

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
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