

Commonwealth of Pennsylvania
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION!

- A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
- B. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 154th Legislative District

YEAR OF PRIMARY: 2018

CANDIDATE'S NAME(PRINT OR TYPE NAME): KATHY GARRY BOWERS

OCCUPATION: INSURANCE PRODUCER

RESIDENTIAL STREET ADDRESS: 415 PAXSON AVENUE

CITY, BOROUGH OR TWP.: CHELTENHAM TOWNSHIP

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

AFFIDAVIT OF CIRCULATOR

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____ SS:

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I do swear (or affirm) that I am a qualified elector of the Commonwealth, 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 of the political district designated in this petition, and that they are residents in the County specified in number one below.

Sworn to and subscribed before me this _____ 1 _____
County of Petition Signers Residence

day of _____ 20 _____ 2 _____
Signature of Circulator

_____ 3 _____
Printed Name of Circulator

_____ 4 _____
(Official Title) Street

My commission expires _____ 5 _____
City, Borough or Twp. Zip Code

NOTE: THIS AFFIDAVIT MUST BE EXECUTED AFTER ALL SIGNATURES HAVE BEEN OBTAINED.

