# Commonwealth of Pennsylvania 2026 NOMINATION PAPER

**NOTE**: You must fill in all information in A, B & C before you begin collecting for signatures.

### 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 candida	ates.		
1. Name of Political Body		_	
	(No more than 3 words)		
2. County of Signers			
B CANDIDATE INFORMATIO	N.		

**OFFICIAL USE ONLY** 

B. CANDIDATE INFORMATION								
			PLACE OF RES					
OFFICE TITLE	DISTRICT	NAME OF CANDIDATE	House No. Street or Road	City, Boro or Twp.	OCCUPATION			

C. COMMITTEE TO FILL VACANCIES (Required)		PLACE OF RESIDENCE	
O. COMMITTEE TO THE VACANCIES (Hequired)	House No.	Street or Road	City, Boro or Twp.
Must name 3, 4 or 5 committee members			
1.			
2.			
3.			
4.			
5.			

D. SIGNATURES OF ELECTORS						
PRINTED NAME OF ELECTOR		PLACE OF RESIDENCE				
	House No.	Street or Road	City, Boro or Twp.	SIGNING		
		OF FLECTOR	OF FLECTOR	OF FLECTOR		

DSBE PB (rev. 12/25) Department of State Side 1

## D. SIGNATURES OF ELECTORS (Continued)

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE			DATE OF
		House No.	Street or Road	City, Boro or Twp.	SIGNING
21.					
22.					
23.					
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49.					
50.					

# 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. County County of Paper Signers' Residence , 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.