DSBE-PBCA (rev. 1/25)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
Bureau of Elections

PB

POLITICAL BODY CANDIDATE'S AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF ________________________

Name: ______________________, ________________________________, ________________________, ________
Last Name | First Name | Middle Name or Initial | Suffix

Residential Address: ____

City: ____ State: _______ Zip Code: __________________

Municipality (City, Boro, or Township): ____ Gender: F ☐ M ☐ NB ☐

Mailing Address (if different from residential): ____

City: ____ State: _______ Zip Code: __________________

Election District of Candidate (district where registered to vote): ___________________________________

Office for which you are seeking nomination: ____

Email address: ____

Name as it is to appear on the Ballot: ____

CANDIDATE'S AFFIDAVIT - I do swear (or affirm) that my residence, my election district and the name of the office for which I desire to be a candidate are as specified below, that I am eligible for said office, and that I will not knowingly violate any election law or any law regulating and limiting nomination and election expenses, and prohibiting corrupt practices in connection therewith; that I am aware of the provisions of Section 1626 of the Pennsylvania Election Code requiring pre-election and post-election reporting of campaign contributions and expenditures; that my name has not been presented as a candidate by nomination petitions for any public office to be voted for at the ensuing primary election, nor have I been nominated by any other nomination papers for any such office; that if I am a candidate for election at a general or municipal election I shall not be a registered and enrolled member of a political party at any time during the period of thirty (30) days prior to the primary up to and including the day of the following general or municipal election, or if I am a candidate for election at a special election I am not a registered and enrolled member of a political party; that I am not a candidate for an office which I already hold, the term of which is not set to expire in the same year as the office subject to this affidavit.

Sworn (or affirmed) and subscribed before me this

_______day of_____________20___________

____
Signature of Officer Administering Affirmation

____
Official Title

My commission expires__________________

I swear (or affirm) to the above parts as required by the laws applicable to the office I seek.

____
Signature of Candidate

____
Telephone Number

____
County of Residence

OFFICE USE ONLY

☐☐ COUNTY CODE $__________________ AMOUNT RECEIVED F ☐ M ☐ NB ☐

☐☐☐ OFFICE ☐☐☐ DISTRICT ☐☐☐ POLITICAL PARTY ☐☐☐☐☐☐ NUMBER OF PAPERS

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ COMMENTS

	CHECKER	INPUT	VERIFY