

Signatures must be procured within the legal time period for securing same.

This Petition must be filed in the office of the Washington 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 OR SHE CAN VOTE FOR, AND NO MORE.

COMMONWEALTH OF PENNSYLVANIA

PETITION

To have name of Candidate printed upon the Official Ballot For the Primary Election

Empty rectangular box for signature or stamp.

Date/Time Received

We, the undersigned, all of whom are qualified electors of Washington County and

_____ and are registered (ELECTORAL DISTRICT IN WHICH THE NOMINATION OR ELECTION IS TO BE MADE)

and enrolled members of the _____ Party or Policy,

hereby petition the County Board of Elections of Washington County to have the name of

_____ (TYPEWRITE, PRINT OR WRITE PLAINLY THE ABOVE NAME AS YOU WISH IT TO APPEAR ON THE OFFICIAL BALLOT)

whose Profession, Business, or Occupation is _____ and whose

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

printed upon the Official Ballot of the aforesaid Party in said District, for the Primary Election for the year 20__ as a

candidate for the Office of _____ (TITLE OF OFFICE) _____ (TERM OF OFFICE)

Table with 6 columns: SIGNATURE OF ELECTOR, PRINTED NAME OF ELECTOR, ADDRESS WHERE REGISTERED OR ENROLLED (House No., Street or Road, City, Boro, or Twp.), and DATE OF SIGNING. Rows numbered 1 to 14.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED OR ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro, or Twp.	
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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 Circulator for the office of Magisterial District Judge).

Further, I state that 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

 Printed Name of Circulator

 Signature of Circulator

 Number and Street Address of Circulator

 City, Borough, or Township

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