

BUCKS COUNTY BOARD OF ELECTIONS

INSTRUCTIONS FOR CIRCULATING NOMINATION PETITIONS FOR REPUBLICAN COUNTY COMMITTEE

GENERAL PRIMARY – APRIL 23, 2024

FIRST DAY TO CIRCULATE AND FILE NOMINATION PETITIONS-----JANUARY 23
LAST DAY TO CIRCULATE AND FILE NOMINATION PETITIONS-----FEBRUARY 13

PRIOR TO CIRCULATION

- **ONLY** use: “**PETITION - 10 NAMES - GENERAL - 2024**”. The Candidate’s Affidavit is specific for a political party office - a MUNICIPAL petition may NOT be used for a party office.
- Top Front of the Petition (i.e. Candidate’s Preamble) must be completed before obtaining signatures.
- Electoral District must include municipality and ward and/or district and length of term:
(Two Years for Republican)
- Candidate must be a qualified Elector (voter) of the district and a member of the Party listed on petition.
- Type or print the name of the candidate on the face of the petition **exactly** as the candidate wants it to appear on the ballot. Given names must be used. Titles such as Dr., Mr. or Mrs., etc. are not permitted. A nickname is allowed only if it is a derivative of the legal given name, unless an affidavit for primary ballot name change request is filed with our office.
- Circulator may be the candidate or any qualified elector, of the Commonwealth of Pennsylvania, of your Party.

SIGNERS

- Minimum of 10 signatures. More than the minimum is recommended.
- Republican signer may sign only one candidate's petition for committeeman and only one candidate's petition for committeewoman.
- Signer must be a qualified Elector registered and enrolled in your Party in the election district noted on petition.
- Each signer must personally insert all of their own information - Signature, Printed Name, House Number, Street or Road, City, Borough or Township, and Date of Signing. Given names must be used; no nicknames or titles.
- Ditto marks are not permitted.

AFFIDAVITS/STATEMENTS ON REVERSE SIDE OF PETITION

- Statement of Circulator: must be signed AFTER obtaining all signatures – this no longer requires notarization.
- Candidate’s Affidavit: may be signed and notarized within the January 23 – February 13 petition filing period.
- Notarization MUST include the Notary’s signature and official inked stamp indicating municipality and expiration date of commission. If you are unable to have the Candidate’s Affidavit notarized, you can use the Unsworn Declaration in Lieu of Notarization provided.

FILING

- Petition must be filed in the Office of the Bucks County Board of Elections no later than 5:00 p.m. on February 13, 2024 - no filing fee is required.

If you have any questions, please contact our office at:
Bucks County Board of Elections
55 E. Court Street
Doylestown, Pennsylvania 18901
Phone: 215-348-6154
Email: elections@buckscounty.org

See reverse side after you have finished circulating your petition for a quick check-off list before submitting to the Board of Elections:

CHECK-OFF LIST BEFORE FILING YOUR PETITION

FRONT OF PETITION

- _____ Candidate's Preamble is completed prior to collecting signatures.
- _____ Name of Candidate EXACTLY as it will appear on ballot.
- _____ Minimum of 10 signatures obtained.
- _____ First date of signing not earlier than January 23, 2024.

BACK OF PETITION

- _____ Statement of Circulator completely filled in and signed **AFTER** obtaining the last signature.
- _____ Candidate's Affidavit signed (including address, municipality and election district where indicated) and notarized within the time frame of circulation period.

NOTARIZATION

- _____ Candidate's affidavit **MUST have one of the following:**
 - 1) the Notary's signature and the official inked stamp indicating the municipality and expiration date of commission.
 - OR**
 - 2) the Unsworn Declaration in Lieu of Notarization for the Candidate's Affidavit.

BOTTOM OF PETITION

- _____ Party, Office, Municipality, Ward, District, Term are completed.
- _____ Name of Candidate EXACTLY as it will appear on ballot.

It is the candidate's responsibility to insure that:

- Candidate is of the district and party named on petition.
- Circulator is of the party of the candidate.
- All signers are of the district and party of the candidate.

FILE EARLY

DO NOT WAIT UNTIL THE LAST DAY TO FILE WHEN IT WILL BE TOO LATE TO MAKE ANY NECESSARY CHANGES

Download Nomination Petitions - IMPORTANT NOTICE

THE NOMINATION PETITION FORMS ATTACHED ARE BEING PROVIDED FOR YOUR CONVENIENCE.

THESE FORMS ARE FOR CANDIDATES OF THE REPUBLICAN PARTY **ONLY**.

CANDIDATES OF MINOR POLITICAL PARTIES AND POLITICAL BODIES MAY NOT UTILIZE THESE FORMS.

BEFORE DOWNLOADING OR PRINTING ANY OF THE NOMINATION PETITIONS ON THIS PAGE, PLEASE READ THE FOLLOWING INSTRUCTIONS VERY CAREFULLY. FAILURE TO REPRODUCE THE NOMINATION PETITIONS CORRECTLY MAY RESULT IN THE REJECTION OF THOSE FORMS.

1. All highlighted fields must be completed - type on-screen and print as noted in section 2.
2. Nomination petitions **must** be printed as **duplex** (two-sided, front and back) on **plain white** 8½" x 11" (**letter size**) paper. This requirement **cannot** be satisfied by printing each side of the duplex nomination petition on a separate sheet of 8½" x 11" paper and affixing the two sheets together.
3. Please read all instructions provided with the nomination petitions prior to circulation.

IF YOU HAVE ANY QUESTIONS OR ARE UNSURE WHETHER YOU HAVE CORRECTLY REPRODUCED ANY OF THE FORMS ON THIS PAGE, PLEASE CONTACT THE BUCKS COUNTY BOARD OF ELECTIONS AT 215-348-6154.

The forms below cannot be altered. Any alteration to the forms may invalidate them.

**IF YOU WOULD LIKE A RECEIPT FOR YOUR NOMINATION PETITIONS,
PLEASE BRING THIS COMPLETED FORM WITH YOU WHEN YOU FILE. THANK YOU.**

Name: _____

Office: _____

District: _____

**PLEASE BE SURE TO PRINT THE PACKET
DOUBLE-SIDED ON LETTER-SIZE PAPER**

**YOUR NOMINATION PETITIONS
WILL NOT BE ACCEPTED IF
PRINTED SINGLE-SIDED**

**PLEASE CALL OUR OFFICE
IF YOU HAVE ANY QUESTIONS**

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 THEY CAN VOTE FOR, AND NO MORE.

COMMONWEALTH OF PENNSYLVANIA PETITION

To have name of Candidate printed upon the Official Ballot for the General Primary

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

and enrolled members of the _____ Party or Policy, hereby petition the County Board of Elections of _____ County to have the name of

_____, whose
(TYPEWRITE, PRINT OR WRITE PLAINLY THE ABOVE NAME AS YOU WISH IT TO APPEAR ON THE OFFICIAL BALLOT)

Profession, Business or Occupation is _____, Place of Residence is _____,
(WITH STREET NUMBER (WHERE POSSIBLE), NAME AND ZIP CODE)

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

_____ for a _____ year term.
(TITLE OF OFFICE)

SIGNERS ARE CAUTIONED TO AVOID THE USE OF DITTO MARKS

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		HOUSE NO.	STREET or ROAD	MUNICIPALITY	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

STATEMENT OF CIRCULATOR

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my 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 each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and the political district designated in this petition, and that they are residents in the County specified below.

Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

(COUNTY of PETITION-SIGNERS' RESIDENCE)

(PRINTED NAME of CIRCULATOR)

(SIGNATURE of CIRCULATOR)

(NUMBER and STREET ADDRESS of CIRCULATOR)

(CITY, BOROUGH or TWP.)

(ZIP CODE)

NOTE: THE ABOVE STATEMENT MUST BE COMPLETED AFTER ALL SIGNATURES HAVE BEEN OBTAINED

CANDIDATE'S AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA COUNTY OF _____ 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 his or her residence is as set forth below; that he or she is a qualified elector duly registered and enrolled as a member of the political party and of the political district referred to in this petition; that the name of the office for which he or she consents to be a candidate is:

(TITLE OF OFFICE and LENGTH OF TERM)

that he or she is eligible for said office; that he or she will not knowingly violate any election law, and prohibiting corrupt practices in connection therewith.

Sworn to and subscribed before me
this _____ day of _____, 20_____

NOTARY STAMP	
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(SIGNATURE of CANDIDATE)

(PRINTED NAME of CANDIDATE)

(STREET ADDRESS, POST OFFICE and ZIP CODE of CANDIDATE)

(MUNICIPALITY and ELECTION DISTRICT of CANDIDATE)

(TELEPHONE NUMBER and E-MAIL ADDRESS of CANDIDATE)

(SIGNATURE of NOTARY)

This nomination petition is to be used by candidates for a COUNTY PARTY OFFICE ONLY (i.e. Republican Committeeman or Republican Committeewoman) and may not be used by candidates for Public Office or for Election Office.

Party _____

Office of _____

Municipality _____

Election District _____

Term _____ years

PETITION

To Have Name of

(Write or print name plainly as you wish it to appear on ballot)

As Candidate Printed on the Official Ballot of the Above Named Party, District and Office for the **GENERAL PRIMARY for the Year 2024**

for office use only please	
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**BUCKS COUNTY BOARD OF ELECTIONS
UNSWORN DECLARATION IN LIEU OF CANDIDATE'S AFFIDAVIT
FOR COUNTY PARTY OFFICE**

**CANDIDATE DECLARATION to be attached to CANDIDATE'S AFFIDAVIT
where notarized statement is not available**

Note: Per Act 2020-15 of 2020, if the Commonwealth requires use of a sworn declaration, an unsworn declaration can be used in its place. If you are unable to have the Candidate's Affidavit notarized, you may complete and sign this unsworn declaration to submit with your petition materials.

CANDIDATE DECLARATION - I declare that my residence is as set forth below, that I am a qualified elector duly registered and enrolled as a member of the political party and the political district referred to in the attached petition; that the name of the office for which I consent to be candidate is:

(TITLE OF OFFICE and LENGTH OF TERM)

I am eligible for said office; I will not knowingly violate any election law, and prohibiting corrupt practices in connection therewith. I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing is true and correct.

Signature of Candidate

Municipality and Election District
(District Where Registered to Vote)

Printed Name of Candidate

Daytime Phone Number

Street Address, Post Office and Zip Code

E-mail address

The Unsworn Declaration above is to be used by candidates for a COUNTY PARTY OFFICE ONLY (i.e. Republican Committeeman or Republican Committeewoman) and may not be used by candidates for Public Office or for Election Office.