

My Commission

Expires:

## **BOARD OF ELECTIONS**

LYCOMING COUNTY, PENNSYLVANIA 48 WEST THIRD STREET WILLIAMSPORT PA 17701 TELEPHONE: (570) 327-2267

DIRECTOR OF ELECTIONS AND REGISTRATION
FORREST K. LEHMAN
CHRISTOPHER H. KENYON, SOLICITOR
MATTHEW A. MCDERMOTT, CHIEF CLERK

## Candidate's Affidavit

(Candidates for Public Offices)

First Name	Middle Initial	Last Name	Suffix (Sr., Jr., etc.)	
Residential Street Address (inc	clude City, State, and Zip Code)			
Municipality (City, Borough, Township)		Mailing Address or PO Box (if different from above)		
Title and Term of Office Sought			Election District of Office Sought (Municipality or School District + Ward/Precinct/Region)	
	Candidate's name as it sh	ould appear on the ballot		
COMMONWEALTH OF PENNS COUNTY OF LYCOMING ss:	YLVANIA			
specified above; that I am a q district referred to in this peti regulating and limiting nomin aware of the provisions of Sec campaign contributions and e Judge, my name has not been	ualified elector duly registered an tion; that I am eligible for said off ation and election expenses, and tion 1626 of the Pennsylvania Elexpenditures; that unless I am a cpresented as a candidate by nom	d enrolled as a member of the fice; that I will not knowingly v prohibiting corrupt practices in ction Code requiring pre-elect andidate for the office of Schoination petitions of any other p	ch I desire to be a candidate are as political party and of the political iolate any election law or any law n connection therewith; that I am ion and post-election reporting of pol Director or Magisterial District party for the same office; and that the same year as the office subject	
Sworn and subscribed before	me	I swear (or affirm) to the the law(s) applicable to th	above part(s) as required by ne office I am seeking.	
This day of	, 20	Candidate Signature		
Notarial Officer Signature		Candidate Printed Name		
Official Title:				

Candidate Phone Number



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## **Waiver of Expense Account Reporting Affidavit**

(Candidates for Public Offices)

First Name	Middle Initial	Last Name	Suffix (Sr., Jr., etc.)
Residential Street Address (inclu	de City, State, and Zip Code)		
Municipality (City, Borough, Township)		Mailing Address or PO Box (if different from above)	
Fitle and Term of Office Sought		Election District of Office Sought (School District or Municipality + Region/Ward/Precinct)	
COMMONWEALTH OF PENNSYL' COUNTY OF LYCOMING ss:	VANIA		
duly sworn according to law, did to receive contributions or make that, as a candidate, he or she w	depose and say that as a cand expenditures in excess of Two vill keep records of contribution	idate, he or she does not inten Hundred and Fifty Dollars (\$25 is and expenditures as require	ared the undersigned, who, being d to form a political committee or 0.00) during any reporting period, d by law; and that, as a candidate, ndred and Fifty Dollars (\$250.00)
Sworn and subscribed before me	2		
This day of	, 20	Candidate Signature	
Notarial Officer Signature		Candidate Printed Name	
Official Title:			
My Commission Expires:		Candidate Phone Number	