

# County of Allegheny – Government Study Commissioner Nomination Paper

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

**A. PREAMBLE**

**TO THE COUNTY BOARD OF ELECTIONS:**

We, the undersigned, all of whom are qualified electors of Allegheny County, and of the Municipality designated below, hereby nominate the person designated in "B" below as a candidate for Government Study Commissioner.

**1. Municipality of Signers** \_\_\_\_\_

**B. CANDIDATE INFORMATION – GOVERNMENT STUDY COMMISSIONER**

Name of Candidate	House No.	PLACE OF RESIDENCE			OCCUPATION
		Street or Road	City, Boro or Twp.		

**C. SIGNATURES OF ELECTORS**

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
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20.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
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**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 my activities while circulating papers, which shall be governed by the laws of the Commonwealth of Pennsylvania.

\_\_\_\_\_ County  
County of Paper Signers Residence

I, \_\_\_\_\_, 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