Commonwealth of Pennsylvania

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: UNITED STATES SENATOR

DISTRICT NUMBER: Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): William Parker

OCCUPATION:

RESIDENTIAL STREET ADDRESS:

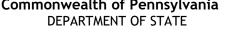
CITY, BOROUGH OR TWP.: Pittsburgh

COUNTY OF SIGNERS: ALLEGHENY 02 PARTY OF SIGNERS: Democratic

To the SECRETARY OF THE COMMONWEALTH:

DSBE-SC(12/19) ALLEGHENY 02

of said Party, for the Year and Office set forth above.



OFFICIAL USE ONLY



	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRE	国()国 代37所 国文先		
			House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
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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

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRE	ADDRESS WHERE REGISTERED AND ENROLLED		
SIGNATURE OF ELECTOR		House No.	Street or Road	City, Boro or Twp.	DATE O SIGNIN
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	CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW				
tate that I am a qualified elector of the Cor mination petition; that my residence is as s ereof; that their respective residences are o owledge and belief, the signers are qualifie this petition, and that they are residents in	et forth below; that the signers to correctly stated therein; that each d electors, duly registered and en	the foregoing pe signed on the da rolled members o	etition signed the sa ate set opposite his	me with full knowledge of or her name; that to the b	the conter est of my
rther, I state the information set forth here bject to the penalties of 18 Pa.C.S. § 4904 (, information and be	elief, and that this stateme	ent is made
County of Petition-Signers' Residence					

NOTE: THIS STATEMENT MUST BE COMPLETED AFTER ALL SIGNATURES HAVE BEEN OBTAINED.





