ACCEPTANCE OF WRITE-IN NOMINATION

ALL AFFIDAVITS MUST BE DULY EXECUTED AND SIGNED IN FRONT OF A NOTARY

		, havir	ng received a sufficient number of write-in votes at the 2023
	(Name as registered) Primary held in the	County of Berks on	May 16, 2023, to qualify for, (Office Title and Party)
	epts this nomination		(Office Title and Party)
Sworn to and	d subscribed before me		NAME PLAINLY AS YOU WISH IT TO APPEAR ON THE BALLOT
thisday of		20	
<u> </u>	uay 01	, 20	(Signature of Candidate)
My Commission Expires			(Printed Name of Candidate)
			(Street Address, including Post Office & Zip Code)
My Commis	ssion Expires		(City, Borough or Township)
++++++++++	+++++++++++++++++++++++++++++++++++++++	-++++++++++++++++++++++++++++++++++++++	***************************************
	/EALTH OF PENNSYL	VANIA	E'S AFFIDAVIT (Required)
COUNTY OF	F BERKS	SS:	
the provisions and expenditu	s of Section 1626 of the	Pennsylvania Election Co a candidate for an office	prohibiting corrupt practices in connection therewith; that he or she is aware of ode requiring pre-election and post-election reporting of campaign contributions which he or she already holds, the term of which is not set to expire in the same
Sworn to an	nd subscribed before	me	
this	day of	, 20	
			(Signature of Candidate)
			(Printed Name of Candidate)
My Commission Expires			(Street Address, including Post Office & Zip Code)
My Commission Expires			(City, Borough or Township)
++++++++++			***************************************
	WAIV	ER OF EXPENSE	ACCOUNT REPORTING AFFIDAVIT (If Applicable)
COMMONW COUNTY OF	/EALTH OF PENNSYL` F BERKS	VANIA SS:	
to law, did de expenditures contributions	epose and say that as a in excess of Two Hundr and expenditures as requ	candidate, he or she doe red Fifty Dollars (\$250) of	County, personally appeared the undersigned, who, being duly sworn according as not intend to form a political committee or to receive contributions or maked during any reporting period, that, as a candidate, he or she will keep records or didate, he or she will file reports as required by law if contributions or expenditures
Sworn to an	nd subscribed before	me	
this	day of	, 20	(Signature of Candidate)
			(Printed Name of Candidate)
			(Street Address, including Post Office & Zip Code)
My Commis	ssion Expires		

(City, Borough or Township)