Commonwealth of Pennsylvania 2023 Nomination Paper MINOR POLITICAL PARTY

NOTE: 1. Read the General Instructions Sheet carefully before you fill in Sections A and B, and before you circulate the nomination paper for signatures.

2. You must fill in all information in Sections A and B before you circulate the nomination paper for signatures.

A. PREAMBLE

TO THE SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom are qualified electors of Pennsylvania, of the County, and of the electoral district(s) designated below, hereby nominate the persons designated in "B" below as candidates representing the minor political party named herein.

1. Name of Minor Political Party: Libertarian

2. County of Signers

B. CANDIDATE INFORMATION

			PLACE OF RESIDENCE			
OFFICE TITLE	DIS TRICT	NAME OF CANDIDATE	House No. Street or Road	City, Boro or Twp.	OCCUPATION	

C. SIGNATURES OF ELECTORS

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	F	PLACE OF RESIDENCE		
		House No.	Street or Road	City, Boro or Twp.	SIGNING
1.					
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25.					

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	P	PLACE OF RESIDENCE		
		House No.	Street or Road	City, Boro or Twp.	SIGNING
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D. STATEMENT OF CIRCULATOR

thereof; that their residence or her name; and that to th paper.	es are correctly stated there e best of my knowledge a	ein; that they all reside in the c nd belief, the signers are qual	ounty specified below fied electors of the e	d the same with full knowledge of the contents w; that each signed on the date set opposite his electoral districts designated in this nomination		
	5	f the Commonwealth of Pennsy e laws of the Commonwealth of		y case or controversy arising out of my activities		
		County				
County of Paper Sign	ners 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	_		
NOT	E: THIS STATEMENT MU	UST BE COMPLETED AFTER A	ALL SIGNATURES H	IAVE BEEN OBTAINED.		