

CANDIDATE'S AFFIDAVIT	BERKS COUNTY BOARD OF ELECTIONS 633 Court Street Reading, PA 19601	OFFICE USE ONLY
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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____

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

Signature of Notary

Signature of Candidate

My commission expires _____

Telephone Number

SEAL

City, Borough or Township

OFFICE USE ONLY

\$ _____
AMOUNT RECEIVED

OFFICE	DISTRICT	POLITICAL PARTY	NUMBER OF PETITIONS
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COMMENTS: _____

CHECKER

INPUT

VERIFY

WAIVER OF EXPENSE ACCOUNT REPORT AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA

SS:

COUNTY OF _____

Before me, the undersigned authority in and for the said State and County, personally appeared the undersigned, who, being duly sworn according to law, did depose and say that as a candidate, he or she does not intend to form a political committee or to receive contributions or make expenditures in excess of Two Hundred and Fifty Dollars (\$250.00) during any reporting period, that, as a candidate, he or she will keep records of contributions and expenditures as required by law, that, as a candidate, he or she will file reports as required by law if contributions or expenditures exceed Two Hundred and Fifty Dollars (\$250.00).

(Act No. 1980-127)

Sworn (or affirmed) and subscribed before me this

_____ day of _____, 20____.

Signature of Notary

Signature of Candidate

Printed Name of Candidate

My Commission Expires: _____

Street Address/Post Office/Zip Code

(SEAL)

City, Borough or Township

Election District of Candidate _____