

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

This Petition must be filed in the office of the Crawford 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

Date/Time Received

We, the undersigned,

all of whom are qualified electors of ① _____ County and ② _____
(ELECTORAL DISTRICT IN WHICH THE NOMINATION IS TO BE MADE)

and are registered and enrolled members of the ③ _____ Party or Policy, hereby petition the County Board of

Elections of Crawford County to have the name of ④ _____,
(TYPE, PRINT, OR WRITE PLAINLY THE NAME AS YOU WISH IT TO APPEAR ON THE OFFICIAL BALLOT)

whose Profession, Business or Occupation is ⑤ _____ and whose

Place of Residence is ⑥ _____,
(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 2023 as a

candidate for the Office of ⑦ _____ ⑧ _____.
(TITLE OF OFFICE) (TERM OF OFFICE)

SIGNERS ARE CAUTIONED TO AVOID THE USE OF DITTO MARKS

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Borough or Township	
1.					
2.					
3.					
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15.					
16.					
17.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Borough or Township	
18.					
19.					
20.					
21.					
22.					
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38.					

STATEMENT OF CIRCULATOR

(Circulator should complete 1-5 below)

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 in number one 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).

1. _____
County of Petition-Signers' Residence
2. _____
Printed Name of Circulator
3. _____ Date
Signature of Circulator
4. _____
Number and Street Address of Circulator
5. _____ ZIP
City, Borough or Township

THIS STATEMENT OF CIRCULATOR MUST BE EXECUTED AFTER ALL SIGNATURES HAVE BEEN OBTAINED