

# LEHIGH COUNTY BOARD OF ELECTIONS

## INSTRUCTIONS FOR CIRCULATING NOMINATION PETITIONS FOR REPUBLICAN COUNTY COMMITTEE PEOPLE

### GENERAL PRIMARY – APRIL 23, 2024

FIRST DAY TO CIRCULATE AND FILE NOMINATION PETITIONS .....JANUARY 23 , 2024

LAST DAY TO CIRCULATE AND FILE NOMINATION PETITIONS .....FEBRUARY 13 , 2024

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#### PRIOR TO CIRCULATION

- Top of the Petition must be completed before obtaining signatures.
- Electoral District must include municipality and ward and/or district length of term (2 years for Republican).
- Candidate must be a qualified Elector (voter) of the district and a member of your Party.
- Candidate’s name exactly as it is to appear on the ballot.
- No nickname unless it is a derivative of a legal given name – no titles such as Dr, Mr, Mrs, etc.

#### SIGNERS

- Minimum of ten (10) signatures. More than the minimum is recommended.
- Each signer may sign petitions for as many candidates for each office as they are permitted to vote, no more.
- Signer must be a qualified Elector registered and enrolled in your Party in the election district noted on petition.
- Each Signer must personally insert all of their own information – signature, printed name, house number, street, city, borough or township, and date of signing.
- Given names must be used – no nicknames.
- Ditto marks are *not* permitted.

#### AFFIDAVITS ON REVERSE SIDE OF PETITION

- Affidavit of Circulator: must be signed AFTER obtaining all signatures.
- Candidate’s Affidavit: may be signed and notarized or declared within the January 23 – February 13 petition filing period.
- All notarization MUST include the Notary’s signature and **official inked stamp** indicating municipality and expiration date of commission.

#### FILING

- Petition must be filed in the Office of the Lehigh County Board of Elections no later than 4 pm on February 13, 2024. No filing fee is required.

**If you have any questions, please contact our office at:**

**LEHIGH COUNTY ELECTIONS OFFICE**

**17 S 7<sup>TH</sup> STREET**

**ALLENTOWN, PA 18101-2401**

**610-782-3194**

**\*See reverse side after circulating your petition for a check list prior to submitting to Elections\***

## **CHECK-OFF LIST BEFORE FILING YOUR PETITION**

### **FRONT OF PEITITION**

- \_\_\_\_\_ Candidate's descriptive information is all completed.
- \_\_\_\_\_ Minimum of ten (10) signatures have been obtained.
- \_\_\_\_\_ First date of signing is not earlier than January 23, 2024.
- \_\_\_\_\_ Last date of signing is not later than February 13, 2024.

### **BACK OF PETITION**

- \_\_\_\_\_ Affidavit of Circulator is completely filled in (including municipality), and signed AFTER obtaining the last signature.
- \_\_\_\_\_ Candidate's Affidavit is signed (including address, municipality, and election district where indicated) and notarized or declared within the circulation period.

### **NOTRIZATIONS**

- \_\_\_\_\_ Candidate's Affidavit MUST include the Notary's signature and official inked stamp indicating municipality and expiration date of commission, if applicable.

**Note: Notary's embossed seal is not the official inked stamp.**

It is the candidate's responsibility to ensure that:

- Candidate is of the district and party named on petition.
- Circulator is of the party named on petition.
- All signers are of the district and party named on petition.

**Signatures must be procured within the legal period for securing same: and this Petition must be filed in the office of the 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 CAN VOTE FOR, AND NO MORE

# COMMONWEALTH OF PENNSYLVANIA PETITION

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

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

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

Enrolled members of the \_\_\_\_\_ Party or Policy, hereby

petition the County Board of Elections of \_\_\_\_\_ 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 \_\_\_\_\_ 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 General/Municipal Primary for the year 20 \_\_\_\_\_

as a candidate for the Office of \_\_\_\_\_

(TITLE OF OFFICE)

(TERM OF OFFICE)

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

**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 in number one below. Further, I state 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 \_\_\_\_\_  
Signature of Circulator

4 \_\_\_\_\_  
Number and Street Address of Circulator

5 \_\_\_\_\_  
City, Borough or Twp.                      Zip Code

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

**CANDIDATE'S  
AFFIDAVIT**

**LEHIGH COUNTY  
BOARD OF ELECTIONS**  
17 S 7th St  
ALLENTOWN, PA 18101

OFFICE USE ONLY

Type or Print Firmly in Ink

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name Middle Name or Initial Suffix

Residential Address: \_\_\_\_\_  
Street Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Municipality (City, Boro, or Township): \_\_\_\_\_

Mailing Address (if different from residential): \_\_\_\_\_  
Street Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Voting Precinct Name (including Ward & Division, if applicable): \_\_\_\_\_

Office for which you are seeking nomination: \_\_\_\_\_ District Number (if applicable): \_\_\_\_\_

Email address: \_\_\_\_\_

Name as it is to appear on the Ballot: \_\_\_\_\_

**CANDIDATE AFFIDAVIT** - I do swear (or affirm) that my residence, my election district and the title of the office for which I desire to be a candidate are as specified above, that I am eligible for said office, 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; and that unless I am a candidate for the office of school board in a district where that office is elective or the office of magisterial district judge, my name has not been presented as a candidate by nomination petitions of any other party for the same office; 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 to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary

My commission expires \_\_\_\_\_

SEAL

I swear (or affirm) to the above part(s) as required  
by the law(s) applicable to the office I am seeking.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, Borough or Township

OFFICE USE ONLY

\$ \_\_\_\_\_  
AMOUNT RECEIVED

\_\_\_\_\_  
OFFICE

\_\_\_\_\_  
DISTRICT

\_\_\_\_\_  
POLITICAL  
PARTY

\_\_\_\_\_  
NUMBER OF  
PETITIONS

COMMENTS: \_\_\_\_\_

CHECKER

INPUT

VERIFY

