

**Commonwealth of Pennsylvania**  
DEPARTMENT OF STATE

OFFICIAL USE ONLY



**ATTENTION!**

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

**NOMINATION PETITION FOR:** JUSTICE OF THE SUPREME COURT

**DISTRICT NUMBER:** Statewide

**YEAR OF PRIMARY:** 2017

**CANDIDATE'S NAME(PRINT OR TYPE NAME):** Dwayne Woodruff

**OCCUPATION:** Judge

**RESIDENTIAL STREET ADDRESS:** 10382 Grubbs Road

**CITY, BOROUGH OR TWP.:** McCandless

**COUNTY OF SIGNERS:** BUCKS 09

**PARTY OF SIGNERS:** Democratic

**To the SECRETARY OF THE COMMONWEALTH:**

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

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.					

**AFFIDAVIT OF CIRCULATOR**

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF \_\_\_\_\_ SS:

CIRCULATOR SHOULD COMPLETE  
1 - 5 BELOW

I do swear (or affirm) that I am a qualified elector of the Commonwealth, 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.

Sworn to and subscribed before me this \_\_\_\_\_ 1 \_\_\_\_\_  
County of Petition Signers Residence

day of \_\_\_\_\_ 20 \_\_\_\_\_ 2 \_\_\_\_\_  
Signature of Circulator

\_\_\_\_\_ 3 \_\_\_\_\_  
Printed Name of Circulator

\_\_\_\_\_ 4 \_\_\_\_\_  
(Official Title) Street

My commission expires \_\_\_\_\_ 5 \_\_\_\_\_  
City, Borough or Twp. Zip Code

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

