

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 Municipal Primary

We, the undersigned, all of whom are qualified electors of Bucks County and of Bucks County, and are registered (ELECTORAL DISTRICT IN WHICH THE NOMINATION OR ELECTION IS TO BE MADE)

and enrolled members of the Democratic Party or Policy, hereby petition the County Board of Elections of Bucks County to have the name of Judi Reiss, whose (TYPEWRITE, PRINT OR WRITE PLAINLY THE ABOVE NAME AS YOU WISH IT TO APPEAR ON THE OFFICIAL BALLOT)

Profession, Business or Occupation is Lower Makefield Supervisor, Place of Residence is 969 Princess Drive, Yardley, PA 19067, (WITH STREET, NUMBER (WHERE POSSIBLE) AND ZIP CODE)

be printed upon the Official Ballot of the Aforesaid Party in the said District, for the Municipal Primary for the year 2017, as a candidate for the Office of:

Prothonotary for a 4 year term. (TITLE OF OFFICE)

for office use only please

## SIGNERS ARE CAUTIONED TO AVOID THE USE OF DITTO MARKS

| SIGNATURE OF ELECTOR | PRINTED NAME OF ELECTOR | PLACE OF RESIDENCE |                |              | DATE OF SIGNING |
|----------------------|-------------------------|--------------------|----------------|--------------|-----------------|
|                      |                         | HOUSE NO.          | STREET or ROAD | MUNICIPALITY |                 |
| 1                    |                         |                    |                |              |                 |
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| SIGNATURE OF ELECTOR | PRINTED NAME OF ELECTOR | PLACE OF RESIDENCE |                |              | DATE OF SIGNING |
|----------------------|-------------------------|--------------------|----------------|--------------|-----------------|
|                      |                         | HOUSE NO.          | STREET or ROAD | MUNICIPALITY |                 |
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| 33                   |                         |                    |                |              |                 |
| 34                   |                         |                    |                |              |                 |
| 35                   |                         |                    |                |              |                 |

**AFFIDAVIT OF CIRCULATOR**

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF **Bucks**

SS:

Before me, the undersigned authority in and for said State and County, personally appeared the undersigned, who, being duly sworn according to law, did depose and say that he or she is a qualified elector duly registered and enrolled as a member of the political party referred to in this petition; that his or her 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 they all reside in the said political district; that each signed on the date set opposite his or her name; and that, to the best of the deponent's knowledge and belief, the signers are qualified, registered and enrolled members of the designated party of the aforesaid political district. (Underlined portion not applicable to Circulator for the office of Magisterial District Judge.)

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

|              |  |
|--------------|--|
| NOTARY STAMP |  |
|--------------|--|

\_\_\_\_\_  
(SIGNATURE of CIRCULATOR)

\_\_\_\_\_  
(PRINTED NAME of CIRCULATOR)

\_\_\_\_\_  
(STREET ADDRESS, POST OFFICE and ZIP CODE of CIRCULATOR)

\_\_\_\_\_  
(MUNICIPALITY of CIRCULATOR)

\_\_\_\_\_  
(TELEPHONE NUMBER and E-MAIL ADDRESS of CIRCULATOR)

\_\_\_\_\_  
(SIGNATURE of NOTARY)