

A. PREAMBLE

TO THE SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom are qualified electors of Pennsylvania, of the County, and of the electoral district(s) designated below, hereby nominate the persons designated in “B” below as candidates representing the political body named herein, and also appoint the persons designated in “C” below as the committee authorized to fill any vacancy caused by the death or withdrawal of any such candidates.

1. Name of Political Body _____
(No more than 3 words)

2. County of Signers _____ Philadelphia _____

B. CANDIDATE INFORMATION

OFFICE TITLE	DISTRICT	NAME OF CANDIDATE	PLACE OF RESIDENCE	OCCUPATION

C. COMMITTEE TO FILL VACANCIES (Required) Must name 3, 4 or 5 committee members	PLACE OF RESIDENCE
1.	
2.	
3.	
4.	
5.	

D. SIGNATURES OF ELECTORS

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE	DATE OF SIGNING
1.			
2.			
3.			
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18.			
19.			
20.			

D. SIGNATURES OF ELECTORS (Continued)

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE	DATE OF SIGNING
21.			
22.			
23.			
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E. STATEMENT OF CIRCULATOR

I state that my residence is as set forth below; that the signers to the foregoing nomination paper signed the same with full knowledge of the contents thereof; that their residences are correctly stated therein; that they all reside in the county specified below; that each signed on the date set opposite his or her name; and that to the best of my knowledge and belief, the signers are qualified electors of the electoral districts designated in this nomination paper.

By signing below, I agree to submit to the jurisdiction of the Commonwealth of Pennsylvania, regarding any case or controversy arising out of my activities while circulating papers, which shall be governed by the laws of the Commonwealth of Pennsylvania.

Philadelphia

County

County of Paper Signers Residence

I, _____, state that I am the person whom I represent myself to be herein, and I state that the
Printed Name of Circulator
information set forth in this section is true and accurate and made subject to the criminal penalties imposed by law for violation of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Signature: _____

Date: _____
MM/DD/YY

Address of Circulator:

Number

Street

City, Boro or Twp.

State

Zip Code

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