADE)

and are registered and enrolled members of the _____ Party, hereby petition the County

Board of Elections of PIKE COUNTY to have the name of _____
(TYPE, PRINT OR WRITE PLAINLY THE ABOVE NAME AS YOU WISH IT TO APPEAR ON THE OFFICIAL BALLOT)

whose Profession, Business or Occupation is _____ Place of

Residence is _____
(WITH STREET, NUMBER (WHERE POSSIBLE) AND ZIP CODE)

printed upon the Official Ballot of the Aforesaid Party in the said District, for the General Primary for the year 20____,

as a candidate for the office of _____
(TITLE OF OFFICE)

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	City, Borough or Township	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE			DATE OF SIGNING
		House No.	Street or Road	City, Borough or Township	
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					

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, and that they are residents in the County specified below. (Underlined portion not applicable to a circulator for the office of 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 statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

(COUNTY OF PETITION – SIGNERS’ RESIDENCE)

SIGNATURE OF CIRCULATOR)

(NUMBER AND STREET ADDRESS OF CIRCULATOR)

(PRINTED NAME OF CIRCULATOR)

(CITY, BOROUGH OR TOWNSHIP) (ZIP CODE)

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