Filed 2/19/2024 10:20:00 PM Commonwealth Court of Pennsylvania 69 MD 2024

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

In Re Nomination Petition of	:	Election Matter
Joe SACKOR	:	
As Democratic Candidate	:	
for the 185th Legislative District	:	

PETITION TO SET ASIDE NOMINATION PETITION

Petitioners Nicole Dowling and Steven Young, by and through counsel, respectfully avers as follows:

1. The Petitioners are duly qualified electors registered as Democrats in the 185th Legislative District.

2. The Respondent is the above referenced Democratic Candidate for the General Assembly in the 185th Legislative District.

3. On or before February 13, 2024, the Candidate filed a Candidate Affidavit and Nomination Petitions with the Department of State. A copy is attached as Exhibit A.

4. For the reasons set forth in greater detail in the attached Exhibit B, the Candidate's Nomination Petition fails to contain the required number of properly ascribed signatures.

5. The candidate has submitted **648** signature lines; **455** of these lines are challenged for not being in compliance with the requirements of the Election Code.

6. The Nomination Petition therefore fails to conform to the requirements of the Election Code, 25 P.S. §2867 et seq., and must be set aside and the Candidate's name not be placed on, or stricken from, the ballot. Candidate has not submitted the requisite 300 valid signatures from registered Democrats in the district.

7. Section 977 of the Election Code, 25 P.S. §2937, provides that a court shall set aside nomination petitions which are defective.

8. Petitioners respectfully reserve the right to add such additional objections as are appropriate at the time of hearing.

Respectfully submitted,

By: Alam C.B

Adam C. Bonin, Esq. <u>adam@boninlaw.com</u> Attorney I.D. No. 80929 The Law Office of Adam C. Bonin 121 S. Broad Street, Suite 400 Philadelphia, Pennsylvania 19107 Telephone: (267) 242-5014 Facsimile: (215) 827-5300 Attorney for Petitioners

Dated: February 20, 2024

ATTENTIONI

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: 185th Legislative District

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

RESIDENTIAL STREET ADDRESS: 6929 Dicks Avenue

CITY, BOROUGH OR TWP.: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

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.

国家国 国家会 SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	SS WHERE REGISTE	RED AND ENROLLED	
	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
1. MS	Masanee Savon	6536	Elenmore	1A	1 30/24
2. (U\$ ·	LUON	6536	glenmore	Philade 1 Phia PA	1/30/24
3. Gurant	Cheick Tayro	2610	Carroll	Philadelphia	1/30/2
1. Melerkuly	Mariam Dululy	6535	Saybrook ,	we. Phila.	1/30/24
5. Auto	Kofumba Kromah	6307	Reedlandst	Philadelphia	1-3-22+
6. Alt	Mohamed Bilit	2627	S. Dagged	Philadelphi	1-031-024
7. MK	Maryamye Kromot	2627	S. Dogget	Philadephia	1-31-80
8. Alles	Mitale Fofana	7040	Greenway	Philadelphia	2 / / / Jy
9. Mamaday ap	MAMADON ETSSE	700G	Grays	Philodelhia	2/2/4
10. Jobb 6	Fanta Kainaira		wheert	a philad	2/2/24
11. Areg	A meidou Kelly	25 JI	63 St	puidelappu	2-2-24
12.	TBRALAIN	640:5	ELW000 A	« putila ·	2-2-2-2-1
13. Matter	Musa Kamara	6500	Whealer	philodelphia	200-201
14. San C	SEDEKE Sande				ania 2024
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					Page_	Side 2		
	SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	ESS WHERE REGISTE	RED AND ENROLLED			
		OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING		
15.	Ballots	Hagganatu	6224	Elmwood	Philadel Phi	2-2-24		
16.	Ballen	Follmata Jalloh	6524	Graze	Philadaph	2-2-24		
17.	Stor	Sulainam Sherif	6708	Elmwoodaw	Philadelphia	2-2-24		
184	Sporter	Siaka Korleh	6800	Buy er nu.	phila.	2-3-24		
19.	Bonton Sackor	Bentu Such	16400	LALLIERA	PHILDI	3-14/24		
20.	Jonen.	JOSEPH SACKER	3033	place	phila.	2/4/24		
21.	Ato.	gidiki Sanoe	6501	wheeler	Philadelph	2/5/24		
22.	Manto	MASSA KETTA	6800	Gunera	v. phila.	2/5/24		
23.	France	SELEKE BACK	3033 br	pace	pHILA.	2-5-24		
24.	Jane	Khalifa Donzo	6411	Grarman	+. Philadelphi	4. 2-5-R.4		
25.	MB. Shim	Benky SOKO SACKOR	3033	Dowitche	PHILR.	9-6-24		
26.	Julianos	forana M.	6420	Chelmynd AV.	philad elphi	a 2-7-24		
27.		Cheluyadep						
28. 1	Mur	MOMOH Nelson	2435	CAYMONT	philadelphi	2/8/2014		
29.	non	rater		i		~		
30.		ABUBAKARSELEKE	6800	GUYER	PHILADELPHIA	2/8/24		
	7	STATEMENT OF CIRCUL	ATOR		CIRCULATOR SHOULD CO 1 - 5 BELOW			
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 of the political district designated in this petition, and that they are residents in the County specified in number one below.								
Further, subject	, I state the information set forth herei to the penalties of 18 Pa.C.S. § 4904 (1	n is true and correct to the best of r relating to unsworn falsification to a	ny knowledge, uthorities).	, information and be	lief, and that this statemer	nt is made		
	y of Petition-Signers' Residence	hiladelphia						
2 Printe	ed Name of Circulator	Sangaleg A. Tr	awally					
	ture of Circulator/ @	The Diske A	0					
	er and Street of Circulator Borough or Twp	19 DICCS / H	Venue	91167				
a city,	Boroagn of TwpMIM CEN PN	µ <u>e </u>	ip code	11705				
	NOTE: THIS STATEMENT MUST BE COMPLETED AFTER ALL SIGNATURES HAVE BEEN OBTAINED.							



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OCCUPATION: Senior Systems Analyst

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CITY, BOROUGH OR TWP .: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

OFFICIAL USE ONLY

To the SECRETARY OF THE COMMONWEALTH:

	SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	SS WHERE REGISTE	RED AND ENROLLED	
		OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
1.	Sherif	Amingta K. Sheriff	6116	Guaysave	Phila	01/24/24
2. JC	NEBUSESON	Jenebu Sesay	6116	Graysave	Phila	01/24/24
<u>3.</u> - N	MEN	Matogba Kaka Ga	6161	GYAYS ANT	Philadelp	01/24/24
4.4Kor	iamas sackon	MARIAMA SOCKOR	6161	GRAYS	Philadipphia	OV/24/24
5Ale	the Finnach	Aletha Finnah	6423	Paschall	Philadelphia	01/24/24
6. Fe	fam	ISmael Fotong	7/04	ElmwoodA	PHiladelPH	01/26/24
7. C	lanence R. Moore	Clarence R. Mur	e 5600	e Hardey	Phila	01-26-24
8.81'D	abeth tate	Elizabern Tate	6532	wheelen	Phia	1-26-24
ame	monde tate	MerRonda tate	5525	67 st	Philay	1-26-24
10. Ja	sigh H.II	Joseph Hill	2535	67th.	Phila	1-26-24
11. R	symonal Kuloz	Raymond, Knuckles	2155	Reebland	Phila.	1-26-241
12.	a a lewor	Bmelz Ema	(3129	Dicks	PH.12.	1-26-24
13.M	Ulute	Michael Fully	6544	Tielder	PHalac	1-2624
14. 0	ue Luny	Dup lept	2276	Sundy	plin	a Who W
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		OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING	
15.	Milamara	Mildulcozi	6523	ploodking	1 Phillade	Phieli26 "	
16.	Mayamy	mayanu toond	6455	Dielly	Phillech	11. 2624	
17.	(is a Suth	lisa Smith	6439	Greys.	Phila	1-27-24	
18Q	ngelo Bellapin	Angelu Bellapigno	<u>asai</u>	S Edgewood	phila	1-21-24	
19.	ACAL	Alpha conse	60+	Tribet	Plailos	1, 27-24	
20.	PAL Mn	PRITER DI NINO	6519	GRAYS AV	Pitics	127/24	
21.	Chibul Sava M	Phibul Savafi	6500	glenmore	AVE PHRA	0212424	
22	In Som	Sav San	647	Souls.	philadelphi	01-27-24	
23.	for required	Von Nauge	1141	BuistAue	plula	01/27/24	
24.	maryno	TANANGAUS	6411	BUISTA	EPHILL	01/27/21	
25.	U.Suleritt	Makayah She	f 6/1/4	Dictes	philadeldi	no1-17-14	
26.	and on the	Pameta Brown	19153	Biva	Philodelphia	0 27/24	
27.	in Corporter	MIM CHRPANTER	2658	FPGtons	· Philadelphia	0/1/27/24	
28.1	AARTIN	MARIAM Shprif	F 1947	5 65t St.	Philadelpha	01-27-24	
29. (pria B Kelly	JANICE 3 Kells	1-700	Donaf	7-Thia 01	N-01-272	
30.	Frile a. Sund	Frank A. SANDS	6933	Dicks nue	Phila	01-27-04	
		STATEMENT OF CIRCUL	ATOR		CIRCULATOR SHOULD CO 1 - 5 BELOW		
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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).							
1 Cou	nty of Petition-Signers' Residence	Philadelphia	1				
	ted Name of Circulator	ngalee H. Maw	ally				
	nature of Circulator	6929 Dicks	Ave	nul.			
	, Borough or Twp. Philadel	alia	tip Code	19142			
	NOTE: THIS STATEMENT MUST BE COMPLETED AFTER ALL SIGNATURES HAVE BEEN OBTAINED.						



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	h	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
1.	Cawally	Bangalee Trawally	6929	Bicks Ave	Philadelphia	01/23/24
2.	Leskh meloy	v Jose ph melazz	6914	Dickshu	PHIDelphi	e01/23/24
3.	Floshall	Etosha Neb	6923	DICHAK		1/23/24
4. 7	Stian Balter	Brian Bolden	6923	Dicks AVA	Phila PA	1/23/24
5. R	oberto mpine	ROBERSA NYANYE	6925	Dicks the	Philadelphia	1/23/24
6.	tim	BREAKET ANDEs	VIII	9-5/MK19	the led of his	ex 123/23/2014
7.	Addia Martin	Fobin Nurpha	12630	Helbeaks	F Pliela P.	1/23/24
8. F	alen Celamy	Davon Ockimay	2630.	Holbrockst	Philly	1/23/24
9. /	lafor man	Mama Dorzo	2625	Holbrock	PhilacelAva	1/23/24
10. 7	atte	Fatu Sheriff	1625	S. Halpian	Philadelphia	01/23/2024
11.	D. PRA	Drenabar Bol	2617	S, Hollabo	KP4; ladlel Pg	10 al 123/24
12_	Sator Bak	Eatoumata Bal	2022	6		
13.		Schous. Donite	7103	Gunge Ave	e Philadelphia	01/23/2024
14.	Holomallay	Lasana Trawally	2916	S. Felton st	AL A A I.	
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SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	SS WHERE REGISTE	RED AND ENROLLED			
	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING		
15 Hono	mamader Dop39	2634	Stields	PHILAddBilt	01-26-24		
16. Dobe	Mabinzu Dona	2657	Shields	Pholoda)ph.	01-26-24		
17. Hava Donton	HAWA DONZO	2657	shields	philodelphia	01-26-24		
18. tata Trawally	Fath Trawally	28/1		Philadelph			
19. WV	Hawg Fofang	2914	S.Feltons	- Philadephia	01/27/24		
20. Eq. (Munipity Cat	George F. Kandakai	6526	wheeler st	phila	1/27/24		
21. Jahlehor	John Johoon	2635	Holdres	KS1 P/4	1/21/24		
22. R. Solly	Yaye Bah	2617	Holbrook	Phila.	1/27/24		
23.	JAMES YORCE	- 6901	DICKSA	e Philadel Ph	1/27/24		
24. State	Buckarie Lahmi	6900	PicksA	Phila	1/28/24		
25. Howa Kanneh	Hawa Konneh	2411	5.64th st	Philadelphia	1/31/24		
26. X Montes	Muser Conteh	26.49	Bouttonst	Philadelphi	20424		
27. Andy Danso	Khallfa DorDD	641]	Garman	A Priledelphig	02/05/2024		
28. Annaper gans	Jesser Jallah	2552	Shields 8	Philederphie	02/6/24		
29Ad Saller,	Hawa Jallah	2552	Shiets 8	ti Phila	02/06/24		
30 Generla Banch della	Georlina Jallah	2552	Shields st	Phila, PA	02/06/24		
	STATEMENT OF CIRCUL	ATOR		CIRCULATOR SHOULD CO			
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1 County of,Petition-Signers' Residence	hiladelphia						
2 Printed Name of Circulator _Bang	alee A. Trawall	y					
3 Signature of Circulator	Tawally A.C.			`			
4 Number and Street of Circulator 5 City, Borough or Twp	29 Dicks/Aven	ue	9149.				
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NOTE: THIS S	STATEMENT MUST BE COMPLETED AFT	ER ALL SIGNAT	URES HAVE BEEN OE	TAINED.			
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CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

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		OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
1.12		Kabine Doce	2618	Bonastin	th ladelpha	01/26/24
2. 4		SIAK K Keik	1 (18)	Guyin	philu.	012624
3. h	ISANA	LASAMAS-KROM	H 643	BUISTA	PHILA	012624
4. 72	SA -	KONSTR' 18	6622	AVE	Phila.	0/26/24
5.	Knend	Moholmmed field	2037	Bonghanst	Dhila	01/26/24
6. N	102255 DUNO 4	MORRIS STAR	1905	5-651420	PHila	01/26/24
T.P	Ket 173 Shealt	FUCYOUSHO	V Grot	3 JULES	Phols-	0/126/24
8. A	antion Montey	LANFIA WARTE	Y 417	WALNITST.	r	· IT
9. 1	1. pfana	MUSA FOFAN.	# 6535	Saybook	Ave Phil	1/26/24
10.	GAREN	Kalifala Donozo	6535	Say brout	Ave phil	1/26/24
11.	Court	Kalifala DONZO	6420	delivin be	Ave. Phil.	1/26/24
12.	7. SASax	MOLTENELSER	6519	Saybroby A	v. Philadeph	1/26/24
13.		Massoshe Bility	7103	Guyer	Philadelphi	a 1/28/24
14.7	i i i i i i i i i i i i i i i i i i i	Mabindy	7103	Guyer	Philadethic	41728/94
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OFFICIAL USE ONLY



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	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING	
15. Vom Bility	Vofeen Bility	6817	Guyer Al	! Philadelphice	1-28-24	
16. Madama Shing	Madama Sheriff	6817-	Greger we	Philadelthic	1/28/24	
17.Musu Donzo	Musu Donzo	2533	569H	philad phin	1-28-24	
18 MO HAMED	MoltAME BILITE	6817	GUY-ERAK	Philspelty	1-28-24	
19. A.B.C.	ASHA B. Let	6801	Guyer	philadelen	n 1-28-24	
20	Mohammed Sack	\$ 6745	Dorelst	Philadelphi	a1-29-24	
21. Beliecon Monto	Rebecca Garb	6544	Theodore	Philadelphia	1-29-24	
22. Wagasthan	Wages than	6334	Croys	Philadelthia	1-29-24	
23. MKhar -	Maria Khan	6334	Grays	philadelphia	1-29-24	
24. 18 Pol	Khalid Ichan	6334	Grays	philadephia	1-29-24	
25. Charting	Pasha Schoson	2631	Holpsook	Philadelphia	1-29-24	
26. Julaumata	Fatoumatuper	P	Holbrook	PhiladelPh	21-29-24	
27. Kar Marida	MAIMOUNA	2575	869thst	philodelPhie	1/29/24	
28 Aldan presence	Padan Sangu	e 266	5881	PHILD PAIL	1/29/224	
29. File	07459 Kamar			Atlade 10110	612924	
30. Not	Mawata S. Sack	6536	Glenmar A	r fhiladelpha	01/29-24	
	STATEMENT OF CIRCU	LATOR		CIRCULATOR SHOULD CO 1 - 5 BELOY		
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1 County of Petition-Signers' Residence	Philadelphia					
2 Printed Name of Circulator	galec A. In	wally		-		
3 Signature of Circulator	6919 N.C.	ke 1	110			
5 City, Borough or Twp.	lohia	Zip Code	9142			
	1					
NOTE: THIS	STATEMENT MUST BE COMPLETED AFT	ER ALL SIGNA	TURES HAVE BEEN O	BTAINED.		







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		OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
1. Ą.	1x1. Gaydustor	Amy W. Goydurba	6843	Woodland AV.	Philadophia	02/05/24
2.	Danger	Homie S. Janga		Mars	Phila Pa	02/05/24
3.	the second	JOAN FREEMAN	6010	Sringfeill	PA Wila.	02/05/27
4. K	WILL .	Annie Gbilee	1400	Allison	Phile 7A	0205/21
5. 4	QM-	O . MA	5834	christian #	Phila	07/05/24
6.	Juray	Christopher Turay	6248		Philadelpha	02/05 74
7.	Bayinka	FLi Zabelle Raginta	701	Lincoln	Philadelphia	02/03/2x
8. J	-y H-	Jeny Kendison	2231 5	70.76	Philadar P-	03/6/24
9. 4	A Witt Sr	1 6 1		GWYCK AVE	PHILA	09/5/24
10.	ong haven	SIRA-MATEN	7150	Dicks	phila	1215191
<u>11. A</u>	anwle tape h	Nonwoe Tarpe	240)	Brays	Philose Phia	0 2/24
12. /	MAE.	Momeri- tr. Fosich		Elmword	OA I.	102/5/24
13.	Serve-	Alpha Soumah	6155	wheelerst	philadelphio	
14. 4	har	James Mann	1271	S. bucknells	Philadelphia	2-05-24
	DSBE-SC(12/19) PHILADELPHIA 51	Department of State				ide 1 回落回 同時時



WANK V				Page	5_Side 2
SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	ESS WHERE REGISTE	RED AND ENROLLED	
	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
15. 1 one Blasferell	Mornis Blackut /	41	N.FRAZIERS	Dehly- Agise	02/05/24
16. Li Compliell	LoRRaine campa	D-12	Blantpla	pleladellande	2-5-24
17. Janikuallos	Jamikee Aller	2131	ALDEN	philopelphia	2/8/24
18. Presela Day	DJeneba.Diop	7102	Dieks	Philodelph	2-5-94
19. MAA	Mohamed Kamara		Liyop street	Miladelphia	02-5-24
20. wometa samile	RAMATA SAMAKE	64 04	DICKS	pHiLA DEL pHi	402-05-224
21 Robe oca PMA	Pebecca Panta	6430	Buist	Philadelphia	02/6/24
22. Al Father Sandolo	Aletha Sandolo	2917	Felton	Philadelphic	02/06/24
23. THU BA NOUSON	Hickele	19148	Beechtelt	Philadophia	2/06/24
24. Joyce morris	Lacoll.	6518	Dick	Philadelphi	a zlocky
25. Sarah Sanchi	Sarah Sandi	1830	68 St	Philadelph	1 2/7/24
2 fileased	Reference Beah	19142	Rogent St	Alglader the	2-7-24
27. 8. A	Sharif Height	1734	554th st	PhiladelPhia	2=7-24
28. Cedury M.	Edward Momoh	2238	55th st	Philadelphia	<u>2-7-24</u>
29. M. Musley	MARK Dewitt	1835	SGSt	Phil4	2-7-24
30. SMarten	Simeo moy/ter	6430	Buistst	phild	2.724
for	STATEMENT OF CIRCUL	ATOR		CIRCULATOR SHOULD CO 1 - 5 BELOW	
I state that I am a qualified elector of the Con nomination petition; that my residence is as se	nmonwealth; that I am duly registere et forth below: that the signers to th	ed and enrolled	d as a member of th atition signed the sa	e political party designated me with full knowledge of t	in this he contents
thereof; that their respective residences are c knowledge and belief, the signers are qualified in this petition, and that they are residents in	orrectly stated therein; that each si d electors, duly registered and enrol	gned on the da led members o	ate set opposite his	or her name: that to the be	st of my
Further, I state the information set forth here subject to the penalties of 18 Pa.C.S. § 4904 (in is true and correct to the best of i	my knowledge,	, information and be	elief, and that this statemer	nt is made
1 County of Petition-Signers' Residence	Philadelphia				
2 Printed Name of Circulator	galge A: Trau	sally			
3 Signature of Circulator	thawally .	A.C.			
4 Number and Street of Circulator69	129 /Dicks	THIC	19/112		
, sorry, borough of Twp	*/~1 2	.ip.code	1. 10		
NOTE: THIS S	TATEMENT MUST BE COMPLETED AFT	ER ALL SIGNAT	URES HAVE BEEN OF	BTAINED.	
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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.	TANKA KANANGANA TANA TANA TANA TANA TANA TANA T
NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY	
DISTRICT NUMBER: 185th Legislative District	
YEAR OF PRIMARY: 2024	
CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor	· · ·
RESIDENTIAL STREET ADDRESS: 6929 Dicks Avenue	
CITY, BOROUGH OR TWP.: Philadelphia	·
COUNTY OF SIGNERS: PHILADELPHIA 51 PARTY OF SIGNERS: De	emocratic .

To the SECRETARY OF THE COMMONWEALTH:

	SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	SS WHERE REGISTE	RED AND ENROLLED	
		OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
1. 0	kot	AHMAD FOFANA	6519 ELMNIED	ELMWHOD	PHILADELAHIA	1/26/24
2 Aqui	adou Fotana	Amodoutetan	2116	56574	Philapelet	A 1-26-24
3. ZAK	amarag_	Ismail Kamara	8400	Lindbergh	Philadelphia	1/26/24
4.BS	noutrade (Bindukiade	5903	Trinoty	Philadepta	1-26-24
5. 00	tar	Jafar Mohamme	2604	5. Dewey &	- Phila. 19, 1914	126124
6. ML	chian Is Sales	Mohammed S. Sall	2635	S. Master	H. Philes PA	126/24
A	K	ASSATA	267	6 Dale	GETTPhily	1/20/24
alt	2	Halas Jug	110	MacAd	Phile	12424
9.	Mere Juti	More Jut	6323	Dicks	. Phila	1-26-24
10	the n	Muliamined Such	6325	Guyer Ave	Philadelphia	1-26-24
11. 8	take .	Saracath cola	7025	Amwood	v. Philadelphi	1/26/24
12. M	Benckurg A	Maberdu Sacka	6745	donel St	Thiladelpha	1/20/24
13.	tothe h	Ernest Stiff	6924	Dicks Ave	Philadelphia	1/26/24
14. 4	Michellell O	Michelle Ginjard	2511	SLOTTA	Phila Pa	1-27-24
Diana Di Diana	SBE-SC(12/19) PHILADELPHIA 51	Department of State	, AND AN AN AN		Page 6 s	ide 1 回答回 说话说 回答说

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	SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	SS WHERE REGISTE	RED AND ENROLLED	
		OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
15.	A.C.	Sekou fofana	2632	Lloyd	Philadelphia	1/30/24
16.	->	Fanta Sackon	2632	LLOYd	Philadephi	11/30/24
17. Al		Assata Kamara	6745	Duipls	+ philadelp	1/31/24
18.	Mitchell	CHUCHU MITCHO	1 6707	GrouersA	y Phila	1-31-24
194h	after	LADJI MEITE	6705	Grovers And	PHUSDElphin	1-31-24
20. Rr	nR	Robertha Reeros	6707	Grovers	philq.	1-31-24
21.	Il	Stm (dem+n	Cron	Grovers	Philadelphia	1-51-24
22.	Raceh	Foday, A. Saca	6931	Dicks	PhilladelPh	1/31/24
23.	foroma.	Isata Koron	6931	2 Jobs	Philadelphi	13124
24.	this	Aby Sauch	8418	Madison	PL Phila	1/3/24
25. 12	ndele Join	- RONDELL POMP	2529	TIST	PHZG	02-124
200	row Illy	Lorraine Gri	19255	Masser	x Phila	いされてい
27. HA	WAKRODAN	Hawa Kromah	6408	Woodland A	1 Philaduphia	02-1-24.
28.	retty	Makaba Shert	6323	Gravs A	Philadelph	g 02-01-24
29. 40	BAUL BUILTY	AYOYDA D. BILITY	2615	si 62nd s	Philadelph	62-2-24
30. K	letha tians u	Aletta Kiau	18074	(Grays	phila beip	02_02-2
· · ·		STATEMENT OF CIRCUL	ATOR	, . T.S	CIRCULATOR SHOULD CO 1 - 5 BELOW	
nomination thereof; the knowledge	t I am a qualified elector of the Com n petition; that my residence is as se nat their respective residences are c and belief, the signers are qualified ition, and that they are residents in	et forth below; that the signers to the orrectly stated therein; that each signers delectors, duly registered and enrol	e foregoing pe gned on the da ledimembers o	tition signed the sau te set opposite his a	me with full knowledge of t or her name: that to the be	the contents
Further, 4 : subject to	state the information set forth herei the penalties of 18 Pa.C.S. § 4904 (n'is true and correct to the best of r relating to unsworn falsification to a	my knowledge, uthorities).	information and be	lief, and thát this státemer	nt is made
1 County of	of Petition-Signers' Residence	heladelphia				1
	Name of Circulator	ngalee A. 11	awalle	1		
_	and Street of Circulator	16929 Nick	ES A	tre.		
	rough or Twp	phia z	Lip Code	9142		÷
	NOTE: THIS ST	TATEMENT MUST BE COMPLETED AFT	ER ALL SIGNAT	URES HAVE BEEN OB	TAINED.	



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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: 185th Legislative District

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): JOE SACKOR

OCCUPATION: Senior Systems Analyst

RESIDENTIAL STREET ADDRESS: 6929 Dicks Avenue

CITY, BOROUGH OR TWP.: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

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	ADDRE	SS WHERE REGISTE	RED AND ENROLLED	
-	- 0	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
1. M	Burguro	Philip Bonguig	6304	readland S-t	Philliselphi	2-8-24
2. 58	maj Blough	Semaj Burroughs	6322	Grebetace	Philade phy	2-8-24
3. Pr	mostin More	PRIME NO MESSE	Gay	Greber	Philipolog him	2-8-24
4.	KING	toolin	(AZB	finchare	Phila	2-8-24
5. 2		Ladison Kudee	6925 Garman	street	Philade (Pnin	2-8-24
6. 10 7	nette Mairie	Jeanette Flore	6929 Garmui	Street	Phila.PA	7-8-24
7am	eliji Herlon	Amelia Hickson	45296	15 2629	s 69st Phila	28/24
8. Terte	- Cinta -	1 ester worther	25.7. 281	3	//	
9. Leito	a Westhern	Lester Worthen	2526	5. Carrollst	Philadelphia	218/24
10. 11	antial -	Tim Tuney	2576	Corrol St	And ladel phia	2/0/24
11. 6	yhip Same	Faquil Sams.	2537	massey st	Philodelphia	2-8-24
12. JO	Seph Tettch	Jaseph Tettel	7022	wheele, st	Philadephia	2-8-24
13. Je	Alla Dandy	Leath a Dandy	7228	Dickstu	Philor.	2-8-24
14. AV	reela Mandel	Angela Dander	acete	Laydst	Philade Blue	A.8.24
	Se-SC(12/19) PHILADELPHIA 51	Department of State			Page 7	Side 1



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議会 SIGNATURE	OF ELECTOR	PRINTED NAME OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF
5.		ANI.	7301	Buist Ave	Philadeline	SIGNING
6. Comple		KUBROM	73/06	Buist AV	Phila.	02-08
, Oly	e	Alma Cela	7306	BUNA	philip	52-58-
Dereta dio	Mar That	Derrick Dior Mon	6448	Buist Ave	Philadelphia	82-08-
. Mariam	e Kerta	Mariame Kerta	26295	Helbrock	philada	02-08-24
ALALA	(anterior	ARGy L. Kan	6929	Lindburgh	Philade, hig	2-8-24
STL -	ph	Sey du Down	6929	Linberg	. /	62-8-24
2. CMM	h	Caesar Liber	7062	Reedland	"Philadelf	there 2-8-
3. GMC	2)	Noses Guard		Reckland		2-8-24
. Kevin cR	10-12	Ket. n CR oxt N	6136	grays au	Phila.	2-8-24
S. KHALT GOUNT			27.00	0		- 0.21
5. Kialtzourg		Match yenn	6308	Regent st	Phila	02-08-24
1. Jalan By	ρ	Taka 18igss	5541	Hadfieldst	Phila, PA	218/24
. Jaconte	- (340)	Disanta Biggs	5541	Hadfeld		2-8-24
a. Copped	Kugens	Tosha Huggins	2033	Salforldst	nh h	2-8-2-
		James Ja	6321	El'mwod	I'ma fa	47 < 11
p = 1		STATEMENT OF CIRCU	LATOR		CIRCULATOR SHOULD CO 1 - 5 BELO	
omination petition; that hereof; that their respect nowledge and belief, the	my residence is as se tive residences are c signers are qualified	nmonwealth; that I am duly register of forth below; that the signers to the orrectly stated therein; that each s I electors, duly registered and enro the County specified in number one	he foregoing pe igned on the da lled members o	etition signed the sa ate set opposite his	me with full knowledge of or her name; that to the be	the contents est of my
urther, I state the inform Ibject to the penalties of	ation set forth here f 18 Pa.C.S. § 4904 (i	in is true and correct to the best of relating to unsworn falsification to a	my knowledge authorities).	, information and be	elief, and that this stateme	nt is made
County of Petition-Signe	ers' Residence	thiladelphia.	_			4
Printed Name of Circula	0	ncess Kurrovan	15		, .	
Signature of Circulator Number and Street of Ci	40 10	22 Grabe Place	1			
City, Borough or Twp	Philad	elphia	Zip Code	9142		
	NOTE: THIS ST	TATEMENT MUST BE COMPLETED AFT	FER ALL SIGNAT	TURES HAVE BEEN OF	STAINED.	
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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.

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NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 185th Legislative District

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

RESIDENTIAL STREET ADDRESS: 6929 Dicks Avenue

CITY, BOROUGH OR TWP.: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

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.

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	SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	SS WHERE REGISTER	RED AND ENROLLED	
		OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
1.	Kmato Idass	JENBELE KONATE	7050	PASSYUNK	PHILASELPHIN	01-27-24
2./2	also l	Mamadou S Doumbi		Fothst	PHILADELPHIA	1/27/24
3. <	Coldo?	Maimoura Diallo	2632	Zothst	Philadelphia	1/27/24
4. 1	Muchay Mutt	Michael Not	6141	Harley Ave	Phila Pr 19142	1-28-24
5. A	bdgu 15_	Abdour bouba Tramé	6747	HarreyAlk	Phila, PA	1_282024
6.40	intotome "	Fanta Toure	6147	HonleyAle	philadel policy	-7-85-24
7. ŠU	Hor Whosen	Sultonlawion	8431	Holboit	philape "	2-4-24
8. Z	whome who as	Typowe JoHASO	2582	Holpvook	pHilly	2/4/24
9.0	MARTINAL	Shapead Hall	2632	Holbrox	Thilly	2-4-24
10.	2 als	LUCX TA KPON	han	5.6th Str	phila	2/04/24
11. `	Kanul.	Joseph R. Kpan	rnat	5.67 st	philadelphia	2/4/24
12. /	1050 BBC	MASOGBE SESAY	6829	GUYPL A	· Philadrip	2-4-24
13.	25/10/Sandy	Proscilla Samo	2019 pin	Bialy	philade/phila	2-4-24
14.	Fontip	Jerch Bardywar	2825	Bialy	Philaderphin	2-9-24
	DSBE-SC(12/19) PHILADELPHIA-51	Department of State			Page S	ide 1



			1		Page_	
	SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	SS WHERE REGISTE	RED AND ENROLLED	
		OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
5. F	Speech	Abu Saccoh	6931	dicks	PhiladelPhia	21512
8/1	hit	Ting Johnson	2619	5 Braly St	Philadelphia	2/5/2"
7.	inthony Riffin	Northomy Rieffm	2114	BRANLOT	AR phila	2/3/-
8.	11 th	John K. Jalla	17149	Brant P	- Ekila	3/5/2
9. M	Kennen.	Mateningbe Kamara	2223	5 Shields	st phila	2-5-2
, th	er John.	Grey Johnson	512	N 59Kg	st-pholi a	2-7-2
1. Je	2 Work	Ferri Ward	6602	Woodland	Phila	27-24
2. Y		Don 20 yup	1516	Shield	RIA	57-2
Be. Be	mard Bing	Bernard BIN	7199	Brantpl	Milidephier	2-1-2
Se	Jeh Sally.	Saybah Jollah	2617	65th St	Phila.	2-72
s. Je	Sigh Kaine	Josiah Kaine	2617	566454	Phila.	2-7-2
Far	nata Jallat 1	Famata Jallah	2621	6155	Ph'la	2-7-2'
Mu	aby Debson	Musu Gibson	2631	8.61 st	Phila	2-67-20
3.						
9.						
).						
		STATEMENT OF CIRCUL	ATOR		CIRCULATOR SHOULD CO 1 - 5 BELOV	
omination nereof; th nowledge	t I am a qualified elector of the Com n petition; that my residence is as se nat their respective residences are c and belief, the signers are qualified ition, and that they are residents in	et forth below; that the signers to th orrectly stated therein; that each si d electors, duly registered and enrol	e foregoing pe gned on the da led members o	etition signed the same ate set opposite his o	me with full knowledge of t or her name; that to the be	the contents est of my
	state the information set forth herei the penalties of 18 Pa.C.S. § 4904 (1			, information and be	lief, and that this stateme	nt is made
	of Petition-Signers' Residence	Philadelphia	soll.			
	Name of Circulator	galee H. Ka	wally			
_	and Street of Circulator	7.6929 Dick	s f	fre		
City, Bo	rough or Twp Philade	(phià;	Lip Code	9142		
	NOTE: THIS ST	FATEMENT MUST BE COMPLETED AFT	ER ALL SIGNAT	FURES HAVE BEEN OF	STAINED.	5



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: 185th Legislative District

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

RESIDENTIAL STREET ADDRESS: 6929 Dicks Avenue

CITY, BOROUGH OR TWP.: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

OFFICIAL USE ONLY

To the SECRETARY OF THE COMMONWEALTH:

	SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	SS WHERE REGISTE	RED AND ENROLLED	
1	o 1	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
1.	lole	Sheila Cole	6445	9 know	Ave. Phila.	02-3-24
2. W	Beckford	Indivisione Beckford	6347	Reeblander	Phile	2-3-24
3. W	ray Cooper	MARY COOPER	2640	SYIMAR	Phila	2/3/24
4. 00	dell Gripe	Odell Gaye	6920	Dicks	Phila	2/3/24
5. 16	hit Arent	Robin P. Gree	GIA	Reclands	1 hela Pa	2/3/24
6. W	and a Mit .	DAVERYLA. Hudte	5413	Sprencest	Phila.	2/3/24
7.02	Julting	Sonald Langy	2411	GIST	Philla	2/3/24
8.	noth	ENach GhoR	2435	6/st	Aug	2/3/24
9. UN	AND	Anthony Jehn 1.55	6112 .	-615t	Ph,ia	2/3/24
10. 0	sert	Quara Stilling	2427	615t	Phila	2/1/24
11.16	in	Werr's Kond	n411	615t.	phi la	2/3/24
12. CM	not but	CAROL BENT	2427	6155	Pitila	2/3/24
13.	SUTTING	Victoria Fromah	2.121	61St	Phala	2/3/24
14.	Mu	Tenneh Sellou Kan	n 4660	5: 65th St	Phila	2/3/24
	DSBE-SC(12/19) PHILADELPHIA 51	Department of State			Page_9_s	ide 1 回复回 PS次次 回安公

				Page_	9 Side 2
SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	SS WHERE REGISTE	RED AND ENROLLED	
	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
Horn	Hilena Goby	6159	Grays Arc	phila, PA	2/3/2
THIAM	ABDOUK. THUAN	2545	MASSey	PHILA RIA	9/4/20
molicatout	MALIKI BA	2642	MASSAN	PHILK	214124
Kadidiator	- KADIDIA KETTA	2632	Masseyst	Philadelphic	2/4/20
$NK_{}$	Hawa m Kromaki	7050	Wheeler St	Philadelph	21.4/2
MEOUNE CAMARA	MAFONNE CAMPRA	2527	carrollst	Philadelphia	214/24
Marson	MOUSSA BALLO	6750	GUYERAV	PHILA	09/04/24
AMI	AMI TRAORE	6750	GUYERAV	PHILA	02/04/24
. church Amba	cheick A . Dr Aona	6731	GUYEre	a philos	024-21
astan o	Astan soumonin	6751	Greyma a	mghib	2-4-2
Man Lil	NormAN Linder	6323	Guyer Ave.	Phild. PA	2-4-20
Zund Aum	Leonard Happil	2650	SyLMW F	Phila, Pa,	2-4-124
malipales	ANGELUDAS	5438	S-KMars	T phile	2/4/20
Myle Manua,	Merlenc Manny	2642	Sylang	Phile	2/4/2
Mut find	Rulein GORIDON	2605	161beak	A.M.	214/29
. A work A ball	Aprese Union	289	Tollion 1	Philo	21412
A	STATEMENT OF CIRCUI	ATOR		CIRCULATOR SHOULD CO	
tate that I am a qualified elector of the Co mination petition; that my residence is as ereof; that their respective residences are owledge and belief, the signers are qualifi this petition, and that they are residents i	set forth below; that the signers to th correctly stated therein; that each si ed electors, duly registered and enrol	e foregoing pe gned on the da led members o	etition signed the same ate set opposite his o	e political party designated me with full knowledge of t or her name; that to the be	i in this the contents est of my
rther, I state the information set forth her bject to the penalties of 18 Pa.C.S. § 4904			, information and be	lief, and that this stateme	nt is made
County of Petition-Signers' Residence	Philadelphia				
Printed Name of Circulator	towith 10	awallo	<u></u>		
Signature of Circulator Number and Street of Circulator	929 Aicks	Ave			
City, Borough or Twp Phyladel	phia	Zip Code	19142		
			,		
NOTE: THIS	STATEMENT MUST BE COMPLETED AFT	ER ALL SIGNAT	TURES HAVE BEEN OF	STAINED.	







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 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: 185th Legislative District

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

RESIDENTIAL STREET ADDRESS: 6929 Dicks Avenue

CITY, BOROUGH OR TWP.: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

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	ADDRE	SS WHERE REGISTE	RED AND ENROLLED	
Link		OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
1. (JB -	Dona Boelesen	9307	Phinst	Philt-	1/20/200
2.	TR	Tiara Lobinson	6005	Elmwood	Phila	1/26/24
3.	A.C.	Adejenne Crumpton	6425	Grays	Phla	1172024
4. D	9	Dung CYREEN	105 N	6157	PHILA	1128/24
5.	1402	Robard Brodlan	N 000	Nath	Phil	11kple
6.	ISM	Stepie MCCAAY	2805	N 64	Phila	1/26/24
7.	A.H.	Angela Herndentes	6909	Chelwynde Av	Philas	1/26/24
8.	D-N.	Dusty Nolson	511	549m	Phila	1/26/201
9.	15	Tshyre Jottel	429.44	N 60	Phila	1/20/24
10.0	·R	TAMP Reel	\$5618	5.57	ghila	8724/21
11. (Dr.	Pandare Jones	1/443	Barman T	Phila	12624
12.	The Mrs / 1 C	Khalif Keel	6443	Appropria	PUILA	1/26/24
13.	SĠ	SCOTT GALDNER	7041	26an hund	VANA	1/2-6/29
14.	R.L	RickyLoupy	6422	Garman	Phila.	1/26/24
	DSBE-SC (12/19) PHILADELPHIA 51	Department of State			Page_[O	Side 1



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRE	SS WHERE REGISTE	RED AND ENROLLED	
Alles	OF ELECTOR				
& alio		House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
	Lance Wyman	2236	63rds+	phila.ph	1/26/24
12Won	Rhm	6416	6th Bus	Phils Po	1/26/22
51.	Lympiz Brtri	6401	Ginnir	Dh: 101 deika	1129/24
. MY	Marguis Mong	2656	felton	Philad-P/12hig	1129/24
NFS	Natiga Fant-Salley	21.57	Muh [feld	Philadelphia	1/2 1/24
DNS	Dashonta Sturgis	6318	Grays	Philadelphia	129/24
1-errell	Terrellung	11654	otherder	Phiade	1.29.24
OW	OSGAEWAN	2527	14abson)	Phile	12924
. A.G	Eingela Slover	6756	Gyyera	ephila	129/24
U.H.	Will. Am HAWKins	26 23	685	Phillip	19/4/2
J.L	there plays	66201	anujer	Phila	19142
. Jours	Ambertones	1517-	crosley.	Plato	19145
linee	Mincentmper	2608	SUMMAN	PLLICA	19142
<u>A'K</u>	Anneliga Kurtz	2459	S.6756	Philq	1-29-24
SB	Shuron Grevel	200	5.6.00	Philey	+==9.24
Alonguit Dul	Montove D. Bell	2520	5. Lano 151	PHILA PA.	19142
I D	STATEMENT OF CIRCUI	LATOR		CIRCULATOR SHOULD CO 1 - 5 BELOW	
tate that I am a qualified elector of the Co mination petition; that my residence is as ereof; that their respective residences are owledge and belief, the signers are qualifi this petition, and that they are residents i	set forth below; that the signers to the correctly stated therein; that each si ed electors, duly registered and enrol	ne foregoing pe gned on the da led members o	etition signed the sa ate set opposite his	me with full knowledge of t or her name; that to the be	the contents st of my
rther, I state the information set forth her bject to the penalties of 18 Pa.C.S. § 4904			, information and be	elief, and that this stateme	nt is made
County of Petition-Signers' Residence	theadelp	hia			
Printed Name of Circulator	scha dillya	<u>-</u> {			
Signature of Circulator 703	End Chinand	TAVE	, iB		
City, Borough or Twp. Phi/a	de phià	Zip Code	19142		
NOTE: THIS	STATEMENT MUST BE COMPLETED AFT	ER ALL SIGNAT	fures have been o	BTAINED.	



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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: 185th Legislative District

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

RESIDENTIAL STREET ADDRESS: 6929 Dicks Avenue

CITY, BOROUGH OR TWP.: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

OFFICIAL USE ONLY

To the SECRETARY OF THE COMMONWEALTH:

	SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	SS WHERE REGISTE	RED AND ENROLLED	
		OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
1		PAMe-2-5-Len	et-			
2. F	? <u>5.</u> <u>L</u> , <u>_</u>	PANJELAJ LEMON	6429	DicksA	e PH.12,	1-24-24
3. 1	15-B-	Mustata shaki	Fet			J
4. 1	33	Murta Fa shakura	1331	Reeddund	PHIA	1 124 74
5. M	1.6.	Marie Odom	13.13	Elmussd	Phila	1=24-24
6. M	J D	NANCY DAVIS	2419 7	Ediziou	DST PHIGA	1-24-24
, 7.	MB	Mike Black	2518	Gross	St Phila	1-04-54
8. N	n.p	MARTIN Reace	62/3	Chelvola	Ph/a	[-26-R.
9.9	M	Timoore a	53/1	Relation	of Fhile	1-31-20
10.]	D-W.	Dal tullions	6337	Binnord	Anda .	1-31-24
11.	WH	Wendy Hill	4349	Elmonoo	Phila 11	2-1-24
12.	16	Cindf Skins	5703	Wheelers	phile	2:124
13.	B.P.	MR. Bruce Poole	6208	2ND FL. ELMWOOD	Philo Ros	2-1-24
14.	HMC	Hector Chiplu	11317	N 54K54	phila	2-1-24
	DSBE-SC(12/19) PHILADELPHIA 51	Department of State			Page_/S	ide 1

SIGNATURE OF ELECTOR	PRINTED NAME	ADDR	ESS WHERE REGISTE	RED AND ENROLLED	
	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
15. 00000	BREESERE	0500	100112		
16. Wind	- Willie William	>			
17. (A. H	Adrieninetty	12428	FEdgewo	of Phila.	1-30
18.	JAMES Thepe	12517	Grossed	Philn.	1-30
19. IBJ	IVAN BUINER VR	2316	Millick St	Phila.	1-30.
20. MCW	4170 Makhlaning	e 4/10	Presma	StPhila	1-30
21. MWB	Michelle Winginte Browning	2527	Gruss	Dhila	1-30
22. 5RH	62-Shprrishlond	6229	Theodore	Phil	130
23. IIV	ED, 118 1-81	LEGITA	EWDAN	PALA	031
24. T.M.	Mulanda may &	1400	Ewood	Phila	1-30
25. GR	Gang.	IBVI	ELWARL	Phila.	1-3-
26. L.T. A.D.	LUCILLE TAYLE	6220	ELAWOO	2 Philo, 191	12 1-
27. W.A.W.	Uhhar Williams	2502	Reprison	Phila 19142.	\$ 1-31
28. 00	DESTILIE 60 50	6501	Linmore	Php1a 19142	1-31
29. Th	Haron Thorse	2525	KOBin	Philli	131
30. 2 20	Earl Holid	M 1	26 Robi	nson	1-31
	STATEMENT OF CIRCU	LATOR		CIRCULATOR SHOULD CO	
state that I am a qualified elector of the C nomination petition; that my residence is as thereof; that their respective residences are knowledge and belief, the signers are qualif n this petition, and that they are residents	s set forth below; that the signers to t e correctly stated therein; that each s fied electors, duly registered and enro	he foregoing po igned on the d lled members (etition signed the same ate set opposite his o	me with full knowledge of or her name: that to the be	the contents est of my
Further, I state the information set forth he subject to the penalties of 18 Pa.C.S. § 490	erein is true and correct to the best of 4-frelating to, unsworn falsification to a	my knowledge authorities).	, information and be	lief, and that this stateme	ent is made
1 County of Petition-Signers' Residence	VII. tolal	a			
2 Printed Name of Circulator	setta gillyare				
3 Signature of Circulator	ena villyar	Alla	R		
4 Number and Street of Circulator	al dia	ne l	10147		
5 City, Borough or Twp	CINNIG	Zip Code	1 11 Max		



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ATTENTION!

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NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 185th Legislative District

YEAR OF PRIMARY: 2024

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CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

RESIDENTIAL STREET ADDRESS: 6929 Dicks Avenue

CITY, BOROUGH OR TWP .: Philadelphia COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

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        | ADDRE     | SS WHERE REGISTE | RED AND ENROLLED   |                    |
|----------------|--------------------------------|---------------------|-----------|------------------|--------------------|--------------------|
|                | ~ ~ A A                        | OF ELECTOR          | House No. | Street or Road   | City, Boro or Twp. | DATE OF<br>SIGMING |
| 1{             | phanks Telton                  | Charles Feltoa      | 2405      | S milli          | KK Phite           | 1284               |
| <u>-</u>       | -ani admost                    | Ranic Adura         | 6324      | 5. mille         | V Dhila            | 2/8/20             |
| 3. 4           | Bregard Asleff                 | Brolan & Riter      | 2043      | Kinerar          | Phile              | 2-9-14             |
| 4.             | lizaber Sniph                  | Clizabeth Smith     | 2546 5    | Millickst        | Phila              | 2-5-24             |
| 5.2            | APPLURE                        | Sana keine          | 2923      | ronad.           | Phia               | ZRA                |
| <del>3</del> . | prover Washing ten             | Cordane Was binden  | 2555      | S. 62 nost       | Plila.             | 2 8/2-6            |
| A              | :B                             | Jonathan Byer       | 6143      | GIH3 Elm         | wood AVE Phil      | 12-18-20           |
| 8.             | N. Eba                         | Alichal Pho         | 2725      | 8: 48th          | st Phila R         | a 2/1/011          |
| 9.             | Jointe manare                  | Alanitamoon         | 1409      | whitet           | Philadetus at      | 1894 -             |
| 10.            | Im KS                          | THOMASKIN !!        | 6165      | e marce          | Philodik           | 1.18/210           |
| <u>1.6</u>     | John John                      | Civithis Tuckin     | b121.     | Gipys            | Philp              | 2/8/24             |
| 12.            | >>                             | Snew reling 1       | 2464      | eligewood        | Whild AA           | 218/24             |
| 12.            | T. S.                          | Theresa Scatt       | 2450      | nellekfa         | Philipa            | 2/8/24             |
| 14.            | TP                             | Jusell felen        | 6+45      | Clonweiczan      | Philagy            | 2/8/2024           |
|                | DSBE-SC(12/19) PHILADELPHIA 51 | Department of State |           |                  | Page_12_Si         |                    |

OFFICIAL USE ONLY

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------|
| 回該回<br>回該税 SIGNATURE OF ELECTOR                                                                                                                                                                                                                  | PRINTED NAME                                                                                                                |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                         |
| a                                                                                                                                                                                                                                                | OF ELECTOR                                                                                                                  | House No. Street or Road                          | City, Boro or Twp.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DATE OF<br>SIGNING                                         |                         |
| 5. mined from                                                                                                                                                                                                                                    | Energid Thomas                                                                                                              | 2232                                              | S 63 St.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Phi Hadelphia                                              | 2/8/20                  |
| 6.                                                                                                                                                                                                                                               |                                                                                                                             |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | V                                                          |                         |
| 7                                                                                                                                                                                                                                                |                                                                                                                             |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                         |
| 8.                                                                                                                                                                                                                                               | 1                                                                                                                           |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                         |
| 9                                                                                                                                                                                                                                                |                                                                                                                             |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                         |
| 0.                                                                                                                                                                                                                                               |                                                                                                                             |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                         |
| 1.                                                                                                                                                                                                                                               |                                                                                                                             |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                         |
| 2.                                                                                                                                                                                                                                               |                                                                                                                             |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                         |
| 3.                                                                                                                                                                                                                                               |                                                                                                                             |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                         |
| 4.                                                                                                                                                                                                                                               |                                                                                                                             |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                         |
| 5.                                                                                                                                                                                                                                               | <u>,</u>                                                                                                                    |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                         |
| G.                                                                                                                                                                                                                                               | · · · · · · · · · · · · · · · · · · ·                                                                                       |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                         |
|                                                                                                                                                                                                                                                  |                                                                                                                             |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                         |
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| 8.                                                                                                                                                                                                                                               |                                                                                                                             |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                         |
| 9                                                                                                                                                                                                                                                |                                                                                                                             | ;                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            | <u> </u>                |
| 0                                                                                                                                                                                                                                                |                                                                                                                             |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                         |
|                                                                                                                                                                                                                                                  | STATEMENT OF CIRCUL                                                                                                         | ATOR                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CIRCULATOR SHOULD CON<br>1 - 5 BELOW                       |                         |
| state that I am a qualified elector of the Co<br>omination petition; that my residence is as<br>hereof; that their respective residences are<br>nowledge and belief, the signers are qualifie<br>h this petition, and that they are residents in | set forth below; that the signers to th<br>correctly stated therein; that each si<br>ed electors, duly registered and enrol | e foregoing pe<br>gned on the da<br>led members o | tition signed the same set opposite his manual termination of the set opposite his manual termination of terminatio of termination of terminatio of termination of termination o | me with full knowledge of t<br>or her name: that to the be | he contents<br>st of my |
| urther, I state the information set forth here<br>abject to the penalties of 18 Pa.C.S. § 4904                                                                                                                                                   | ein is true and correct to the best of i<br>(relating to unsworn falsification to a                                         | ny knowledge,<br>uthorities).                     | information and be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | lief, and that this statemen                               | t is made               |
| County of Petition-Signers' Residence                                                                                                                                                                                                            | Philadelphia                                                                                                                |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                         |
| Printed Name of Circulator                                                                                                                                                                                                                       | ngalee A. Trawall                                                                                                           | 1                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                         |
| Signature of Circulator                                                                                                                                                                                                                          | 6929 Dicks                                                                                                                  | 4.0                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                         |
| Number and Street of Circulator<br>City, Borough or Twp                                                                                                                                                                                          |                                                                                                                             |                                                   | 9142                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            |                         |
| city, borough or twp / // / / C                                                                                                                                                                                                                  | <u></u> 2                                                                                                                   | .ip.code                                          | 1.1.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |                         |
| NOTE: THIS S                                                                                                                                                                                                                                     | TATEMENT MUST BE COMPLETED AFT                                                                                              | ER ALL SIGNAT                                     | URES HAVE BEEN OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TAINED.                                                    |                         |
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o. Internet



ATTENTION!

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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

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YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

RESIDENTIAL STREET ADDRESS: 6929 Dicks Avenue

CITY, BOROUGH OR TWP.: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

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.

|        |                                |                            | ADDRE     | SS WHERE REGISTE | RED AND ENROLLED   |                           |
|--------|--------------------------------|----------------------------|-----------|------------------|--------------------|---------------------------|
| 回然代    | SIGNATURE OF ELECTOR           | PRINTED NAME<br>OF ELECTOR | House No. | Street or Road   | City, Boro or Twp. | 回送地<br>DATE OF<br>SIGNING |
| 1. B   | 1 Brow America                 | Barbarg Besting            | 2563      | South 69 Stra    | philade Hear       | 2/8/24                    |
| 2. Pri | MupBurrayas.                   | Princess Burroughs         |           |                  | ~ /                | 2.8-24                    |
| 3. M   | arita Solas                    | Mariszy SULD               | 1821      | Alden            | pinjadelipton      | 2/8/24                    |
| 4. H   | there.                         | Mulu Tekk                  | 2514      | Bell Food        | Phila PA           | 9/8/21                    |
| 5.     | 12 YAX CREWS                   | 404 Darpetere              | 404       | DURDYTER         | Danby              | 2/8/20                    |
| 6. 95  | all Colland                    | Jose Blays                 | 2513      | WAYING           | PAUXI              | 2/8/2-1                   |
| T.K    | Imbroly Black                  | Xondi                      | 30        | 72 ndst          | Philos Pa          | 2.5-214                   |
| 8.     | jeirah Brown                   | SBrown                     | 2254      | TPYH             | Philla             | 2/5/24                    |
| 9. Le  | nog A. Bigh                    | LEROY A. Biggs             | 7329      | BUITS AKE        | PHILA PA           | 2/8/14                    |
| 10.14  | yean Amit                      | Tyquan Smith               | 6414      | Dicks Ave        | Phila PA           | 2/8/202                   |
| 11. 1  | mail                           | Bridget ONeill             | S302      | Angora Terrag    | Phils PA           | 2/8/202                   |
| 12.    | S/Qt.                          | Samatha Mabe               | 5302.     | Augor Tev.       | Phil: PA           | 1/18/202                  |
| 13.    | hunda fromos                   | Rhoud Fuirman              | 3353      | MARI SY          | DrexelHillPA       | 2. 8.20                   |
| 14.    | July                           | Priscilly Isound           | 2007      | Bonrafton        | Phray ig           | 298/2                     |
|        | DSBE-SC(12/19) PHILADELPHIA 51 | Department of State        |           |                  | Page <u>13</u>     | ide 1                     |



|                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                 |                                                                             |                                                                           | Page_                                                                                    | 13 Side 2                                 |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                                                                         | SIGNATURE OF ELECTOR                                                                                                                                                                                                                                                                                                                                                                                      | PRINTED NAME                                                                                                                                                                                                    | ADDRE                                                                       | SS WHERE REGISTE                                                          | RED AND ENROLLED                                                                         |                                           |
|                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                           | OF ELECTOR                                                                                                                                                                                                      | House No.                                                                   | Street or Road                                                            | City, Boro or Twp.                                                                       | DATE OF<br>SIGNING                        |
| 15,110                                                                                                                  | milla                                                                                                                                                                                                                                                                                                                                                                                                     | Soaplivens                                                                                                                                                                                                      | 11718                                                                       | grovers                                                                   | Phila la n                                                                               | 2-8-24                                    |
| 16.                                                                                                                     | 1121SANNUES                                                                                                                                                                                                                                                                                                                                                                                               | D// USMMAS                                                                                                                                                                                                      | 1841                                                                        | 1/52                                                                      | 11. 6. 16                                                                                | 0.511                                     |
| 17.                                                                                                                     | ADA                                                                                                                                                                                                                                                                                                                                                                                                       | Andrew Farmes                                                                                                                                                                                                   | 2353                                                                        | Pierce Sr                                                                 | Phila                                                                                    | 2 18/24                                   |
| 18. Č                                                                                                                   | tant la                                                                                                                                                                                                                                                                                                                                                                                                   | Sameratt                                                                                                                                                                                                        | 000                                                                         | S-Frezer                                                                  | Thata                                                                                    | 1919                                      |
| 19.                                                                                                                     | 27                                                                                                                                                                                                                                                                                                                                                                                                        | Rundi Linch                                                                                                                                                                                                     | 245                                                                         | 5615+                                                                     | Phila                                                                                    | 2/8/2                                     |
| 20. 201                                                                                                                 | statuls                                                                                                                                                                                                                                                                                                                                                                                                   | Gebried Phr wohlder                                                                                                                                                                                             | 7328                                                                        | mldenlim                                                                  | PL Phila                                                                                 | 2-8-2                                     |
| 21. all                                                                                                                 | as Mark                                                                                                                                                                                                                                                                                                                                                                                                   | Alexis Parkin-                                                                                                                                                                                                  | 260                                                                         | N Wycombe he                                                              | Candodane Re                                                                             | 2-8-24                                    |
| 22.                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                 |                                                                             | 0                                                                         |                                                                                          |                                           |
| 23.                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                 |                                                                             |                                                                           |                                                                                          |                                           |
| 24.                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                 |                                                                             |                                                                           |                                                                                          |                                           |
| 25.                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                 |                                                                             |                                                                           |                                                                                          |                                           |
| 26.                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                 |                                                                             |                                                                           |                                                                                          |                                           |
| 27.                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                 |                                                                             |                                                                           |                                                                                          |                                           |
| 28.                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                 |                                                                             |                                                                           |                                                                                          |                                           |
| 29.                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                 |                                                                             |                                                                           |                                                                                          |                                           |
| 30.                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                 |                                                                             |                                                                           |                                                                                          |                                           |
|                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                           | STATEMENT OF CIRCUL                                                                                                                                                                                             | ATOR                                                                        |                                                                           | CIRCULATOR SHOULD CO                                                                     |                                           |
| nominatio<br>thereof; tl<br>knowledge<br>in this pet<br>Further, l<br>subject to<br>1 County<br>2 Printed<br>3 Signatur | at J am a qualified elector of the Com<br>n petition; that my residence is as see<br>hat their respective residences are co<br>e and belief, the signers are qualified<br>ition, and that they are residents in<br>state the information set forth herei<br>the penalties of 18 Pa.C.S. § 4904 (n<br>of Petition-Signers' Residence<br>Name of Circulator<br>re of Circulator<br>and Street of Circulator | et forth below; that the signers to the<br>orrectly stated therein; that each signers<br>i electors, duly registered and enroll<br>the County specified in number one<br>n is true and correct to the best of r | e foregoing pe<br>gned on the da<br>led members o<br>below.<br>ny knowledge | etition signed the sa<br>ate set opposite his o<br>of the political party | me with full knowledge of<br>or her name; that to the be<br>and of the political distric | the contents<br>est of my<br>t designated |
|                                                                                                                         | prough or Twp                                                                                                                                                                                                                                                                                                                                                                                             | elphia z                                                                                                                                                                                                        | tip Code                                                                    | 9142                                                                      |                                                                                          |                                           |
|                                                                                                                         | NOTE: THIS ST                                                                                                                                                                                                                                                                                                                                                                                             | TATEMENT MUST BE COMPLETED AFT                                                                                                                                                                                  | ER ALL SIGNAT                                                               | URES HAVE BEEN OF                                                         | STAINED.                                                                                 |                                           |



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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: 185th Legislative District

YEAR OF PRIMARY: 2024

0

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

RESIDENTIAL STREET ADDRESS: 6929 Dicks Avenue

CITY, BOROUGH OR TWP.: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

OFFICIAL USE ONLY

To the SECRETARY OF THE COMMONWEALTH:

| SIGNATURE OF ELECTOR           | PRINTED NAME        | ADDRE     | ESS WHERE REGISTE | RED AND ENROLLED   |                    |
|--------------------------------|---------------------|-----------|-------------------|--------------------|--------------------|
|                                | OF ELECTOR          | House No. | Street or Road    | City, Boro or Twp. | DATE OF<br>SIGNING |
| 1. Den - 2 month               | Domestic            |           | 2502 5-Bell       | -                  |                    |
| 2. Domessie Jessema            | Demissie Tesseme    | 2502      | S. Bell-fordst    | Philadelphie       | 01-27-24           |
| 3. Mihrelu Tefera              | Mihretu Tefera      | 2659      | 5.67th st         |                    | 01-27/2024         |
| Thanka Komeli                  | PHANTA              | 421-      | 5.30 st           | , 19153            | 0                  |
| 5 Jun A                        | La Sunie Cameron    | 2717      | IslandAva         | Philly PA          | 01/27/ay           |
| * Xmitt Blova                  | Lynett Brown        | 2641      | Shields           | Philadelphia       | 01/30/2024         |
| 7. B. R.R.Rin                  | Briana Ruffin       | 3383_     | Elmwood           | Philadelphia       | 1/30/24            |
| 8. Mhr.                        | Marce Davis         | 5900      | Elmwood           | Phila Pit          | 3 1/30/24          |
| 9. 24                          | AMADOU BALDE        | 7300      | BOREAL            | PHICADELPHIA       | 1/30/24            |
| 10 Albert Bubson               | Albert Gubson       | 1223      | Gray Ave          | Philadelphia       | 1-30.24            |
| 11. Minstinka                  | Stunine Storts      | 7310      | Gamere St.        | Philippenin        | 1/30/24            |
| 12. Tanicha the thereof        | TANjeshakakad       | ,2523     | Robinson          | Phila PA1914       | 1/30/24            |
| 13. A osuntrun                 | VICtoria Gromal     | 2421      | 561st             | PMIA, PA 1914      | 2130124            |
| 14. Joris Golson               | Deris badson        |           |                   |                    |                    |
| DSBE-SC(12/19) PHILADELPHIA 51 | Department of State |           |                   | Page 14 9          | Side 1             |

|                                                                                 |                                                                                                                          |                                                                                                                                                                                                         |                                                      |                                               | Page_                                                      | <u>14Side 2</u>           |  |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------|---------------------------|--|
|                                                                                 | SIGNATURE OF ELECTOR                                                                                                     | PRINTED NAME                                                                                                                                                                                            | ADDRE                                                | ESS WHERE REGISTE                             | RED AND ENROLLED                                           |                           |  |
|                                                                                 |                                                                                                                          | OF ELECTOR                                                                                                                                                                                              | House No.                                            | Street or Road                                | City, Boro or Twp.                                         | DATE OF<br>SIGNING        |  |
| 5-10                                                                            | and for the work                                                                                                         | Dovis Gadson                                                                                                                                                                                            |                                                      | 13415,500                                     | thita PA                                                   | 0130/20                   |  |
| 16. K                                                                           | tuis Hatter                                                                                                              | Par: Gaderi                                                                                                                                                                                             | 1341                                                 | S. 52nd st                                    | Philodetphiq                                               | 1/30/24                   |  |
| 17. 70                                                                          | aime nuhm                                                                                                                | Utima Muhammad                                                                                                                                                                                          | 2601                                                 | s Hobsonst                                    | Philadelphia                                               | 1/31/24                   |  |
| 18.                                                                             | theren des                                                                                                               | Theresa Sutton                                                                                                                                                                                          | 6037                                                 | Cedarhist                                     | Philadelphi                                                | 1/31/24                   |  |
| 19. TE                                                                          | - D                                                                                                                      | Tynae Daniel                                                                                                                                                                                            | 6504                                                 | GuyerAve                                      | Phila                                                      | 1/31/24                   |  |
| 20.                                                                             | The Day                                                                                                                  | Jabril Keal                                                                                                                                                                                             | 2836                                                 | Taney 7.                                      | Phila                                                      | 1/31/24                   |  |
| 21. M                                                                           | opstro                                                                                                                   | Meierennei & poto                                                                                                                                                                                       | 6525                                                 | Woodleine                                     | Philadelphia                                               | 131/204                   |  |
| 22                                                                              | F. 5                                                                                                                     | Hanta Schube                                                                                                                                                                                            | 1650                                                 | Reedland St.                                  | pirla '                                                    | 1/3/24                    |  |
| 23. K                                                                           | orkor Kamara.                                                                                                            | Korkor Kamara                                                                                                                                                                                           | 6540                                                 | Guyer St.                                     | Phila                                                      | 1BIRU                     |  |
| 24. d                                                                           | mis                                                                                                                      | Nare Camara                                                                                                                                                                                             | 8493.                                                | Paschal A.                                    | Phile                                                      | 1/31-202                  |  |
| 25.                                                                             |                                                                                                                          |                                                                                                                                                                                                         |                                                      |                                               |                                                            |                           |  |
| 26.                                                                             |                                                                                                                          |                                                                                                                                                                                                         |                                                      |                                               |                                                            |                           |  |
| 27.                                                                             |                                                                                                                          |                                                                                                                                                                                                         |                                                      |                                               |                                                            |                           |  |
| 28.                                                                             |                                                                                                                          |                                                                                                                                                                                                         |                                                      | 1                                             |                                                            |                           |  |
| 29.                                                                             |                                                                                                                          |                                                                                                                                                                                                         |                                                      |                                               |                                                            |                           |  |
| 80.                                                                             |                                                                                                                          |                                                                                                                                                                                                         |                                                      |                                               |                                                            |                           |  |
|                                                                                 |                                                                                                                          | STATEMENT OF CIRCUI                                                                                                                                                                                     | LATOR                                                |                                               | CIRCULATOR SHOULD CO<br>1 - 5 BELOY                        |                           |  |
| nomination<br>hereof; the<br>nowledge                                           | n petition; that my residence is as so<br>nat their respective residences are c<br>and belief, the signers are qualified | nmonwealth; that I am duly register<br>et forth below; that the signers to the<br>correctly stated therein; that each si<br>d electors, duly registered and enrol<br>the County specified in number one | ne foregoing po<br>igned on the da<br>lled members ( | etition signed the sa<br>ate set opposite his | me with full knowledge of t<br>or her name; that to the be | the contents<br>est of my |  |
| urther, I<br>ubject to                                                          | state the information set forth here<br>the penalties of 18 Pa.C.S. § 4904 (                                             | in is true and correct to the best of relating to unsworn falsification to a                                                                                                                            | my knowledge<br>authorities).                        | , information and be                          | elief, and that this stateme                               | nt is made                |  |
| 1 County                                                                        | of Petition-Signers' Residence                                                                                           | madelphia                                                                                                                                                                                               |                                                      |                                               |                                                            |                           |  |
|                                                                                 | Name of Circulator                                                                                                       | Ba Heath                                                                                                                                                                                                |                                                      | ;                                             |                                                            |                           |  |
| _                                                                               | re of Circulator                                                                                                         |                                                                                                                                                                                                         | e.                                                   |                                               |                                                            |                           |  |
|                                                                                 | rough or Twp. Philadel                                                                                                   |                                                                                                                                                                                                         | Zip Code                                             | 4142                                          |                                                            |                           |  |
| NOTE: THIS STATEMENT MUST BE COMPLETED AFTER ALL SIGNATURES HAVE BEEN OBTAINED. |                                                                                                                          |                                                                                                                                                                                                         |                                                      |                                               |                                                            |                           |  |



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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: 185th Legislative District

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

**RESIDENTIAL STREET ADDRESS:** 6929 Dicks Avenue

CITY, BOROUGH OR TWP.: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

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           | ADDRE     | SS WHERE REGISTE | RED AND ENROLLED   |                    |
|-------|--------------------------------|------------------------|-----------|------------------|--------------------|--------------------|
| CI944 | -                              | OF ELECTOR             | House No. | Street or Road   | City, Boro or Twp. | DATE OF<br>SIGNING |
| 1.    | Noul                           | Famafle DOC            | 2879      | RUbin son s      | 7 Phila            | 1/27/24            |
| 2.    | Bohea                          | Betty chea             | 6509      | Giverys Ave      | Phila              | 2/6/24             |
| 3.    | Apo                            | Amie Kromah            | 6610      | borel \$         | Thilu              | 2/6/24             |
| 4.    | tos                            | HELENA TURA            | 2811      | 64 84            | PHIL               | 2/6/21             |
| 5     | han Ran                        | NHAN TRAN              | 2910      | 5 6155           | DURA               | 2/6/20             |
| 6.    | han lato                       | QUAN HO                | 2910      | 5.61ST           | Phild.             | 2/4/24             |
| 7.J   | )myors                         | Deborah Mya            | 2612      | 5 651            | phila              | 2674               |
| 8.    | anson                          | Elizabeth A.E. Ghanson | 2834      | 565th            | Philos             | 27124              |
| 9.    | Jatughavson                    | Jatu L Ghanson         | 2834      | 56sth            | Phila              | 2/7/24             |
| 10:An | ninater Kamara                 | Aminata Kamara         | 2834      | 565th.           | Phila              | 2/7/24             |
| 11    | anta Kamara                    |                        | 2834      | S 65th           | Phila              | 2/7/24             |
| 12.   |                                |                        |           |                  |                    |                    |
| 13,   |                                |                        |           |                  |                    |                    |
| 14.   |                                |                        |           |                  |                    |                    |
|       | DSBE-SC(12/19) PHILADELPHIA 51 | Department of State    |           |                  | Page_5             | Side 1             |

OFFICIAL USE ONLY



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| SIGNATURE OF ELECTOR                                                                                                                                                                                                                                        | PRINTED NAME                                                                                                                                                                     | ADDRE                                                                                             | ADDRESS WHERE REGISTERED AND ENROLLED                                   |                                                                                         |                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------|--|
|                                                                                                                                                                                                                                                             | OF ELECTOR                                                                                                                                                                       | House No.                                                                                         | Street or Road                                                          | City, Boro or Twp.                                                                      | DATE OI<br>SIGNING                                  |  |
| 15.                                                                                                                                                                                                                                                         |                                                                                                                                                                                  |                                                                                                   |                                                                         |                                                                                         | -                                                   |  |
| 16.                                                                                                                                                                                                                                                         |                                                                                                                                                                                  |                                                                                                   |                                                                         |                                                                                         |                                                     |  |
| 17                                                                                                                                                                                                                                                          |                                                                                                                                                                                  |                                                                                                   |                                                                         |                                                                                         | -                                                   |  |
| 18.                                                                                                                                                                                                                                                         |                                                                                                                                                                                  |                                                                                                   |                                                                         |                                                                                         |                                                     |  |
| 19.                                                                                                                                                                                                                                                         |                                                                                                                                                                                  |                                                                                                   |                                                                         |                                                                                         |                                                     |  |
| 20.                                                                                                                                                                                                                                                         |                                                                                                                                                                                  |                                                                                                   |                                                                         |                                                                                         |                                                     |  |
| 21.                                                                                                                                                                                                                                                         |                                                                                                                                                                                  |                                                                                                   |                                                                         |                                                                                         |                                                     |  |
| 22.                                                                                                                                                                                                                                                         |                                                                                                                                                                                  |                                                                                                   |                                                                         |                                                                                         |                                                     |  |
| 23.                                                                                                                                                                                                                                                         |                                                                                                                                                                                  |                                                                                                   |                                                                         |                                                                                         |                                                     |  |
| 24.                                                                                                                                                                                                                                                         |                                                                                                                                                                                  |                                                                                                   |                                                                         |                                                                                         |                                                     |  |
| 25.                                                                                                                                                                                                                                                         | ·                                                                                                                                                                                |                                                                                                   |                                                                         |                                                                                         |                                                     |  |
| 26.                                                                                                                                                                                                                                                         |                                                                                                                                                                                  |                                                                                                   |                                                                         |                                                                                         |                                                     |  |
| 27.                                                                                                                                                                                                                                                         |                                                                                                                                                                                  |                                                                                                   | 10.01                                                                   |                                                                                         |                                                     |  |
| 28.                                                                                                                                                                                                                                                         |                                                                                                                                                                                  |                                                                                                   |                                                                         |                                                                                         |                                                     |  |
| 29.                                                                                                                                                                                                                                                         |                                                                                                                                                                                  |                                                                                                   |                                                                         |                                                                                         |                                                     |  |
| 10.                                                                                                                                                                                                                                                         |                                                                                                                                                                                  |                                                                                                   |                                                                         | ,                                                                                       |                                                     |  |
|                                                                                                                                                                                                                                                             | STATEMENT OF CIR                                                                                                                                                                 |                                                                                                   |                                                                         | CIRCULATOR SHOULD CO                                                                    |                                                     |  |
| state that I am a qualified elector of the Com<br>nomination petition; that my residence is as se<br>hereof; that their respective residences are co<br>nowledge and belief, the signers are qualified<br>n this petition, and that they are residents in t | monwealth; that I am duly regis<br>t forth below; that the signers t<br>rrectly stated therein; that eac<br>electors, duly registered and en<br>he County specified in number of | tered and enrolled<br>o the foregoing pe<br>h signed on the da<br>nrolled members o<br>one below. | tition signed the san<br>te set opposite his o<br>f the political party | ne with full knowledge of<br>r her name; that to the be<br>and of the political distric | d in this<br>the conter<br>est of my<br>ct designat |  |
| further, I state the information set forth herein<br>ubject to the penalties of 18 Pa.C.S. § 4904 (n<br>1 County of Petition-Signers' Residence                                                                                                             | t is true and correct to the best<br>elating to unsworn falsification to<br>all a del fhia                                                                                       | of my knowledge,<br>to authorities).                                                              | information and bel                                                     | ief, and that this stateme                                                              | ent is made                                         |  |
| 2 Printed Name of CirculatorBang                                                                                                                                                                                                                            | aleg A. Irau                                                                                                                                                                     | vally                                                                                             |                                                                         |                                                                                         |                                                     |  |
| 3 Signature of Circulator                                                                                                                                                                                                                                   | Thanding                                                                                                                                                                         |                                                                                                   |                                                                         |                                                                                         |                                                     |  |
| 4 Number and Street of Circulator692                                                                                                                                                                                                                        | 9 Norres Luno                                                                                                                                                                    |                                                                                                   |                                                                         |                                                                                         |                                                     |  |





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: 185th Legislative District

YEAR OF PRIMARY: 2024

÷

CANDIDATE'S NAME(PRINT OR TYPE NAME): JOE SACKOR

OCCUPATION: Senior Systems Analyst

RESIDENTIAL STREET ADDRESS: 6929 Dicks Avenue

CITY, BOROUGH OR TWP.: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

OFFICIAL USE ONLY

To the SECRETARY OF THE COMMONWEALTH:

|        | SIGNATURE OF ELECTOR           | PRINTED NAME        | ADDRE     |                |                    |                    |
|--------|--------------------------------|---------------------|-----------|----------------|--------------------|--------------------|
|        | ٨                              | OF ELECTOR          | House No. | Street or Road | City, Boro or Twp. | DATE OF<br>SIGNING |
| 1.     | Jours Story                    | LOWNA STEVENS       | 1732      | N. 75ª         | PHILA YA           | 2/8/24             |
| 2. Ju  | eyan. Alberte                  | ferm. AbyTE         | D-39      | BRANT          | PHILA PA           | 2.8.94             |
| 3.     | t k                            | EDWARD AFOLASI      | 7131      | Buist Av.      | Phila. PA          | 192/8/24           |
| 4.     | ARA                            | Jusme Allen         | 4035-     | stare Ed       | Drevel Hill PA-    | 2/8/24             |
| A      | Provinte                       | Januar Brickenndae  | 4635      | Stated Rd      | the thill PA       | 2/0/21             |
| 6. K   | Change (                       | Araua lanos         | 2631      | S-7155         | Pula, Pa           | 0/8/24             |
| 7. K   | Alf '                          | Taratting           | 173       | Holyst         | Phia PH            | 2/0/20             |
| 8. MA  | Hernedt                        | Melphetia Cenna     | 6-119     | Fern Stre      | + Dar              | , · · ·            |
| 9. Ces | ey Far                         | Corey Fazen         | 2222      | 69-16 St       | Phila PA           | 218/25/            |
| 100    | Level West                     | DARAICI I WEST      | 3000      | S.725T         | Phila. Pa          | 2/8/29             |
| 11.    | ha                             | Jashn Wirkt         | 753C      | Brontod        | PhilaPh            | (18/24)            |
| 12     | har                            | James Scarses       | 331       | Salford St     | Phile Pa           | 2/5/24             |
| 13. A  | nton/pin                       | Auton Davis         | 1124      | Yeaden Ave     | Rhiln, PA          | 2/8/24             |
| 14. R  | as                             | Rollando Anglin     | 127       | Weynouth       | Philadelphia       | 48/24              |
|        | DSBE-SC(12719) PHILADELPHIA 51 | Department of State |           |                | A 11               | ide 1              |

| 諸国<br>語遊 SIGNATURE OF ELECTOR                                                                                                                                                                                                         |                                                                                                                                    | ADDRI                                               | ESS WHERE REGISTE                               | RED AND ENROLLED                                        | 6 Side 2                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|---------------------------------------------------------|----------------------------|
| SIGNATURE OF ELECTOR                                                                                                                                                                                                                  | PRINTED NAME<br>OF ELECTOR                                                                                                         | House No.                                           | Street or Road                                  | City, Boro or Twp.                                      | DATE OF<br>SIGNING         |
| 5. Christian Goldstine                                                                                                                                                                                                                | Christin Goldstine                                                                                                                 | 2634                                                | M UNFald                                        | Philadelphia                                            | 2-8-24                     |
| Jarfell 5-                                                                                                                                                                                                                            | E. L. Q. a                                                                                                                         | 6435                                                | lde e                                           | D.C.                                                    |                            |
| the and                                                                                                                                                                                                                               | Frenk Green                                                                                                                        | 6435                                                | 1                                               | thiledolphia                                            | 2-8-24                     |
| B. 5K                                                                                                                                                                                                                                 | Sitan                                                                                                                              | 2225                                                | Wend                                            | sor Philon                                              | 2-8-                       |
| BPUID WATKINS                                                                                                                                                                                                                         |                                                                                                                                    |                                                     | _                                               |                                                         |                            |
| . Dut                                                                                                                                                                                                                                 | DAVID WATKINS                                                                                                                      | 1537                                                | W. ENO DE                                       | Phila                                                   | 2-8- 84                    |
| kingan                                                                                                                                                                                                                                | Deashoun Neal                                                                                                                      | 13500                                               | lindbergh                                       | Phila                                                   | 2-8-24                     |
| 2. Sharon                                                                                                                                                                                                                             | Sharny Deag                                                                                                                        | 7199                                                | Place                                           | Phila                                                   | 2.8-20                     |
| 3                                                                                                                                                                                                                                     | . /                                                                                                                                |                                                     |                                                 |                                                         | 1                          |
| 4.                                                                                                                                                                                                                                    |                                                                                                                                    |                                                     |                                                 |                                                         |                            |
| 5.                                                                                                                                                                                                                                    |                                                                                                                                    |                                                     |                                                 |                                                         |                            |
| 6                                                                                                                                                                                                                                     |                                                                                                                                    |                                                     |                                                 |                                                         |                            |
| 7                                                                                                                                                                                                                                     |                                                                                                                                    |                                                     |                                                 |                                                         |                            |
| 3.                                                                                                                                                                                                                                    |                                                                                                                                    |                                                     |                                                 |                                                         |                            |
| ).                                                                                                                                                                                                                                    |                                                                                                                                    |                                                     |                                                 |                                                         |                            |
| )                                                                                                                                                                                                                                     |                                                                                                                                    | · ·                                                 |                                                 |                                                         |                            |
|                                                                                                                                                                                                                                       | STATEMENT OF CIRCU                                                                                                                 | LATOR                                               |                                                 | CIRCULÁTOR SHOULD C<br>1 - 5 BELO                       |                            |
| state that I am a qualified elector of the 0<br>omination petition; that my residence is a<br>sereof; that their respective residences ar<br>sowledge and belief, the signers are quali<br>this petition, and that they are residents | s set forth below; that the signers to the<br>e correctly stated therein; that each si<br>fied electors, duly registered and enrol | ne foregoing po<br>igned on the d<br>iled members o | etition signed the sa<br>ate set opposite his o | me with full knowledge of<br>or her name; that to the b | the contents<br>best of my |
| urther, I state the information set forth he<br>bject to the penalties of 18 Pa.C.S. § 490                                                                                                                                            | erein is true and correct to the best of<br>4 (relating to unsworn falsification to a                                              | my knowledge<br>authorities).                       | , information and be                            | lief, and that this statem                              | ent is made                |
| County of Petition-Signers' Residence                                                                                                                                                                                                 |                                                                                                                                    |                                                     |                                                 |                                                         | 5                          |
| Printed Name of Circulator                                                                                                                                                                                                            |                                                                                                                                    |                                                     | · · · · · · · · · · · · · · · · · · ·           |                                                         |                            |
| Signature of Circulator                                                                                                                                                                                                               |                                                                                                                                    |                                                     |                                                 |                                                         |                            |
| Number and Street of Circulator                                                                                                                                                                                                       |                                                                                                                                    |                                                     |                                                 | ě,                                                      |                            |
| City, Borough or Twp                                                                                                                                                                                                                  |                                                                                                                                    | Zip Code                                            |                                                 |                                                         |                            |
| NOTE: THI                                                                                                                                                                                                                             | S STATEMENT MUST BE COMPLETED AFT                                                                                                  | ER ALL SIGNAT                                       | TURES HAVE BEEN OF                              | STAINED.                                                |                            |



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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: 185th Legislative District

YEAR OF PRIMARY: 2024

d,

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

RESIDENTIAL STREET ADDRESS: 6929 Dicks Avenue

CITY, BOROUGH OR TWP .: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

OFFICIAL USE ONLY

To the SECRETARY OF THE COMMONWEALTH:

| 回該回<br>回該税 SIGNATURE OF ELECTOR | PRINTED NAME        | ADDRE     | SS WHERE REGISTE                      | RED AND ENROLLED   |                    |
|---------------------------------|---------------------|-----------|---------------------------------------|--------------------|--------------------|
|                                 | OF ELECTOR          | House No. | Street or Road                        | City, Boro or Twp. | DATE OF<br>SIGNING |
| 1. DK                           | Dalila Kirby        | 3558      | wheeler                               | phila :            | 2-11-24            |
| 2. C.B                          | Comfort Boymah      | 6156      | glen more                             | phi PA             | 2/1/24             |
| 3.                              | Jamie Utter         | 5414      | 55 Drive                              | Phila P9           | £1/24 -            |
| 4. C.R.                         | Charles Reed        | 6459      | Gaman                                 | Phike fa           | 2/11/24            |
| 5. AJ                           | Anthony & Dennings  | 85401     | webster stree                         | Phila PA           | 2/1/24             |
| 6. J.D_                         | JohnOsborno         | 5601      | Hortoyom                              | v phild pt         | 02/3/24-           |
| 7. M-1/                         | Madeabet            | 642       |                                       | 0                  | - 1                |
| 8. M/X                          | Madesbah Kiromak    | 64.15     | Buist                                 | P:A=191            | h3, bohy           |
| 9. 1 K                          | Robert King         | 6765      | Reedland                              | RA 19192           | 2                  |
| 10. MB                          | maric Rathes.       | 62B7      | Elmwood                               | PH J9142           | 2-4-24             |
| 11. RG                          | Ronald Sinns        | 6525      | wheeler                               | PA 19143           | 2-4-24             |
| 12. P/J                         | la lop toward       | 2505      | A Idan St                             | PA 19143           | 2/5/20             |
| 13. MF.                         | Malatin Fox         | 6341      | Grays                                 | A                  | 2/3/24             |
| 14.                             |                     |           | , , , , , , , , , , , , , , , , , , , |                    | 1                  |
| DSBE-SC(12/19) PHILADELPHIA 51  | Department of State |           |                                       | Page 7             | Side 1             |

|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                      |                                                                                         | SS WHERE REGISTE                                                        | Page_                                                                                  | Side 2                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------|
| SIGNATURE OF ELECTOR                                                                                                                                                                                                                                                                                                                                           | PRINTED NAME<br>OF ELECTOR                                                                                                                                                                           | House No.                                                                               | Street or Road                                                          | City, Boro or Twp.                                                                     | DATE OF                                     |
| 15. K M                                                                                                                                                                                                                                                                                                                                                        | KareemMartin                                                                                                                                                                                         | 5949.                                                                                   | S9L5 Irving                                                             | Phile                                                                                  | SIGNING                                     |
| 16.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                      |                                                                                         | / .                                                                     |                                                                                        | The feature                                 |
| 17.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                      |                                                                                         |                                                                         |                                                                                        |                                             |
| 18.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                      |                                                                                         |                                                                         |                                                                                        |                                             |
| 19.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                      |                                                                                         |                                                                         |                                                                                        |                                             |
| 20.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                      |                                                                                         |                                                                         |                                                                                        |                                             |
| 21.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                      |                                                                                         |                                                                         |                                                                                        |                                             |
| 22.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                      |                                                                                         |                                                                         |                                                                                        |                                             |
| 23.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                      |                                                                                         |                                                                         |                                                                                        |                                             |
| 24.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                      |                                                                                         |                                                                         |                                                                                        |                                             |
| 25.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                      |                                                                                         |                                                                         |                                                                                        |                                             |
| 26.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                      | _                                                                                       |                                                                         |                                                                                        |                                             |
| 27                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                      |                                                                                         |                                                                         |                                                                                        |                                             |
| 28.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                      | -                                                                                       |                                                                         |                                                                                        |                                             |
| 29.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                      |                                                                                         |                                                                         |                                                                                        |                                             |
| 30,                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                      |                                                                                         |                                                                         |                                                                                        |                                             |
|                                                                                                                                                                                                                                                                                                                                                                | STATEMENT OF CIRC                                                                                                                                                                                    | ULATOR                                                                                  |                                                                         | CIRCULATOR SHOULD C                                                                    |                                             |
| I state that I am a qualified elector of the Con<br>nomination petition; that my residence is as a<br>thereof; that their respective residences are<br>knowledge and belief, the signers are qualified<br>in this petition, and that they are residents in<br>Further, I state the information set forth here<br>subject to the penalties of 18 Pa.C.S. § 4904 | set forth below; that the signers to<br>correctly stated therein; that each<br>ed electors, duly registered and enr<br>in the County specified in number or<br>ein is true and correct to the best o | the foregoing pa<br>signed on the da<br>olled members on<br>he below.<br>f my knowledge | etition signed the sa<br>ate set opposite his<br>of the political party | me with full knowledge of<br>or her name; that to the b<br>and of the political distri | the contents<br>lest of my<br>ct designated |
| 1 County of Petition-Signers' Residence                                                                                                                                                                                                                                                                                                                        | Phila delphia                                                                                                                                                                                        | Liter ereby                                                                             |                                                                         |                                                                                        |                                             |
| 2 Printed Name of Circulator                                                                                                                                                                                                                                                                                                                                   | trailer A. Ka                                                                                                                                                                                        | wally                                                                                   |                                                                         |                                                                                        |                                             |
| 4 Number and Street of Circulator<br>5 City, Borough or Twp                                                                                                                                                                                                                                                                                                    | 929 Dick                                                                                                                                                                                             | SA<br>Zip Code                                                                          | Ve<br>19142                                                             |                                                                                        | ł                                           |
| NOTE: THIS S                                                                                                                                                                                                                                                                                                                                                   | TATEMENT MUST BE COMPLETED AF                                                                                                                                                                        | TER ALL SIGNAT                                                                          | fures have been of                                                      | STAINED.                                                                               |                                             |

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ATTENTIONI

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: 185th Legislative District

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): JOE SACKOR

OCCUPATION: Senior Systems Analyst

RESIDENTIAL STREET ADDRESS: 6929 Dicks Avenue

CITY, BOROUGH OR TWP .: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

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        | ADDRE            | SS WHERE REGISTE | RED AND ENROLLED   |                    |
|------|--------------------------------|---------------------|------------------|------------------|--------------------|--------------------|
|      |                                | OF ELECTOR          | House No.        | Street or Road   | City, Boro or Twp. | DATE OF<br>SIGNING |
| 1.   | Mary 5                         | Marys               | 1515<br>Edmu ool | Elmword Par      | philddalphia       | 2-8-24 0 211       |
| 2.   | att                            | Hatauna             | 6135             | Woodbyd          | Ave Philadet       | PIATA PATATAL      |
| 38   | Mohamodou                      | Hoha morder ba      | 6133             | Woodlas          | philodolph         | 2/8/24             |
| 4.5  | Stars .                        | Haroung             | 6135             | Woodland         | Philadelphia       | 02/8/24            |
| 5.   | MISIN                          | Onpebuchi           | 627              | prolland         | Shila              | 02/08/24           |
| 6.2  | Jane Augl -                    |                     | 6038             | Renhed           | Philp              | 2/08/04            |
| 4.17 | VIL Zth                        | Malun Grity         | 6221             | Reedland         | Phila              | 2/08/24            |
| 8. ( | m                              | James Onch          | 6200             | Wheeter 8        | r Ph               | 62-08-24           |
| 9.   | m PA                           | MichtoPilot         | 6000             | GREENWLOOPL      | V Phile            | 0200024            |
| 19   | in likton                      | Janes Wilson        | 6601             | Elwwood Ave      | Phila              | 2-8-24             |
| 11.  | BARANOKO                       | BEN                 | 6514             | Woodland         | Phita              | 2-8-24             |
| 12.  | ESATE                          |                     |                  |                  |                    |                    |
| 13.  | Ellah                          | Eslie Mehry         | 5847.            | Elanodd          | Philly             | 2-8-24             |
| 14.  |                                |                     |                  |                  |                    | /                  |
|      | DSBE-SC(12/19) PHILADELPHIA 51 | Department of State |                  |                  | Page 8_S           | ide 1              |

|                                                                                                                                                                                                                                                               |                                                                                                                                                            |                                                                             |                                               | Page                                                                                   | 18Side 2                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------|
| 回说回<br>高校 SIGNATURE OF ELECTOR                                                                                                                                                                                                                                | PRINTED NAME                                                                                                                                               | ADDRE                                                                       | SS WHERE REGISTE                              | RED AND ENROLLED                                                                       |                                        |
|                                                                                                                                                                                                                                                               | OF ELECTOR                                                                                                                                                 | House No.                                                                   | Street or Road                                | City, Boro or Twp.                                                                     | DATE OF<br>SIGNING                     |
| 15.                                                                                                                                                                                                                                                           |                                                                                                                                                            |                                                                             |                                               |                                                                                        |                                        |
| 16.                                                                                                                                                                                                                                                           |                                                                                                                                                            |                                                                             |                                               |                                                                                        |                                        |
| 17.                                                                                                                                                                                                                                                           |                                                                                                                                                            |                                                                             |                                               |                                                                                        |                                        |
| 18.                                                                                                                                                                                                                                                           |                                                                                                                                                            |                                                                             |                                               |                                                                                        |                                        |
| 19.                                                                                                                                                                                                                                                           |                                                                                                                                                            |                                                                             |                                               |                                                                                        |                                        |
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| 21.                                                                                                                                                                                                                                                           |                                                                                                                                                            |                                                                             |                                               |                                                                                        |                                        |
| 22.                                                                                                                                                                                                                                                           |                                                                                                                                                            |                                                                             |                                               |                                                                                        |                                        |
| 23.                                                                                                                                                                                                                                                           |                                                                                                                                                            | -                                                                           |                                               |                                                                                        |                                        |
| 24.                                                                                                                                                                                                                                                           |                                                                                                                                                            |                                                                             |                                               | 1                                                                                      |                                        |
| 25.                                                                                                                                                                                                                                                           |                                                                                                                                                            |                                                                             |                                               |                                                                                        |                                        |
| 26.                                                                                                                                                                                                                                                           |                                                                                                                                                            |                                                                             |                                               | •                                                                                      |                                        |
| 27.                                                                                                                                                                                                                                                           |                                                                                                                                                            |                                                                             |                                               |                                                                                        |                                        |
| 28.                                                                                                                                                                                                                                                           |                                                                                                                                                            |                                                                             |                                               |                                                                                        |                                        |
| 29.                                                                                                                                                                                                                                                           |                                                                                                                                                            |                                                                             |                                               |                                                                                        |                                        |
| 30.                                                                                                                                                                                                                                                           |                                                                                                                                                            |                                                                             |                                               |                                                                                        |                                        |
|                                                                                                                                                                                                                                                               | STATEMENT OF CIRCL                                                                                                                                         | JLATOR                                                                      |                                               | CIRCULATOR SHOULD CO                                                                   |                                        |
| I state that I am a qualified elector of the Com<br>nomination petition; that my residence is as se<br>thereof; that their respective residences are c<br>knowledge and belief, the signers are qualified<br>in this petition, and that they are residents in | monwealth; that I am duly registe<br>et forth below; that the signers to I<br>orrectly stated therein; that each s<br>I electors, duly registered and enro | red and enrolle<br>the foregoing pe<br>signed on the de<br>olled members of | etition signed the sa<br>ate set opposite his | e political party designate<br>me with full knowledge of<br>or her name; that to the b | d in this<br>the contents<br>est of my |
| Further, I state the information set forth herei<br>subject to the penalties of 18 Pa.C.S. § 49044                                                                                                                                                            | n is true and correct to the best of<br>relating to unsworn falsification to                                                                               | f my knowledge<br>authorities).                                             | , information and be                          | elief, and that this stateme                                                           | ent is made                            |
| 1 County of Petition-Signers' Residence                                                                                                                                                                                                                       | Ini ladelphia                                                                                                                                              |                                                                             |                                               |                                                                                        |                                        |
| 2 Printed Name of Circulator                                                                                                                                                                                                                                  | ress Burroughs                                                                                                                                             | 0                                                                           |                                               |                                                                                        |                                        |
| 3 Signature of Circulator                                                                                                                                                                                                                                     | B22 Grebe Plac                                                                                                                                             | 0                                                                           |                                               |                                                                                        |                                        |
| 4 Number and Street of Circulator 6<br>5 City, Borough or Twp Philor                                                                                                                                                                                          | dal 1 ai                                                                                                                                                   | Zip Code                                                                    | 142                                           |                                                                                        | × 1                                    |
| NOTE: THIS ST                                                                                                                                                                                                                                                 | FATEMENT MUST BE COMPLETED AF                                                                                                                              | TER ALL SIGNAT                                                              | FURES HAVE BEEN O                             | BTAINED.                                                                               |                                        |





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: 185th Legislative District

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

RESIDENTIAL STREET ADDRESS: 6929 Dicks Avenue

CITY, BOROUGH OR TWP.: Philadelphia

COUNTY OF SIGNERS: DELAWARE 23

PARTY OF SIGNERS: Democratic

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        | ADDRESS WHERE REGISTERED AND ENROLLED |                |                    |                    |
|--------|----------------------------|---------------------|---------------------------------------|----------------|--------------------|--------------------|
| CO PTC | 1                          | OF ELECTOR          | House No.                             | Street or Road | City, Boro or Twp. | DATE OF<br>SIGNING |
| 1.4    | This I Kempt 3"            | ED NOARD SU         | Nai                                   | S. and st      | Colugn             | 1723 Of 2:20       |
| 2.     | Muchast Din                | MichAEL             | 551                                   | 545T           | COWA               | 028,24             |
| 3/2    | UNIE Subaran               | Muriel Subara       | 1220                                  | S-4H-51        | Darby              | 02/8/24            |
| 4. (   | Roberts Weir               | Roberta Weir        | 432                                   | 5. 4th         | Colum              | 2/8/24             |
| 5.     | HRMA ISERNA                | D Armah Berna       | \$470                                 | 4th street     | Darby              | 282                |
| 6.     | Palanton                   | Fatumatashe         | if 42                                 | 319 54         | Darby              | 02/08/24           |
| 7.     | Dulliet                    | DIVIIZ              | 4143                                  | 3201.          | VARRY              | 2/2/24             |
| 8.     | MK                         | MASSAMA KAMARA      | 441                                   | 3 Rd St        | DARBY              | 0218/24            |
| 9,     | form 1.1 2mm               | James Hensin        | 337                                   | 2nol St        | Darby              | 02/3/24            |
| 10.    | Park Sall-                 | Rasheen Cillian     | 456                                   | 2nd st.        | Column             | c2/8/24            |
| 11.    | Krippen Ill Beach          | Kris McCachie       | Silo                                  | Ziels          | Collega            | 2/5/24             |
| 12.    | Hersee                     | Hava Fofana         | 110                                   | Front_         | Darby              | 2/8/24             |
| 13.    | Aunt                       | Massesa D           | 110                                   | Front          | bar bx             | 218126             |
| 14.    | Aupto                      | AXOUDAT             | 10                                    | Front          | Darby              | 218124             |
|        | DSBE-SC(12/19) DELAWARE 23 | Department of State |                                       |                | Page 9             | Side 1             |



|                                                                                                                                                                                                                                                              |                                                                                                                    |                                                         |                                               | Page_                                                   |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|----------------------------|
| SIGNATURE OF ELECTOR                                                                                                                                                                                                                                         | PRINTED NAME                                                                                                       | ADDRE                                                   | SS WHERE REGISTE                              | RED AND ENROLLED                                        |                            |
|                                                                                                                                                                                                                                                              | OF ELECTOR                                                                                                         | House No.                                               | Street or Road                                | City, Boro or Twp.                                      | DATE OF<br>SIGNING         |
| 15.                                                                                                                                                                                                                                                          |                                                                                                                    |                                                         |                                               |                                                         |                            |
| 16.                                                                                                                                                                                                                                                          |                                                                                                                    |                                                         |                                               |                                                         |                            |
| 17.                                                                                                                                                                                                                                                          |                                                                                                                    |                                                         |                                               |                                                         |                            |
| 18.                                                                                                                                                                                                                                                          |                                                                                                                    |                                                         |                                               |                                                         |                            |
| 19.                                                                                                                                                                                                                                                          |                                                                                                                    |                                                         |                                               |                                                         |                            |
| 20.                                                                                                                                                                                                                                                          |                                                                                                                    |                                                         |                                               |                                                         |                            |
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| 23.                                                                                                                                                                                                                                                          | -                                                                                                                  |                                                         |                                               |                                                         |                            |
| 24.                                                                                                                                                                                                                                                          |                                                                                                                    | _                                                       |                                               |                                                         |                            |
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| 26.                                                                                                                                                                                                                                                          |                                                                                                                    |                                                         |                                               |                                                         |                            |
| 27.                                                                                                                                                                                                                                                          |                                                                                                                    |                                                         |                                               |                                                         |                            |
| 28.                                                                                                                                                                                                                                                          |                                                                                                                    |                                                         |                                               |                                                         |                            |
| 29.                                                                                                                                                                                                                                                          |                                                                                                                    |                                                         | 1                                             |                                                         |                            |
| 30.                                                                                                                                                                                                                                                          |                                                                                                                    |                                                         |                                               |                                                         |                            |
|                                                                                                                                                                                                                                                              | STATEMENT OF CIRC                                                                                                  | JLATOR                                                  |                                               | CIRCULATOR SHOULD COMPLETE<br>1 - 5 BELOW               |                            |
| I state that I am a qualified elector of the Con<br>nomination petition; that my residence is as s<br>thereof; that their respective residences are of<br>knowledge and belief, the signers are qualifie<br>in this petition, and that they are residents in | et forth below; that the signers to<br>correctly stated therein; that each<br>ed electors, duly registered and enr | the foregoing po<br>signed on the da<br>olled members o | etition signed the sa<br>ate set opposite his | me with full knowledge of<br>or her name; that to the b | the contents<br>best of my |
| Further, I state the information set forth here subject to the penalties of 18 Pa.C.S. § 4904                                                                                                                                                                |                                                                                                                    |                                                         | , information and be                          | lief, and that this statem                              | ent is made                |
| 1 County of Petition-Signers' Residence                                                                                                                                                                                                                      | Philadelphia                                                                                                       |                                                         |                                               |                                                         |                            |
| 2 Printed Name of Circulator                                                                                                                                                                                                                                 | angalee 4. Trawalli                                                                                                | 1                                                       |                                               |                                                         |                            |
| 3 Signature of Circulator                                                                                                                                                                                                                                    | 6929 Nicks AL                                                                                                      | le                                                      |                                               |                                                         |                            |
| 5 City, Borough or Twp                                                                                                                                                                                                                                       | phia                                                                                                               | Zip Code                                                | 9142                                          |                                                         |                            |

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

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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: 185th Legislative District

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

RESIDENTIAL STREET ADDRESS: 6929 Dicks Avenue

CITY, BOROUGH OR TWP .: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

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           | ADDRESS WHERE REGISTERED AND ENROLLED |           |                |                    |                    |
|--------------------------------|---------------------------------------|-----------|----------------|--------------------|--------------------|
|                                | OF ELECTOR                            | House No. | Street or Road | City, Boro or Twp. | DATE OF<br>SIGNING |
| 1. Holorest forthe             | Mohand Suctor                         | 2515      | s 65th St      | Philadelphia       | 02/03              |
| 2. Antito thista               | Bolicita Koita                        | 8506      | Lyons,PI       | Phice Idephia      | 02/03              |
| 3. Gorda Karda                 | Binka Koik                            | 16506     |                | Philadeliphy       | 2/2-202            |
| 4. Mohand Docle                | Mohand Sacks                          | 2515      | S 66th St      | phila              | 02/03              |
| 5. Know Mail                   | Fantor Fromak                         | 8400      | Lyonsp         | phila              | 2/3/24             |
| 6. LC-Kul                      | JEHNE Rock                            | 5406      | Lipould        | PHILA              | 2-4-04             |
| 7. Dessie Whiter               | Jessie WHO                            | 8416      | LYONS          | Thild PA           | 2-4-24             |
| * Caren Dromac                 | Dorezhomas                            | 2848      | Lyons          | phila pa           | 214/24             |
| A. Da                          | HENRY DAVES                           | gizo      | yas.           | Picer              | 124 24             |
| 10 mit                         | DAVID SMAU                            | 2761      | 5.86 14        | 1HILA              | 7/4/2              |
| Ratin Sellers                  | Patricia Sellers                      | 8517      | 5 86           | Phila              | 2/4/24             |
| 12 Jan Tay / AU                | JAN Tayla                             | 8429      | 14/22          | Phila              | 2/4/24             |
| 13. man )                      | Moussa Space                          | 7234      | Empre          | Ante               | 2/8/14             |
| 14.                            |                                       |           |                | / /                |                    |
| DSBE-SC(12/19) PHILADELPHIA 51 | Department of State                   |           |                | Page 20 s          | ide 1              |



|                                                                                                                                                                                                                                                                |                                                                                                                                                             |                                                                 |                                                                         | Page_                                                                                     | 20 Side 2                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------|
| SIGNATURE OF ELECTOR                                                                                                                                                                                                                                           | PRINTED NAME                                                                                                                                                | ADDRESS WHERE REGISTERED AND ENROLLED                           |                                                                         |                                                                                           |                                            |
|                                                                                                                                                                                                                                                                | OF ELECTOR                                                                                                                                                  | House No.                                                       | Street or Road                                                          | City, Boro or Twp.                                                                        | DATE OF<br>SIGNING                         |
| 15.                                                                                                                                                                                                                                                            |                                                                                                                                                             |                                                                 |                                                                         |                                                                                           |                                            |
| 16.                                                                                                                                                                                                                                                            |                                                                                                                                                             |                                                                 |                                                                         |                                                                                           |                                            |
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| 24.                                                                                                                                                                                                                                                            |                                                                                                                                                             |                                                                 |                                                                         |                                                                                           |                                            |
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| 26.                                                                                                                                                                                                                                                            |                                                                                                                                                             |                                                                 |                                                                         |                                                                                           |                                            |
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| 29.                                                                                                                                                                                                                                                            |                                                                                                                                                             |                                                                 |                                                                         |                                                                                           |                                            |
| 30.                                                                                                                                                                                                                                                            |                                                                                                                                                             |                                                                 |                                                                         |                                                                                           |                                            |
| •                                                                                                                                                                                                                                                              | STATEMENT OF CIRCU                                                                                                                                          |                                                                 |                                                                         | CIRCULATOR SHOULD CI<br>1 - 5 BELO                                                        |                                            |
| I state that I am a qualified elector of the Com<br>nomination petition; that my residence is as se<br>thereof; that their respective residences are or<br>knowledge and belief, the signers are qualified<br>in this petition, and that they are residents in | et forth below; that the signers to t<br>orrectly stated therein; that each s<br>I electors, duly registered and enro<br>the County specified in number one | he foregoing pe<br>igned on the da<br>illed members o<br>below. | etition signed the sa<br>ate set opposite his<br>of the political party | me with full knowledge of<br>or her name; that to the b<br>r and of the political distric | the contents<br>est of my<br>ct designated |
| Further, I state the information set forth herei<br>subject to the penalties of 18 Pa.C.S. § 4904 (r                                                                                                                                                           | in is true and correct to the best of<br>relating to unsworn falsification to                                                                               | my knowledge<br>authorities).                                   | , information and be                                                    | elief, and that this stateme                                                              | ent is made                                |
| 1 County of Petition-Signers' Residence<br>2 Printed Name of Circulator                                                                                                                                                                                        | SSA SACIGO                                                                                                                                                  | elph                                                            | 4                                                                       |                                                                                           | \$ <u>.</u>                                |
| 3 Signature of Circulator                                                                                                                                                                                                                                      | - 80                                                                                                                                                        |                                                                 | - 11                                                                    |                                                                                           | ζ.                                         |
| 4 Number and Street of Circulator 72<br>5 City, Borough or Twp                                                                                                                                                                                                 | 34 paschal                                                                                                                                                  | Zip Code _/                                                     | 9142                                                                    |                                                                                           |                                            |
| NOTE: THIS ST                                                                                                                                                                                                                                                  | FATEMENT MUST BE COMPLETED AF                                                                                                                               | TER ALL SIGNAT                                                  | TURES HAVE BEEN O                                                       | BTAINED.                                                                                  |                                            |
|                                                                                                                                                                                                                                                                |                                                                                                                                                             |                                                                 | Vπ.                                                                     |                                                                                           |                                            |







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ATTENTIONI

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:** 185th Legislative District

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

**RESIDENTIAL STREET ADDRESS:** 6929 Dicks Avenue

CITY, BOROUGH OR TWP.: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

OFFICIAL USE ONLY

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        | ADDRE     | ADDRESS WHERE REGISTERED AND ENROLLED |                    |                    |  |
|--------------------------------|---------------------|-----------|---------------------------------------|--------------------|--------------------|--|
|                                | OF ELECTOR          | House No. | Street or Road                        | City, Boro or Twp. | DATE OF<br>SIGNING |  |
| ALDIAY                         | WOUNDUSSOU NDIA     | E 6033    | Buest Ave                             | philadelphis       | 1/27/24            |  |
| 2. Alus Revenuer               |                     | 6734      | chester                               | Vhilo              | 1621/24            |  |
| 3. Unmaa bolu                  | #Sma BAL            | 8776      | Soth                                  | Phila              | 01-27-24           |  |
| 4. thealloh                    | Umu R. Jall         | 16620     | Guyer                                 | Phila              | 1/27/24            |  |
| 5. HACKA Kaba                  | HAWA KABA           | 6514      | woodfand                              | phak               | 1/27/24            |  |
| 6.19LMANY/DILARY               | ALMAMY DABY         | 6825      | Guyer Ave                             | photo.             | ollatilat          |  |
| 7. Deyston Mylla               | SY 1/A SEXLOU       | 6747      | PASCHAI)                              | Phila              | 01/27/24           |  |
| 8. Maries                      | CHIFTON WALKER.     | 8411      | Lyon PL                               | PHILA              | 0/131/2024         |  |
| . atriced Walker               | PATRICIA Walker     | 8411      | Lyons P                               | Phila              | 1/31/24            |  |
| 10. ptoleally                  | SARGN DUKyly        | 1.1       |                                       | phile              | (31/24             |  |
| 11. 12                         | A.M. SILLAH         | 7249      | GRAYS                                 | PHILA              | 13124              |  |
| 12 Jul 1. Edwards              | A part Ed an        | 02 850    | 2 Lyous                               | phile              | 2/3/24             |  |
| 13.                            | 4                   |           |                                       |                    |                    |  |
| VA                             |                     |           |                                       |                    |                    |  |
| DSBE-SC(12/19) PHILADELPHIA 51 | Department of State |           |                                       | Page 22 S          | Side 1             |  |

| SIGNATURE OF ELECTOR                                                                                                                                                                                                                                         | PRINTED NAME                                                                                                                                        | ADDRE                                                                 |                                                                         |                                                                                                                    |                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
|                                                                                                                                                                                                                                                              | OF ELECTOR                                                                                                                                          | House No.                                                             | Street or Road                                                          | City, Boro or Twp.                                                                                                 | 回死<br>DATE OF<br>SIGNING                             |
| 15                                                                                                                                                                                                                                                           |                                                                                                                                                     |                                                                       |                                                                         |                                                                                                                    |                                                      |
| 16                                                                                                                                                                                                                                                           |                                                                                                                                                     |                                                                       |                                                                         |                                                                                                                    |                                                      |
| 17                                                                                                                                                                                                                                                           |                                                                                                                                                     | _                                                                     |                                                                         |                                                                                                                    |                                                      |
| 18                                                                                                                                                                                                                                                           |                                                                                                                                                     |                                                                       |                                                                         |                                                                                                                    |                                                      |
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| 21                                                                                                                                                                                                                                                           |                                                                                                                                                     |                                                                       |                                                                         |                                                                                                                    |                                                      |
| 22                                                                                                                                                                                                                                                           |                                                                                                                                                     |                                                                       |                                                                         |                                                                                                                    |                                                      |
| 23.                                                                                                                                                                                                                                                          |                                                                                                                                                     |                                                                       |                                                                         |                                                                                                                    | L                                                    |
| 24.                                                                                                                                                                                                                                                          |                                                                                                                                                     |                                                                       |                                                                         |                                                                                                                    |                                                      |
| 25                                                                                                                                                                                                                                                           |                                                                                                                                                     |                                                                       |                                                                         |                                                                                                                    |                                                      |
| 26.                                                                                                                                                                                                                                                          |                                                                                                                                                     |                                                                       |                                                                         |                                                                                                                    |                                                      |
| 27.                                                                                                                                                                                                                                                          |                                                                                                                                                     |                                                                       |                                                                         |                                                                                                                    |                                                      |
| 28                                                                                                                                                                                                                                                           |                                                                                                                                                     |                                                                       |                                                                         |                                                                                                                    |                                                      |
| 29                                                                                                                                                                                                                                                           |                                                                                                                                                     |                                                                       |                                                                         |                                                                                                                    |                                                      |
| 30                                                                                                                                                                                                                                                           |                                                                                                                                                     |                                                                       |                                                                         |                                                                                                                    |                                                      |
|                                                                                                                                                                                                                                                              | STATEMENT OF CIRC                                                                                                                                   | ULATOR                                                                |                                                                         | CIRCULATOR SHOULD COMPLETE<br>1 - 5 BELOW                                                                          |                                                      |
| state that I am a qualified elector of the Com<br>nomination petition; that my residence is as se<br>thereof; that their respective residences are co<br>knowledge and belief, the signers are qualified<br>in this petition, and that they are residents in | It forth below; that the signers to<br>orrectly stated therein; that each<br>d electors, duly registered and en<br>the County specified in number o | the foregoing pe<br>signed on the da<br>rolled members o<br>ne below. | tition signed the san<br>te set opposite his o<br>f the political party | political party designated<br>with full knowledge of<br>r her name; that to the be<br>and of the political distric | in this<br>the contents<br>est of my<br>t designated |
| Further, I state the information set forth herei<br>subject to the penalties of 18 Pa.C.S. § 4904 (1                                                                                                                                                         | n is true and correct to the best of<br>elating to unsworn falsification to                                                                         | of my knowledge,<br>Dauthorities).                                    | information and bel                                                     | ief, and that this stateme                                                                                         | nt is made                                           |
| 1 County of Petition-Signers' Residence                                                                                                                                                                                                                      | hiladelphea                                                                                                                                         | 7                                                                     |                                                                         |                                                                                                                    |                                                      |
| 2 Printed Name of Circulator                                                                                                                                                                                                                                 | STA DACK                                                                                                                                            | <u> </u>                                                              |                                                                         |                                                                                                                    |                                                      |
| 3 Signature of Circulator<br>4 Number and Street of Circulator                                                                                                                                                                                               | 34 paschal                                                                                                                                          | 1 Arro                                                                |                                                                         |                                                                                                                    |                                                      |
| 5 City, Borough or Twp. phile J.                                                                                                                                                                                                                             | elphia por                                                                                                                                          | Zip Code                                                              | 142                                                                     |                                                                                                                    |                                                      |
|                                                                                                                                                                                                                                                              | ATEMENT MUST BE COMPLETED A                                                                                                                         |                                                                       |                                                                         |                                                                                                                    |                                                      |



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OFFICIAL USE ONLY

## Commonwealth of Pennsylvania DEPARTMENT OF STATE

ATTENTIONI

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: 185th Legislative District

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

RESIDENTIAL STREET ADDRESS: 6929 Dicks Avenue

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COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

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 |              | ADDRE     | 国際国            |                    |                    |
|----------------------|--------------------------------|--------------|--------------|-----------|----------------|--------------------|--------------------|
| EBMC.                |                                | OF ELECTOR   |              | House No. | Street or Road | City, Boro or Twp. | DATE OF<br>SIGNING |
| 1. 8                 | Korn Kochon                    | SEKON        | KAROR        | 6619      | HARLEYS        | PILLADELphi        | 01/31/269          |
| 2. 80                | and -                          | Souleyn      | name Dosxo   | 2521      | 567th St       | Philadelphia       | 0/131/26           |
| 3.                   | Ð                              | Kadhy T      |              | 7227      | shearwater pl  | Philadelphia       | 1/31/24            |
| 4. Then              | lancot, Mel                    | FALOU        | outa Mal     | -7227     | shearwatop     | philadelphia       | 1/31/24            |
| 5. 00                | antos                          | Binto        | su Cherif    | 6533      | Einwood AM     | phi locelphia      | 2/1/24             |
| 6. Au                | whatt                          | Auba         | Meite        | 6707      | Dorel St       | Philadelphia       | 2 2 24             |
| 7. NO                | mindeta pleite                 | CN.          | Meite        | 6707      | Direlst        | Philalep           | 2/4/2              |
| 8 Sal                | moter for famy                 | FOFAN        | + Salimenter | 180 9     | 65th st        | PHILADBLONG        | 50/07/14           |
| 9.                   |                                | · · ·        |              |           | · · · · ·      |                    |                    |
| 10.                  |                                |              | * *          |           |                |                    |                    |
| 11.                  |                                | •            |              |           | , Tr           |                    |                    |
| 12.                  |                                |              |              |           |                |                    |                    |
| 13.                  |                                |              |              |           | -              |                    |                    |
| 14.                  |                                |              |              |           |                |                    |                    |
|                      | DSBE-SC(12/19) PHILADELPHIA 51 | Departm      | ent of State |           |                | Page 22            | Side 1             |

| SIGNATURE OF ELECTOR                                                                                                                                                                                                                                      | PRINTED NAME                                                                                                                                                                         | ADDRE                                                                                 |                                                                         |                                                                                                                         |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| ,<br>,                                                                                                                                                                                                                                                    | OF ELECTOR                                                                                                                                                                           | House No.                                                                             | Street or Road                                                          | City, Boro or Twp.                                                                                                      | DATE OF<br>SIGNING                                      |
| 15.                                                                                                                                                                                                                                                       |                                                                                                                                                                                      |                                                                                       |                                                                         |                                                                                                                         |                                                         |
| 16,                                                                                                                                                                                                                                                       |                                                                                                                                                                                      |                                                                                       |                                                                         |                                                                                                                         |                                                         |
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| 20,                                                                                                                                                                                                                                                       |                                                                                                                                                                                      |                                                                                       |                                                                         |                                                                                                                         |                                                         |
| 21.                                                                                                                                                                                                                                                       |                                                                                                                                                                                      |                                                                                       |                                                                         |                                                                                                                         |                                                         |
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| 26.                                                                                                                                                                                                                                                       |                                                                                                                                                                                      |                                                                                       |                                                                         |                                                                                                                         |                                                         |
| 27.                                                                                                                                                                                                                                                       |                                                                                                                                                                                      |                                                                                       |                                                                         |                                                                                                                         |                                                         |
| 28                                                                                                                                                                                                                                                        |                                                                                                                                                                                      |                                                                                       |                                                                         |                                                                                                                         |                                                         |
| 29.                                                                                                                                                                                                                                                       |                                                                                                                                                                                      |                                                                                       |                                                                         |                                                                                                                         |                                                         |
| 30.                                                                                                                                                                                                                                                       |                                                                                                                                                                                      |                                                                                       |                                                                         |                                                                                                                         |                                                         |
|                                                                                                                                                                                                                                                           | STATEMENT OF CIRCL                                                                                                                                                                   | ILATOR                                                                                |                                                                         | CIRCULATOR SHOULD C                                                                                                     |                                                         |
| state that I am a qualified elector of the Com<br>nomination petition; that my residence is as so<br>hereof; that their respective residences are of<br>nowledge and belief, the signers are qualified<br>n this petition, and that they are residents in | nmonwealth; that I am duly registered forth below; that the signers to forrectly stated therein; that each sed electors, duly registered and enror the County specified in number on | red and enrolle<br>the foregoing po<br>signed on the di<br>bled members o<br>e below. | etition signed the sa<br>ate set opposite his<br>of the political party | e political party designate<br>me with full knowledge of<br>or her name; that to the b<br>v and of the political distri | d in this<br>the contents<br>est of my<br>ct designated |
| urther, I state the information set forth here<br>ubject to the penalties of 18 Pa.C.S. § 4904 (                                                                                                                                                          | in is true and correct to the best of<br>relating to unsworn falsification to                                                                                                        | my knowledge<br>authorities).                                                         | , information and be                                                    | elief, and that this stateme                                                                                            | ent is made                                             |
| County of Petition-Signers' Residence                                                                                                                                                                                                                     | Thiladelphia                                                                                                                                                                         | . II                                                                                  |                                                                         |                                                                                                                         |                                                         |
| 2 Printed Name of Circulator                                                                                                                                                                                                                              | galey A Kan                                                                                                                                                                          | aily                                                                                  |                                                                         |                                                                                                                         |                                                         |
| 3 Signature of Circulator<br>4 Number and Street of Circulator                                                                                                                                                                                            | 929 Nicks                                                                                                                                                                            | Ave                                                                                   | _                                                                       |                                                                                                                         |                                                         |
| 5 City, Borough or Twp.                                                                                                                                                                                                                                   | hia                                                                                                                                                                                  | Zip Code                                                                              | 9142                                                                    |                                                                                                                         |                                                         |
|                                                                                                                                                                                                                                                           |                                                                                                                                                                                      |                                                                                       |                                                                         |                                                                                                                         |                                                         |
| NOTE: THIS S                                                                                                                                                                                                                                              | TATEMENT MUST BE COMPLETED AF                                                                                                                                                        | TER ALL SIGNAT                                                                        | FURES HAVE BEEN O                                                       | BTAINED.                                                                                                                |                                                         |







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: 185th Legislative District

YEAR OF PRIMARY: 2024

e

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

**RESIDENTIAL STREET ADDRESS:** 6929 Dicks Avenue

CITY, BOROUGH OR TWP .: Philadelphia

COUNTY OF SIGNERS: DELAWARE 23

PARTY OF SIGNERS: Democratic

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                                                      |                                                                                                                                                                             |                                                                                                                                                                                                           | RED AND ENROLLED                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                    |
|----------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                      | OF ELECTOR                                                        | House No.                                                                                                                                                                   | Street or Road                                                                                                                                                                                            | City, Boro or Twp.                                                                                                                                                                                                                                                | DATE OF<br>SIGNING                                                                                                                                                                                                                                                                                                 |
| lio mc Gr            | Phyllis MC Con                                                    | 3305,                                                                                                                                                                       | 5th St.                                                                                                                                                                                                   | Darley PH19023                                                                                                                                                                                                                                                    | 2 8/202                                                                                                                                                                                                                                                                                                            |
| no Halloway          | Dionne Galloway                                                   | 601                                                                                                                                                                         | Pollow (                                                                                                                                                                                                  | Sharean Hall 1907                                                                                                                                                                                                                                                 | 92-8-                                                                                                                                                                                                                                                                                                              |
| ton                  | Abu Jalloh                                                        | 401                                                                                                                                                                         | Darty                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                    |
| allon                | Abu Jalloh                                                        | 401                                                                                                                                                                         | Wh st. 1                                                                                                                                                                                                  | Darby                                                                                                                                                                                                                                                             | 2/8/2                                                                                                                                                                                                                                                                                                              |
| shing                | ABY Sherif                                                        | 401                                                                                                                                                                         | film street                                                                                                                                                                                               | Darby                                                                                                                                                                                                                                                             | 2/8/2                                                                                                                                                                                                                                                                                                              |
| 2.                   | meh Kesselly Ka                                                   | 32 y                                                                                                                                                                        |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                    |
|                      | - Or                                                              | · .                                                                                                                                                                         |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                    |
|                      | Zinneh Kesselly                                                   | 529                                                                                                                                                                         | 3- 5t                                                                                                                                                                                                     | Jarby                                                                                                                                                                                                                                                             | 2/8/2                                                                                                                                                                                                                                                                                                              |
| 50                   | Musu Dility                                                       | 516                                                                                                                                                                         | 9th st-                                                                                                                                                                                                   | Darby                                                                                                                                                                                                                                                             | 2/8/2                                                                                                                                                                                                                                                                                                              |
| Kon a Johnson        | Deboria HL                                                        | 518                                                                                                                                                                         | yst                                                                                                                                                                                                       | Darty                                                                                                                                                                                                                                                             | 2181:                                                                                                                                                                                                                                                                                                              |
|                      |                                                                   |                                                                                                                                                                             | <b>A</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                    |
|                      |                                                                   |                                                                                                                                                                             |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                    |
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|                      | light Gr<br>ne falloway<br>ellon<br>shing<br>zin<br>bon a Johnson | light Grand Phyllis MC Coy<br>nie Halloway Diowne Galloway<br>Abu Jalloh<br>Abu Jalloh<br>Abu Jalloh<br>Abu Jalloh<br>Abu Sherif<br>Zinneh Kesselly Kp<br>South Musu Dility | light Ryllis MCCy 3305,<br>nie Jalloway Diowne Galloway (201<br>200 Abu Jalloh 401<br>allon Abu Jalloh 401<br>allon Abu Jalloh 401<br>John Kesselly Kouahon<br>Zinneh Kesselly Kouahon<br>Musu Dility 516 | light Phyllis MCCoy 3305, 5th St.<br>me Palloway Dionne Galloway 601 Pollow 9<br>200 Abu Jalloh 401 Daufy<br>allon Abu Jalloh 401 Mth st. 1<br>allon Abu Jalloh 401 Mth st. 1<br>Abu Sherjf 401 Street<br>Zinneh Kesselly 5-29 3rd st.<br>Musu Dibity 516 9th st. | lightly Phyllis MCGy 3305, 5th St. Darby Ph19023<br>mie Palloway Dionne Galloway 601 Pollow Sharon HW 1907<br>Phylis MCGy 401 Pourty<br>allon Abu Jalloh 401 Na st. Darby<br>allon Abu Jalloh 401 Na st. Darby<br>tBU Sherif 401 ft street Darby<br>Zinneh Kesselly 529. 3t Darby<br>Musu Dility 516 9th st. Darby |



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| SIGNATURE OF ELECTOR                                                                                                                                                                                                                                                                                     | PRINTED NAME                                                                                                                                      | ADDRE                                                                     | ADDRESS WHERE REGISTERED AND ENROLLED                                      |                                                                                        |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------|
|                                                                                                                                                                                                                                                                                                          | OF ELECTOR                                                                                                                                        | House No.                                                                 | Street or Road                                                             | City, Boro or Twp.                                                                     | DATE OF<br>SIGNING                      |
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| <b>30.</b>                                                                                                                                                                                                                                                                                               |                                                                                                                                                   | 1 4                                                                       |                                                                            |                                                                                        |                                         |
|                                                                                                                                                                                                                                                                                                          | STATEMENT OF CIR                                                                                                                                  |                                                                           | ·<br>- ·                                                                   | CIRCULATOR SHOULD C<br>1 - 5 BELC                                                      |                                         |
| state that I am a qualified elector of the Con<br>commation petition; that my residence is as a<br>hereof; that their respective residences are<br>knowledge and belief, the signers are qualifie<br>in this petition, and that they are residents in<br>Further, I state the information set forth here | et forth below; that the signers t<br>correctly stated therein; that eac<br>d electors, duly registered and e<br>n the County specified in number | to the foregoing p<br>th signed on the d<br>nrolled members<br>one below. | etition signed the sal<br>ate set opposite his o<br>of the political party | me with full knowledge of<br>or her name; that to the t<br>and of the political distri | the conter<br>lest of my<br>ct designat |
| 1 County of Petition-Signers' Residence                                                                                                                                                                                                                                                                  | (relating to unsworn falsification                                                                                                                | to authorities).                                                          |                                                                            |                                                                                        | <u>(e.</u><br><                         |
| 2 Printed Name of Circulator                                                                                                                                                                                                                                                                             | AT                                                                                                                                                | wally                                                                     | K. 1                                                                       | •                                                                                      | w.,                                     |
| 3 Signature of Circulator                                                                                                                                                                                                                                                                                | Marially                                                                                                                                          | 1                                                                         |                                                                            |                                                                                        | Karan                                   |
| 4 Number and Street of Circulator                                                                                                                                                                                                                                                                        | phia Dicks                                                                                                                                        | Zip Code                                                                  | 9142                                                                       | a tean the second                                                                      | $ I_{T_1} _{C_1}$                       |
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ATTENTION!

|    | This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.             |
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| 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: 185th Legislative District

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

**RESIDENTIAL STREET ADDRESS:** 6929 Dicks Avenue

CITY, BOROUGH OR TWP.: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

OFFICIAL USE ONLY

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        | ADDR      | SS WHERE REGISTE |                    |                    |  |
|--------------------------------|---------------------|-----------|------------------|--------------------|--------------------|--|
|                                | OF ELECTOR          | House No. | Street or Road   | City, Boro or Twp. | DATE OF<br>SIGNING |  |
| 1. LCD                         | Cristian Cueto      | 6935      | Dickste          | Philadelphia       | 01-29-2024         |  |
| 2. Jany- Macrielto             | Tanya Gracely       | 6435      | Dickens Auc      | Phyla Pa           | 02-02.2024         |  |
| 3. Phang Mong                  |                     |           |                  |                    |                    |  |
| 4. V. F. Jarvia                |                     |           |                  |                    | 2.2.24             |  |
| 5. Elizabeth Bush              | Elizabeth Sinh      | 6400      | Elmwee of        | Phila              | 2-3-24             |  |
| 6. Not The Dang                |                     |           |                  | Philip             | 2324               |  |
| 7. Jun Pham                    |                     |           |                  | Philis             | 2324               |  |
| 8. Fron Do-                    | 1                   |           |                  | Phila              | 1-324              |  |
| 9. ForPerprutter.              |                     | 5435      |                  | plitte             | 2-3-24             |  |
| 10. Kajel Bellarigua           | app. Kellavin       | 2521      | S Fay and IF     | Phila              | 2-3-24             |  |
| 11. John OSborne               | Mehredon            | 5601      | 5.657h St        | "Phila:            | 2-3-24.            |  |
| 12. LONG LE                    | 267-262-253         | 2         |                  |                    |                    |  |
| 13.                            | -                   |           |                  |                    |                    |  |
| 14.                            |                     |           |                  | A                  |                    |  |
| DSBE-SC(12/19) PHILADELPHIA 51 | Department of State |           |                  | Page 24            | Side 1             |  |

|                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                       |                                                                                |                                                                         | Page_                                                                                    | <u>24</u> <sub>Side 2</sub>                |
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| SIGNATURE OF ELECTOR                                                                                                                                                                                                                                                                                                                                                 | PRINTED NAME                                                                                                                                                                                          | ADDRE                                                                          | SS WHERE REGISTE                                                        | RED AND ENROLLED                                                                         |                                            |
|                                                                                                                                                                                                                                                                                                                                                                      | OF ELECTOR                                                                                                                                                                                            | House No.                                                                      | Street or Road                                                          | City, Boro or Twp.                                                                       | DATE OF<br>SIGNING                         |
| 15.                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                       |                                                                                |                                                                         |                                                                                          |                                            |
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| 24.                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                       |                                                                                |                                                                         | · · · · · · · · · · · · · · · · · · ·                                                    |                                            |
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| 29.                                                                                                                                                                                                                                                                                                                                                                  | 1. · · · · · · · · · · · · · · · · · · ·                                                                                                                                                              | ,<br>,<br>,                                                                    |                                                                         | · · ·                                                                                    | 1                                          |
| 30.                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                       |                                                                                |                                                                         |                                                                                          |                                            |
|                                                                                                                                                                                                                                                                                                                                                                      | STATEMENT OF CIRCU                                                                                                                                                                                    | LATOR                                                                          |                                                                         | CIRCULATOR SHOULD CO                                                                     |                                            |
| I state that I am a qualified elector of the Con<br>nomination petition; that my residence is as so<br>thereof; that their respective residences are of<br>knowledge and belief, the signers are qualified<br>in this petition, and that they are residents in<br>Further, I state the information set forth here<br>subject to the penalties of 18 Pa.C.S. § 4904 ( | et forth below; that the signers to t<br>correctly stated therein; that each s<br>d electors, duly registered and enro<br>the County specified in number one<br>in is true and correct to the best of | he foregoing pe<br>igned on the da<br>lled members o<br>below.<br>my knowledge | etition signed the sa<br>ate set opposite his<br>of the political party | me with full knowledge of<br>or her name; that to the bu<br>and of the political distric | the contents<br>est of my<br>it designated |
| 1 County of Petition-Signers' Residence                                                                                                                                                                                                                                                                                                                              | hiladelphia                                                                                                                                                                                           |                                                                                |                                                                         |                                                                                          |                                            |
| 2 Printed Name of Circulator                                                                                                                                                                                                                                                                                                                                         | galee A. Trawallu                                                                                                                                                                                     | 1                                                                              |                                                                         |                                                                                          |                                            |
| 3 Signature of Circulator                                                                                                                                                                                                                                                                                                                                            | ally Non Non                                                                                                                                                                                          | 0 N                                                                            |                                                                         |                                                                                          |                                            |
| 4 Number and Street of Circulator<br>5 City, Borough or Twp                                                                                                                                                                                                                                                                                                          | 1 6927 DICK                                                                                                                                                                                           | Zip Code                                                                       | 19142                                                                   |                                                                                          |                                            |
| - 5 city, borough of Twp. <u>7700104 City</u>                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                       | בוף כטנופ                                                                      |                                                                         |                                                                                          |                                            |
| NOTE: THIS S                                                                                                                                                                                                                                                                                                                                                         | TATEMENT MUST BE COMPLETED AF                                                                                                                                                                         | FER ALL SIGNAT                                                                 | FURES HAVE BEEN OF                                                      | BTAINED.                                                                                 |                                            |







ATTENTION!

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NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 185th Legislative District

YEAR OF PRIMARY: 2024

DA:

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

**RESIDENTIAL STREET ADDRESS:** 6929 Dicks Avenue

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COUNTY OF SIGNERS: DELAWARE 23

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|          | SIGNATURE OF ELECTOR      | PRINTED NAME        | ADDRE     | SS WHERE REGISTE | RED AND ENROLLED   | ■ ※ ■<br>* 35 7 m<br>■ 5 林 |
|----------|---------------------------|---------------------|-----------|------------------|--------------------|----------------------------|
| TEI SALL |                           | OF ELECTOR          | House No. | Street or Road   | City, Boro or Twp. | DATE OF<br>SIGNING         |
| 1. /     | Job Suo                   | WALTER SMITH        | 64        | Speac \$         | Cater N            | 02 /02 2020                |
| 2. R.    | il son                    | RickSCHEL/          | 223       | 5300             | CoLyn.             | ·2/24/24                   |
| 3.MAR    | Leve havis                | MARLENE Louis       | 114       | Southany         | CAINA              | 02-04-24                   |
| 4. Prof. | KT JONKMU                 | hoger Johnson       | 3858      | Frontst          | COLUYA             | 62-04-24                   |
| 5. Ja    | Jay Dennis                | Jay Day Dennis      | 212       | S.200 St.        | Darby.             | 02-04-24                   |
| -        | trang                     | Eugema Pour         | 212       | S. 2nd St.       | Colwyn             | 12-04-24                   |
| 7.00     | mip                       | LUCY J. Kreku       | 212       | S. 2nd St.       | Colwyn             | 02-04-24                   |
| 8.       | 1                         |                     |           |                  |                    |                            |
| 9.       |                           |                     |           |                  |                    |                            |
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|          | SBE-SC(12/19) DELAWARE 23 | Department of State |           |                  | Page_25_           | Side 1                     |



| SIGNATURE OF ELECTOR                                                                                                                                                                                                                                                                                     | PRINTED NAME                                                                                                                                         | ADDRE                                                                      | SS WHERE REGISTE                                                        |                                                                                         |                                     |
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|                                                                                                                                                                                                                                                                                                          | OF ELECTOR                                                                                                                                           | House No.                                                                  | Street or Road                                                          | City, Boro or Twp.                                                                      | DATE O<br>SIGNIN                    |
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| ).<br>).                                                                                                                                                                                                                                                                                                 | · "                                                                                                                                                  | ,                                                                          | ·                                                                       |                                                                                         |                                     |
|                                                                                                                                                                                                                                                                                                          | STATEMENT OF CIR                                                                                                                                     | CULATOR                                                                    |                                                                         | CIRCULATOR SHOULD CO<br>1 - 5 BELO                                                      |                                     |
| state that I am a qualified elector of the Con-<br>omination petition; that my residence is as s-<br>nereof; that their respective residences are of<br>nowledge and belief, the signers are qualifie<br>this petition, and that they are residents in<br>urther, I state the information set forth here | et forth below; that the signers to<br>correctly stated therein; that eac<br>d electors, duly registered and er<br>the County specified in number of | o the foregoing pe<br>h signed on the da<br>nolled members o<br>one below. | etition signed the sa<br>ate set opposite his<br>of the political party | me with full knowledge of<br>or her name; that to the b<br>and of the political distric | the conte<br>est of my<br>t designa |
| bject to the penalties of 18 Pa.C.S. § 4904 (                                                                                                                                                                                                                                                            | relating to unsworn falsification (                                                                                                                  | to authorities).                                                           | , internation and be                                                    | ther, and that this stateme                                                             |                                     |
| County of Petition-Signers' Residence                                                                                                                                                                                                                                                                    | nalee Trawally                                                                                                                                       |                                                                            |                                                                         |                                                                                         |                                     |
| Signature of Circulator                                                                                                                                                                                                                                                                                  | Inally                                                                                                                                               |                                                                            |                                                                         |                                                                                         |                                     |
|                                                                                                                                                                                                                                                                                                          | 11919 N.                                                                                                                                             | ks Au                                                                      | le.                                                                     |                                                                                         |                                     |
| Number and Street of Circulator                                                                                                                                                                                                                                                                          | Wial Or                                                                                                                                              |                                                                            |                                                                         |                                                                                         |                                     |







ATTENTIONI

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: 185th Legislative District

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

RESIDENTIAL STREET ADDRESS: 6929 Dicks Avenue

CITY, BOROUGH OR TWP .: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

OFFICIAL USE ONLY

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        | ADDRE       | SS WHERE REGISTE | RED AND ENROLLED   |                    |
|-------|-------------------------------|---------------------|-------------|------------------|--------------------|--------------------|
|       | 7.7.                          | OF ELECTÓR          | House No.   | Street or Road   | City, Boro or Twp. | DATE OF<br>SIGNING |
|       |                               | ABU L. Kamara       | 6929        | Lindbergh        | shilade this       | 2/5/20             |
| ice.  | 5-l-                          | ousmane SAKh        | 25525       | Carrollst        | Philadelphia       | 2/5-21             |
| 3. D. |                               | Daniel Cartor       | 6930        | Chelwynd         | e Phila            | 2-5-2              |
| A. Be | lunch Al Later                | Belight Belogity    | 2534        | Maser            | ship               | 2-54               |
| 5.    | to pertine                    | Lawrence Gblee      | 2640        | Sylmar St        | Phila              | 2/5/24/            |
| 6.    | <u> </u>                      |                     |             | /                |                    |                    |
| 7.    |                               |                     |             |                  |                    |                    |
| 8.    |                               |                     | · · · · · · |                  | ;                  |                    |
| 9.    |                               |                     |             |                  |                    |                    |
| 10.   |                               |                     |             |                  |                    |                    |
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| 12.   |                               |                     |             |                  |                    |                    |
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| 14.   |                               |                     |             |                  |                    |                    |
|       | 5BE-SC(12/19) PHILADELPHIA 51 | Department of State |             |                  | Page 26 Sic        | le 1               |



|                                                                                                                                                                                                                                                                           |                                                                                                                                      | ADDRE                                                                        | ADDRESS WHERE REGISTERED AND ENROLLED                                     |                                                                                         |                                            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|--|
| SIGNATURE OF ELECTOR                                                                                                                                                                                                                                                      | PRINTED NAME<br>OF ELECTOR                                                                                                           | House No.                                                                    | Street or Road                                                            | City, Boro or Twp.                                                                      | DATE OF<br>SIGNING                         |  |
| 15.                                                                                                                                                                                                                                                                       |                                                                                                                                      |                                                                              |                                                                           |                                                                                         |                                            |  |
| 16.                                                                                                                                                                                                                                                                       |                                                                                                                                      |                                                                              |                                                                           |                                                                                         |                                            |  |
| 17.                                                                                                                                                                                                                                                                       |                                                                                                                                      |                                                                              |                                                                           |                                                                                         |                                            |  |
| 18.                                                                                                                                                                                                                                                                       | · · · · · · · · · · · · · · · · · · ·                                                                                                |                                                                              |                                                                           |                                                                                         |                                            |  |
| 19.                                                                                                                                                                                                                                                                       |                                                                                                                                      |                                                                              |                                                                           |                                                                                         |                                            |  |
| 20                                                                                                                                                                                                                                                                        |                                                                                                                                      |                                                                              |                                                                           |                                                                                         |                                            |  |
| 21.                                                                                                                                                                                                                                                                       |                                                                                                                                      |                                                                              |                                                                           |                                                                                         |                                            |  |
| 22.                                                                                                                                                                                                                                                                       |                                                                                                                                      |                                                                              |                                                                           |                                                                                         |                                            |  |
| 23.                                                                                                                                                                                                                                                                       |                                                                                                                                      |                                                                              |                                                                           |                                                                                         |                                            |  |
| 24.                                                                                                                                                                                                                                                                       |                                                                                                                                      |                                                                              |                                                                           |                                                                                         |                                            |  |
| 25.                                                                                                                                                                                                                                                                       |                                                                                                                                      |                                                                              |                                                                           |                                                                                         |                                            |  |
| 26.                                                                                                                                                                                                                                                                       |                                                                                                                                      |                                                                              |                                                                           |                                                                                         |                                            |  |
| 27.                                                                                                                                                                                                                                                                       |                                                                                                                                      |                                                                              |                                                                           |                                                                                         |                                            |  |
| 28.                                                                                                                                                                                                                                                                       |                                                                                                                                      |                                                                              |                                                                           |                                                                                         |                                            |  |
| 29                                                                                                                                                                                                                                                                        |                                                                                                                                      |                                                                              |                                                                           |                                                                                         |                                            |  |
| 30.                                                                                                                                                                                                                                                                       |                                                                                                                                      |                                                                              |                                                                           |                                                                                         |                                            |  |
|                                                                                                                                                                                                                                                                           | STATEMENT OF CIR                                                                                                                     | CULATOR                                                                      |                                                                           | CIRCULATOR SHOULD CO<br>1 - 5 BELOV                                                     |                                            |  |
| state that I am a qualified elector of the Commo<br>nomination petition; that my residence is as set f<br>thereof; that their respective residences are corre<br>nowledge and belief, the signers are qualified el<br>n this petition, and that they are residents in the | orth below; that the signers to<br>ectly stated therein; that eacl<br>ectors, duly registered and er<br>County specified in number o | o the foregoing pen<br>n signed on the da<br>prolled members o<br>one below. | tition signed the san<br>ate set opposite his o<br>of the political party | ne with full knowledge of<br>r her name; that to the be<br>and of the political distric | the contents<br>est of my<br>it designated |  |
| Further, I state the information set forth herein is subject to the penalties of 18 Pa.C.S. § 4904 (rela                                                                                                                                                                  | s true and correct to the best<br>ting to unsworn falsification t                                                                    | of my knowledge,<br>o authorities).                                          | , information and be                                                      | ief, and that th <mark>is sta</mark> teme                                               | nt is made                                 |  |
| 1 County of Petition-Signers' Residence                                                                                                                                                                                                                                   | ladelphia                                                                                                                            |                                                                              |                                                                           |                                                                                         |                                            |  |
| 2 Printed Name of Circulator                                                                                                                                                                                                                                              | hawally                                                                                                                              | c/14                                                                         |                                                                           |                                                                                         |                                            |  |
| 4 Number and Street of Circulator69                                                                                                                                                                                                                                       | 19 Nicks                                                                                                                             | Ark.                                                                         |                                                                           |                                                                                         |                                            |  |
| 5 City, Borough or Twp                                                                                                                                                                                                                                                    | a                                                                                                                                    | Zip Code                                                                     | 9142                                                                      |                                                                                         |                                            |  |
|                                                                                                                                                                                                                                                                           |                                                                                                                                      |                                                                              |                                                                           |                                                                                         |                                            |  |
| NOTE: THIS STAT                                                                                                                                                                                                                                                           | EMENT MUST BE COMPLETED A                                                                                                            | AFTER ALL SIGNAT                                                             | URES HAVE BEEN OB                                                         | TAINED.                                                                                 |                                            |  |







ATTENTION!

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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: 185th Legislative District

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

**RESIDENTIAL STREET ADDRESS:** 6929 Dicks Avenue

CITY, BOROUGH OR TWP.: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

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.

ź

|       | SIGNATURE OF ELECTOR           | PRINTE     | DNAME    | ADDRE     | SS WHERE REGISTER | RED AND ENROLLED   |                    |
|-------|--------------------------------|------------|----------|-----------|-------------------|--------------------|--------------------|
| EDW.  | 11                             | OF EL      | ECTOR    | House No. | Street or Road    | City, Boro or Twp. | DATE OF<br>SIGNING |
| 1.    | ADODOA                         | Abie 1) 6  | aboh-    | 617       | Colwin Are        | Dowlog             | 2224               |
| 2. A  | bist                           | Alhaji .   | Kalta    | 7012      | Sheldrake         | Phila              | 22/24              |
| 3. ++ | phone the                      | Harown     | Bling    | 2647      | 64th ST           | Rila               | 2 2 24             |
| 4.    | Matan                          | Aish (     | Nabay    | 7012      | she drake         | Phile              | 2 2 24             |
| 5.    | iain                           | KARIM      | DIAKIT   | F 2596    |                   | PHILA              | 24-94              |
| 6.    | BECAN                          | Isha       | Sacch    | 8418      | Madison pl        | Philadelphia       | 2-424              |
| 7.    | Asart                          | Abu        | B. Saca  | RH18      | Madison           | - Phila            | 2/4/24             |
| 8.    | Anvils                         | Abubak     | ar Dasa  | 2543      | 8.7/Stre          | & Phila            | 2/4/2/2            |
| 9     | 11                             | ALIE       | KONDER   | 6821      | REGENT            | PHILA              | 215/2024           |
| 10.   | Hinston                        | Salim B    | Turay    | 1702      | Avondale          | phil-9             | 2/5/2024           |
| 11,   | Corona                         | Emolio     | Korom    | a 264-    |                   | Phila              | 2524               |
| 12.   | 14 farm                        | UNFA 1     | D. Kora  | 3917      | 7900 Hadber       | Red, phela         | 2/5/24             |
| 13.   | apo Nijie                      | PAPA       | NJIE     | 1902      | 68" street        | Phile              | 2/6/24             |
| 14.   |                                |            |          |           |                   | ~ ~ ~              | /                  |
|       | DSBE-SC(12/19) PHILADELPHIA 51 | Department | of State |           |                   | Page_27s           | ide 1              |



|                                      |                                                                                                                                                                                                                       |                                                                                                          | ADDRE                                                         | ADDRESS WHERE REGISTERED AND ENROLLED           |                                                         |                           |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------|---------------------------|
|                                      |                                                                                                                                                                                                                       | OF ELECTOR                                                                                               | House No.                                                     | Street or Road                                  | City, Boro or Twp.                                      | DATE OF<br>SIGNING        |
| 15.                                  |                                                                                                                                                                                                                       |                                                                                                          |                                                               |                                                 |                                                         | ,                         |
| 16.                                  |                                                                                                                                                                                                                       |                                                                                                          |                                                               |                                                 |                                                         |                           |
| 17.                                  |                                                                                                                                                                                                                       |                                                                                                          | _                                                             |                                                 |                                                         |                           |
| 18.                                  |                                                                                                                                                                                                                       |                                                                                                          |                                                               |                                                 |                                                         |                           |
| 19.                                  |                                                                                                                                                                                                                       |                                                                                                          |                                                               |                                                 |                                                         |                           |
| 20.                                  |                                                                                                                                                                                                                       |                                                                                                          |                                                               |                                                 |                                                         |                           |
| 21.                                  |                                                                                                                                                                                                                       |                                                                                                          |                                                               |                                                 |                                                         | _                         |
| 22.                                  |                                                                                                                                                                                                                       |                                                                                                          | _                                                             |                                                 |                                                         |                           |
| 23.                                  |                                                                                                                                                                                                                       |                                                                                                          | 1.0000000                                                     |                                                 |                                                         |                           |
| 24.                                  |                                                                                                                                                                                                                       | •                                                                                                        |                                                               |                                                 |                                                         |                           |
| 25,                                  |                                                                                                                                                                                                                       |                                                                                                          |                                                               |                                                 |                                                         |                           |
| 26.                                  |                                                                                                                                                                                                                       |                                                                                                          |                                                               |                                                 |                                                         |                           |
| 27.                                  |                                                                                                                                                                                                                       |                                                                                                          |                                                               |                                                 |                                                         |                           |
| 28.                                  |                                                                                                                                                                                                                       |                                                                                                          |                                                               |                                                 |                                                         |                           |
| 29.                                  |                                                                                                                                                                                                                       |                                                                                                          |                                                               |                                                 |                                                         |                           |
| 30.                                  |                                                                                                                                                                                                                       |                                                                                                          |                                                               |                                                 |                                                         |                           |
|                                      |                                                                                                                                                                                                                       | STATEMENT OF CIR                                                                                         | CULATOR                                                       |                                                 | CIRCULATOR SHOULD CO<br>1 - 5 BELO                      |                           |
| nominatio<br>thereof; t<br>knowledge | at I am a qualified elector of the Comm<br>in petition; that my residence is as set<br>hat their respective residences are co<br>e and belief, the signers are qualified<br>tition, and that they are residents in th | forth below; that the signers to<br>rectly stated therein; that each<br>electors, duly registered and en | o the foregoing pe<br>n signed on the da<br>prolled members o | tition signed the same<br>te set opposite his o | me with full knowledge of<br>or her name; that to the b | the contents<br>est of mv |
| Further, I<br>subject to             | state the information set forth herein<br>the penalties of 18 Pa.C.S. § 4904 (re                                                                                                                                      | is true and correct to the best<br>lating to unsworn falsification t                                     | of my knowledge,<br>o authorities).                           | , information and be                            | lief, and that this stateme                             | nt is made                |
| 1 County                             | of Petition-Signers' Residence                                                                                                                                                                                        | <u>Illadelphia</u>                                                                                       |                                                               |                                                 |                                                         |                           |
|                                      | Name of Circulator TPU E                                                                                                                                                                                              | 3. Jaccoh.                                                                                               |                                                               |                                                 |                                                         |                           |
|                                      | re of Circulator <u>ATBabian</u><br>r and Street of Circulator <u>8418</u>                                                                                                                                            | - Madison PI                                                                                             |                                                               |                                                 |                                                         |                           |
|                                      | prough or Twp. Philadelphic                                                                                                                                                                                           | · unicosi pila                                                                                           | _Zip Code                                                     | 2152.                                           |                                                         |                           |

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







ATTENTIONI

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: 185th Legislative District

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

RESIDENTIAL STREET ADDRESS: 6929 Dicks Avenue

CITY, BOROUGH OR TWP .: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

OFFICIAL USE ONLY

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

|       | SIGNATURE OF ELECTOR           | PRINTED NAME        | ADDRE     | SS WHERE REGISTE | RED AND ENROLLED   |                    |
|-------|--------------------------------|---------------------|-----------|------------------|--------------------|--------------------|
|       | · · · ·                        | OF ELECTOR          | House No. | Street or Road   | City, Boro or Twp. | DATE OF<br>SIGNING |
| 1.    | imi Liberty                    | MimiLiberty         | 6915      | parchall Are     | phile.             | 2-8-24             |
| 2. G  | what i                         | Samuel Mullah       | 6915      | paschall Ave.    | Phila              | 2-8-24             |
| 3.    | Safara Write                   | Lataya Write        | 6925      | PaschallAr       | Philes             | 2-8-24             |
| 4. 4  | 1 thollie                      | WERDAR Kollie       | 6119      | Harley           | Phila              | 2-8/24             |
| 5.    | Rul                            | DREIHASIA           | 16375     | Guyeral          | E Phila            | 2-8-24             |
| 6.    | tout                           | Princess Such       | 6325      | Guirera          | he Plile           | 2-8-24             |
| 7.    | horona.                        | Miala horoma        | 6528      | 165 BINARC       | Phela (            | 02/08/24           |
| 8.    | -                              | Daniel Koroma.      | 65.28     | Glenmore         | Phila              | 02/08/24           |
| 9.    | Joening Stevens                | Naon Stevens        | 6309      | Citicher-        | Min-               | 2-9-24             |
| 10.   | suc Javdians                   | r Banc Jardiah      | 630       | Ciray SA         | in Philada         | 2/9/24             |
| 11.   | ati Weeks                      | Fati Weeks          | 6306      | Guyes            | Philadelphia       | 219124             |
| 12. • | Jum ilacht                     | Aming Walnut        | 6435      | Disks the        | Phy la 19142       | 1919-2-1/2         |
| 13.   | veria abuerto                  | Juand almoute       | 6435      | dicks            | PhiladelPhia       | 2/10/24            |
| 14.   |                                |                     |           |                  |                    |                    |
|       | DSBE-SC(12/19) PHILADELPHIA 51 | Department of State |           |                  | Page 28            | Side 1             |

| SIGNATURE OF ELECTOR                                                                                                                                                                                                                                                                                                                                                                                  | PRINTED NAME                                                                                                                                                                                                                                              | ADDRE                                                                                                           | ADDRESS WHERE REGISTERED AND ENROLLED                                   |                                                                                          |                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                       | OF ELECTOR                                                                                                                                                                                                                                                | House No.                                                                                                       | Street or Road                                                          | City, Boro or Twp.                                                                       | DATE OF<br>SIGNING                         |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                           | -                                                                                                               |                                                                         |                                                                                          |                                            |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                         |                                                                                          |                                            |  |
| 7                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                         |                                                                                          | <u> </u>                                   |  |
| 8                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                         |                                                                                          |                                            |  |
| 9.                                                                                                                                                                                                                                                                                                                                                                                                    | ſ                                                                                                                                                                                                                                                         |                                                                                                                 |                                                                         |                                                                                          |                                            |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                         |                                                                                          |                                            |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                         |                                                                                          |                                            |  |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                         |                                                                                          |                                            |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                         |                                                                                          |                                            |  |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                         |                                                                                          |                                            |  |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                         |                                                                                          |                                            |  |
| б                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                         |                                                                                          |                                            |  |
| 7.                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                         |                                                                                          |                                            |  |
| 8.                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                         |                                                                                          |                                            |  |
| 9,                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                         |                                                                                          |                                            |  |
| 0.                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                         |                                                                                          |                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                       | STATEMENT OF CIR                                                                                                                                                                                                                                          | CULATOR                                                                                                         |                                                                         | CIRCULATOR SHOULD C<br>1 - 5 BELO                                                        |                                            |  |
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| Signature of Circulator                                                                                                                                                                                                                                                                                                                                                                               | Shirley R<br>Darby                                                                                                                                                                                                                                        | pal                                                                                                             | m - 190                                                                 | 82                                                                                       |                                            |  |







ATTENTIONI

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NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 185th Legislative District

YEAR OF PRIMARY: 2024

1

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

RESIDENTIAL STREET ADDRESS: 6929 Dicks Avenue

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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        | ADDRE     | SS WHERE REGISTE | RED AND ENROLLED   |                    |
|--------|--------------------------------|---------------------|-----------|------------------|--------------------|--------------------|
| Elswa  |                                | OF ELECTOR          | House No. | Street or Road   | City, Boro or Twp. | DATE OF<br>SIGNING |
| 1. [=  | Binty Moita                    | BINTU               | 6801      | Griyer Alk       |                    | 2-9-24             |
| 2. X   | MA                             | MANNATA DUKULY      | 2162      | 5. Gend St       | Phila              | 2-9-24             |
| 3.     | Junto                          | Sekon Samor         | 6616      | Dicles Ave       | Philadelphia.      | 2/9/24             |
| 4. 011 | assogulicon                    | Allosanekone        | 6320      | Reedland         | Philadelphi        | 2/9/24             |
| 5. Ac  | Jamor Sesoy                    | ADAMA SER           | 7051      | Redle            | Paintephic         | 2-9-24             |
| A      | using fromm                    | Aluria for          | 7051      | Redlas           | An Casettin        | 2-9-24             |
| 7. K   | wh                             | Karam Diarbate      | 2205      | 7155             | Philly             | 2-9-24             |
| B. P   | nel                            | RASHID DOUBHTK      | 6745      | Greenway         | Phi la             | 2-9-24             |
| 9.74   | we Sellah                      | HAWA SILLAH         | 6536      | acter Ave        | Phila              | 2-9-24             |
| 10. AN | INATA FIOTA                    |                     |           |                  |                    |                    |
| 11. 0  | Kaita                          | AMENATA KOITA       | 6801      | GrayerAux        | philly             | 2-9-24             |
| 12     | an                             | ESi Bormenta        | 6715      | Elmuical         | phila              | 2-9-24             |
| 13. E  | ducich Sovier                  | EDWARD S. FORSTA    | 2654      | S. Gond          | st. Phila          | 29-22              |
| 14.B   | moto stabil                    | Beerdy              | 6546      | Curcap           | Phila              | 2/10/24            |
|        | DSBE-SC(12/19) PHILADELPHIA 51 | Department of State |           |                  | Page 29            | Side 1             |

|                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                       |                                                                              |                                                                        | Page_                                                                                      | 20 Side 2                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------|
| SIGNATURE OF ELECTOR                                                                                                                                                                                                                                                                                                                                                                                                  | PRINTED NAME                                                                                                                                                                                          | ADDR                                                                         | ESS WHERE REGISTE                                                      | RED AND ENROLLED                                                                           |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                       | OF ELECTOR                                                                                                                                                                                            | House No.                                                                    | Street or Road                                                         | City, Boro or Twp.                                                                         | DATE OF<br>SIGNING                         |
| 15. Binton Javara<br>16. Kangoe S. Trawally                                                                                                                                                                                                                                                                                                                                                                           | Benton Beroon                                                                                                                                                                                         | 2639                                                                         | 62nd-st                                                                | phila                                                                                      | 2/10/24                                    |
| 16. Kangoe S. Trawally                                                                                                                                                                                                                                                                                                                                                                                                | Kangor S. Triwally                                                                                                                                                                                    | 2916                                                                         | S. felton                                                              | Philadelphia                                                                               | 2/10/24                                    |
| 17.                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                       |                                                                              |                                                                        |                                                                                            |                                            |
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| 24.                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                       |                                                                              |                                                                        |                                                                                            |                                            |
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|                                                                                                                                                                                                                                                                                                                                                                                                                       | STATEMENT OF CIRCU                                                                                                                                                                                    | LATOR                                                                        |                                                                        | CIRCULATOR SHOULD CO<br>1 - 5 BELON                                                        |                                            |
| I state that I am a qualified elector of the Com<br>nomination petition; that my residence is as se<br>thereof; that their respective residences are co-<br>knowledge and belief, the signers are qualified<br>in this petition, and that they are residents in<br>Further, I state the information set forth hereis<br>subject to the penalties of 18 Pa.C.S. § 4904 (no.<br>1 County of Petition-Signers' Residence | et forth below; that the signers to to<br>orrectly stated therein; that each s<br>d electors, duly registered and enro<br>the County specified in number one<br>in is true and correct to the best of | he foregoing p<br>igned on the d<br>lled members<br>e below.<br>my knowledge | etition signed the sa<br>ate set opposite his<br>of the political part | me with full knowledge of<br>or her name; that to the be<br>y and of the political distric | the contents<br>est of my<br>it designated |
| 2 Printed Name of Circulator<br>3 Signature of Circulator<br>4 Number and Street of Circulator<br>5 City, Borough or Twp.                                                                                                                                                                                                                                                                                             | 12 Boothur<br>Chester                                                                                                                                                                                 | Zip Code _K                                                                  | 200d<br>2061                                                           | -<br>-<br>- ·                                                                              |                                            |
| NOTE: THIS ST                                                                                                                                                                                                                                                                                                                                                                                                         | FATEMENT MUST BE COMPLETED AF                                                                                                                                                                         | Ter All Signa                                                                | TURES HAVE BEEN O                                                      | BTAINED.                                                                                   |                                            |



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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: 185th Legislative District

YEAR OF PRIMARY: 2024

向关系

CANDIDATE'S NAME (PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

**RESIDENTIAL STREET ADDRESS:** 6929 Dicks Avenue

CITY, BOROUGH OR TWP .: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

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        | ADDRE     | SS WHERE REGISTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | RED AND ENROLLED   |                    |
|-------|--------------------------------|---------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|
|       |                                | OF ELECTOR          | House No. | Street or Road                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | City, Boro or Twp. | DATE OF<br>SIGNING |
| 1. KM | hod Welling                    | Richard williams    | 1011      | Whitey.ace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Philadelphia       | 02/08/2024         |
| -     | ABOAMY SH                      | mariam smot         | 1011      | picts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PhilodelPhia       | 2/8/24             |
| 3.910 | The Jaksons                    | Mike ( Johnson      | 6576      | Bobolinks PL.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Phila PA           | 02/8/24            |
| 4. 14 | adroll                         | Mark Earp           | দ্যাপ্ত   | 1.tonfield                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Philadephia        | 0218129            |
| 5. P  | chsonata                       | ROCKSZD             | 5352      | Palmer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | diften             | 0210/74            |
| 6.    | <u> </u>                       |                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                    |
| 7.    |                                |                     |           | V V .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                    |
| 8.    |                                | , ist - 1, 12       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                    |
| 9.    |                                | ¥ *                 | 1 ×.      | and the second s |                    |                    |
| 10.   |                                | ·                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                    |
| 11.   |                                | , <del>' :</del> .  |           | A de la ling fait.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                    |
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| 14.   |                                |                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                    |
|       | DSBE-SC(12/19) PHILADELPHIA 51 | Department of State |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Page 30            | Side 1             |



|                                                                                                                                                                                                                                                                |                                                                                                                                                      |                                                                               |                                                   | Page_                                                                                  |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------|
| SIGNATURE OF ELECTOR                                                                                                                                                                                                                                           | PRINTED NAME                                                                                                                                         | ADDRE                                                                         | SS WHERE REGISTE                                  | RED AND ENROLLED                                                                       |                                        |
|                                                                                                                                                                                                                                                                | OF ELECTOR                                                                                                                                           | House No.                                                                     | Street or Road                                    | City, Boro or Twp.                                                                     | DATE OF<br>SIGNING                     |
| 15.                                                                                                                                                                                                                                                            |                                                                                                                                                      |                                                                               |                                                   |                                                                                        |                                        |
| 16.                                                                                                                                                                                                                                                            |                                                                                                                                                      |                                                                               |                                                   |                                                                                        |                                        |
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|                                                                                                                                                                                                                                                                | STATEMENT OF CIRC                                                                                                                                    | ULATOR                                                                        |                                                   | CIRCULATOR SHOULD C                                                                    |                                        |
| I state that I am a qualified elector of the Com<br>nomination petition; that my residence is as se<br>thereof; that their respective residences are co<br>knowledge and belief, the signers are qualified<br>in this petition, and that they are residents in | nmonwealth; that I am duly regist<br>et forth below; that the signers to<br>orrectly stated therein; that each<br>d electors, duly registered and en | ered and enrolle<br>the foregoing po<br>signed on the da<br>rolled members of | etition signed the same<br>ate set opposite his ( | e political party designate<br>me with full knowledge of<br>or her name; that to the b | d in this<br>the contents<br>est of my |
| Further, I state the information set forth herei<br>subject to the penalties of 18 Pa.C.S. § 4904 (r                                                                                                                                                           | n is true and correct to the best of<br>relating to unsworn falsification to                                                                         | of my knowledge<br>o authorities).                                            | , information and be                              | lief, and that this stateme                                                            | ent is made                            |
| 1 County of Petition-Signers' Residence                                                                                                                                                                                                                        | Philadelphia                                                                                                                                         |                                                                               |                                                   |                                                                                        |                                        |
| 2 Printed Name of Circulator                                                                                                                                                                                                                                   | 0 0                                                                                                                                                  | awally                                                                        |                                                   |                                                                                        |                                        |
| 3 Signature of Circulator                                                                                                                                                                                                                                      | 929 Dic                                                                                                                                              | Ve 1                                                                          | 110                                               |                                                                                        |                                        |
| 4 Number and Street of Circulator                                                                                                                                                                                                                              | AT /EIC                                                                                                                                              |                                                                               | A111A                                             |                                                                                        |                                        |
| 5 City, Borough or Twp                                                                                                                                                                                                                                         | prus                                                                                                                                                 | _ Zip Code                                                                    | nya_                                              |                                                                                        |                                        |
| NOTE: THIS ST                                                                                                                                                                                                                                                  | TATEMENT MUST BE COMPLETED A                                                                                                                         | FTER ALL SIGNAT                                                               | TURES HAVE BEEN OF                                | BTAINED.                                                                               |                                        |
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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: 185th Legislative District

YEAR OF PRIMARY: 2024

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CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

RESIDENTIAL STREET ADDRESS: 6929 Dicks Avenue

CITY, BOROUGH OR TWP.: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

To the SECRETARY OF THE COMMONWEALTH:

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|---------|--------------------------------|---------------------|-----------|------------------|--------------------|--------------------|
| $\sim$  | ~                              | OF ELECTOR          | House No. | Street or Road   | City, Boro or Twp. | DATE OF<br>SIGNING |
| 1.      | maidel                         | Uumar A. MAIG       | 17150     | Dicks            | Thilsodolia        | 2/10/24            |
| 2. []   | all and aigs                   | Lalla Maiga         | 7150      | Ducks            | Philaddphig        | 2/10/24            |
| 3       | SHE O                          | Faloumata.S         | F1.50     | Decks            | Philadel           | 2/10/24            |
| 4. Four | noyhory                        | Toumany Maigo       | 7150      | Dicks            | Philodelphio       | 2/10/2024          |
| 5. Die  | nebe Sidibe                    | Dieneba Sidibe      | 7150      | Dicks            | Philodelphia       | 02/10/24           |
| 6       | Dr.                            | Arinota Sana        | p704      | Reedlan          | D Philladel        | 02/11/21           |
| 7.      | WAR                            | Any prus.           | 750       | Deke.            | Philachini         | 02/1124            |
| 8. O.   | Matedatas                      | Oretha Jeagbay.     | 2643.     | 78h S.           | Philladesphia      | 02/11/24           |
| 9. N    | hefe                           | ADAM S. Kennen.     | 6424      | Dove/St          | phila.             | 02/11/24           |
| 10.     |                                | ÷.,                 |           |                  |                    |                    |
| 11.     |                                |                     |           |                  | · · · ·            |                    |
| 12.     |                                |                     |           |                  |                    |                    |
| 13.     |                                |                     |           |                  |                    |                    |
| 14.     |                                |                     |           |                  |                    |                    |
|         | DSBE-SC(12/19) PHILADELPHIA 51 | Department of State |           |                  | Page 2005          | ide 1              |

|                                                                                                                                                         |                                                                                             |                                                        |                                               | Page_                                                   | Side 2                                 |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|----------------------------------------|--|--|
| SIGNATURE OF ELECTOR                                                                                                                                    | PRINTED NAME                                                                                | ADDRE                                                  | ADDRESS WHERE REGISTERED AND ENROLLED         |                                                         |                                        |  |  |
|                                                                                                                                                         | OF ELECTOR                                                                                  | House No.                                              | Street or Road                                | City, Boro or Twp.                                      | DATE OF<br>SIGNING                     |  |  |
| 15.                                                                                                                                                     |                                                                                             |                                                        |                                               |                                                         |                                        |  |  |
| 16.                                                                                                                                                     |                                                                                             |                                                        |                                               |                                                         |                                        |  |  |
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| 24.                                                                                                                                                     |                                                                                             |                                                        |                                               |                                                         |                                        |  |  |
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| 30.                                                                                                                                                     |                                                                                             |                                                        |                                               |                                                         |                                        |  |  |
|                                                                                                                                                         | ,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>,<br>, |                                                        |                                               | CIRCULATOR SHOULD C                                     |                                        |  |  |
| I state that I am a qualified elector of the Com<br>nomination petition; that my residence is as se<br>thereof; that their respective residences are co | t forth below; that the signers to<br>prectly stated therein: that each                     | ered and enrolle<br>the foregoing p<br>signed on the d | etition signed the sa<br>ate set opposite his | me with full knowledge of<br>or her name; that to the b | d in this<br>the contents<br>est of my |  |  |
| knowledge and belief, the signers are qualified<br>in this petition, and that they are residents in t                                                   | electors, duly registered and en<br>he County specified in number o                         | rolled members<br>ne below.                            | of the political party                        | and of the political distri                             | ct designated                          |  |  |
| Further, I state the information set forth herein subject to the penalties of 18 Pa.C.S. § 4904 (r                                                      | n is true and correct to the best of<br>elating to unsworn falsification to                 | of my knowledge<br>o authorities).                     | , information and be                          | elief, and that this stateme                            | ent is made                            |  |  |
| 1 County of Petition-Signers' Residence                                                                                                                 | madelphia                                                                                   |                                                        |                                               |                                                         |                                        |  |  |
| 2 Printed Name of Circulator Bang                                                                                                                       | afect trawsalle                                                                             | 1                                                      |                                               | -                                                       | 0                                      |  |  |
| 3 Signature of Circulator                                                                                                                               | awally .                                                                                    | 1 708 . 4 8                                            | , intrini,                                    | •                                                       |                                        |  |  |
| 4 Number and Street of Circulator                                                                                                                       | 29 DICKS                                                                                    |                                                        | Auto                                          |                                                         |                                        |  |  |
| 5 City, Borough or Twp                                                                                                                                  | phia                                                                                        | _ Zip Code                                             | 7142                                          |                                                         |                                        |  |  |
|                                                                                                                                                         |                                                                                             |                                                        |                                               |                                                         |                                        |  |  |
| NOTE: THIS ST                                                                                                                                           | ATEMENT MUST BE COMPLETED A                                                                 | AFTER ALL SIGNA                                        | TURES HAVE BEEN O                             | BTAINED.                                                |                                        |  |  |





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: 185th Legislative District

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

**RESIDENTIAL STREET ADDRESS:** 6929 Dicks Avenue

CITY, BOROUGH OR TWP.: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

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        | ADDRE     | SS WHERE REGISTE | RED AND ENROLLED   |                    |
|----------|--------------------------------|---------------------|-----------|------------------|--------------------|--------------------|
| LINK     |                                | OF ELECTOR          | House No. | Street or Road   | City, Boro or Twp. | DATE OF<br>SIGNING |
| 1. 1     | m y ,                          | DonnelFurther       | 7/29      | Theodore St      | Philadelphia       | 2-& 24             |
| 2. Re    | vei Juhn                       | Renee For the       | 17129     | Theodorest       | Phila.             | 2-6-24             |
| 3. 19    | wall Jun.                      | Lynu All Tuckets    | 7129      | Theodore St      | Philadelphia       | 2-6-24             |
| 23 4. ON | Stor th                        | Christophar Smith   | 7129      | Theodore S       | Philadelphia       | 2-6-24             |
| 5. A     | the and                        | Andre Fester a      | 2603      | 70th st.         | Philadelphia       | 706/24             |
| 6. Man   | nie Comps /                    | MASNAICE Enger      | 2656      | Blash Pomph      | 57 Philadelphic    | 2-6-24             |
| 7.an     | time Hopkins                   | Mamce topkins       | 600       | Anwood           | phila              | 21024              |
| 8. Mc    | Wfice Austin                   | Marto -             | 5645      | PARKes           | Philida            |                    |
| 9. Ma    | iner as the                    | Maurice Asing       | 5645      | Lidgewood        | Philadelphia       | 2-10-24            |
| 10. FE   | 55917m. Srevin                 |                     | 6018      | Christer         | ru - T             | 2-10-24            |
| 11. M    | for M Keita                    | Keisty              | 6018      | Chester Ar       | Philadelphi        | 2-10-24            |
| 12. 1/0  | redazar NIShing                | Sheriff             | 6018      | Chester          | - Philadelphia     | 2710-24            |
| 13.      | di                             | blieff              | 6024      | Springfeild      | Phila 1            | 2-10-24            |
| 14. LA   | Lilmot Topo-e                  | Our.                | 2557      | massey           | Philadoplu         | 02/10/24           |
|          | DSBE-SC(12/19) PHILADELPHIA 51 | Department of State |           |                  | Page 22            | tde 1              |

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|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|---------------------------|--|
|                                              | SIGNATURE OF ELECTOR                                                                                                                                              | PRINT                                                            | ED NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ADDRE                                                | ADDRESS WHERE REGISTERED AND ENROLLED             |                                                       |                           |  |
|                                              |                                                                                                                                                                   | OF EI                                                            | ECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | House No.                                            | Street or Road                                    | City, Boro or Twp.                                    | DATE OF<br>SIGNING        |  |
| 15. I                                        | sabel Cruz                                                                                                                                                        | Isabel                                                           | Oriz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2561                                                 | Massey                                            | Philadelphia                                          | 2/ 10/24                  |  |
| 16.                                          | Milio Watter                                                                                                                                                      | Phy/15                                                           | WAlter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2521                                                 | S.MASSey                                          | Phila                                                 | 2/11/24                   |  |
| iz. De                                       | nte Biss                                                                                                                                                          | Doffe F                                                          | 31995                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2536                                                 | Massey                                            | Philadelphia                                          | 2/11/24                   |  |
| 18. U                                        | Intere Bash                                                                                                                                                       | Whit                                                             | oph Bo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | arpm                                                 | 2535                                              | Maachild                                              | 2-11-2                    |  |
| 19. J                                        | TAMESWATE                                                                                                                                                         | Jans                                                             | - Whit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | the                                                  | 2535                                              | home                                                  | 2-11-21                   |  |
| 20. S                                        | 2'ood Gibson                                                                                                                                                      | Trado                                                            | aleron                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Í548                                                 | Massey                                            | Philadelphia                                          | 2-11-24                   |  |
| 21. <u>S</u> e                               | lorn Foley                                                                                                                                                        | Julhon Q                                                         | Julan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2553                                                 | masser                                            | phipsdelphing                                         | 2/11/24                   |  |
| 12. N                                        | Hor Kun                                                                                                                                                           |                                                                  | <u>A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      |                                                   |                                                       |                           |  |
| 23. N                                        | afista Pierce                                                                                                                                                     | Ingred                                                           | hin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2531                                                 | massers                                           | Philadethan                                           | 2/11/24                   |  |
| 24. 01                                       | nera Citor                                                                                                                                                        | Maren                                                            | - Curc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2536                                                 | Masser                                            | Phi lade phia                                         | 2/11/24                   |  |
| 25. And                                      | re Ben                                                                                                                                                            | Andre E                                                          | Bey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2534                                                 | Massey J                                          | Philadelphia                                          | 2-11-24                   |  |
| 26. Qq                                       | uil Gant                                                                                                                                                          | aguil (                                                          | Gant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2531                                                 | massey                                            | Philadelphia                                          | 2-11-24                   |  |
| 27. 7                                        | Mandon Frank                                                                                                                                                      | B                                                                | Fandon Frank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6869                                                 | Dieks                                             | Phplap.                                               | 2-11-24                   |  |
| 28.                                          | in Davis                                                                                                                                                          | Land                                                             | avis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2537                                                 | Massey                                            | Philadelphia                                          | 2/11/24                   |  |
| 29.                                          | be haton                                                                                                                                                          | Ma                                                               | hole                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 250                                                  | Massy                                             | Phia                                                  | 211/2                     |  |
| 10. B                                        | elinate Defut                                                                                                                                                     | Belinda                                                          | Deloaten                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 253                                                  | Masseyst                                          | jelst.                                                | 2414-21                   |  |
|                                              |                                                                                                                                                                   | 677.A3                                                           | EMENT OF CIRCU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      | [                                                 | CIRCULATOR SHOULD CC                                  | OMPLETE                   |  |
| state that                                   | t i am a qualified elector of the Con                                                                                                                             |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                      |                                                   | 1 - 5 BELOV                                           |                           |  |
| ominatior<br>he <b>r</b> eof; th<br>nowledge | n petition; that my residence is as so<br>nat their respective residences are c<br>and belief, the signers are qualified<br>ition, and that they are residents in | et forth below; th<br>correctly stated th<br>d electors, duly re | at the signers to the<br>erein; that each signification of the significatio | he foregoing pa<br>igned on the da<br>lled members o | etition signed the same<br>ate set opposite his ( | me with full knowledge of or her name; that to the be | the contents<br>est of my |  |
| urther, I :<br>ubject to                     | state the information set forth here<br>the penalties of 18 Pa.C.S. § 4904 (                                                                                      | in is true and corr<br>relating to unswo                         | rect to the best of<br>rn falsification to a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | my knowledge<br>authorities).                        | , information and be                              | lief, and that this stateme                           | nt is made                |  |
|                                              | of Petition-Signers' Residence                                                                                                                                    | Philade                                                          | 1phia M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _                                                    |                                                   |                                                       |                           |  |
| 2 Printed                                    | Name of Circulator                                                                                                                                                | Lib                                                              | orghs X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                      | •                                                 |                                                       |                           |  |
| 8 Signatur                                   | e of Circulator                                                                                                                                                   |                                                                  | brought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2                                                    |                                                   |                                                       |                           |  |
|                                              | and Street of Circulator                                                                                                                                          | 01 11 : 0                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \                                                    | 10/1/2                                            |                                                       |                           |  |
| 5 City, Bo                                   | rough or TwpYN1/QQ                                                                                                                                                | elphia                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Zip Code                                             | 9142                                              |                                                       |                           |  |
|                                              |                                                                                                                                                                   |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                      |                                                   |                                                       |                           |  |
|                                              | NOTE: THIS S                                                                                                                                                      | TATEMENT MUST I                                                  | SE COMPLETED AFT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ER ALL SIGNAT                                        | URES HAVE BEEN OF                                 | STAINED.                                              |                           |  |



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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: 185th Legislative District

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

**RESIDENTIAL STREET ADDRESS:** 6929 Dicks Avenue

CITY, BOROUGH OR TWP .: Philadelphia

COUNTY OF SIGNERS: DELAWARE 23

PARTY OF SIGNERS: Democratic

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        | ADDRE     |                |                    |                    |
|----------------------------|---------------------|-----------|----------------|--------------------|--------------------|
| EDYN                       | OF ELECTOR          | House No. | Street or Road | City, Boro or Twp. | DATE OF<br>SIGNING |
| 1. ×                       | Frances Tourse      | £35       | 2. 2nd st.     | Colunga            | 29/24              |
| 2. Sheriff                 | Amadore Sperige     | 421       | 5, 3rd St      | Darby              | 2/9/24             |
| 3. Amh D                   | Anthrow ligers.     | 32/       | S. 6th St      | Darmy 1            | 2/0/2024           |
| 4.                         |                     |           |                | 3                  |                    |
| 5                          |                     |           |                |                    | _                  |
| 6                          |                     |           |                |                    |                    |
| 7.                         |                     |           | · · · · ·      |                    |                    |
| 8                          | ·                   | ··· · · · |                |                    |                    |
| 9                          |                     |           |                |                    |                    |
| 10.                        |                     | ••••••    | · · · · ·      | • • •              | ·                  |
| 11.                        |                     |           |                |                    |                    |
| 12.                        |                     |           |                |                    | · .                |
| 13.                        | 1                   |           |                |                    |                    |
| 14                         |                     |           |                |                    |                    |
| DSBE-SC(12/19) DELAWARE 23 | Department of State |           |                | Page 23            | Side 1             |

OFFICIAL USE ONLY



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| SIGNATURE OF ELECTOR                                                                                                                                | PRINTED NAME                                                                  | ADDRE                          | SS WHERE REGISTER      | RED AND ENROLLED             |                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------|------------------------|------------------------------|--------------------------------|
|                                                                                                                                                     | OF ELECTOR                                                                    | House No.                      | Street or Road         | City, Boro or Twp.           | DATE OF<br>SIGNING             |
| 15                                                                                                                                                  |                                                                               |                                |                        |                              |                                |
| 16.                                                                                                                                                 |                                                                               |                                |                        |                              |                                |
| 7                                                                                                                                                   |                                                                               |                                |                        |                              |                                |
| 8.                                                                                                                                                  |                                                                               |                                |                        |                              |                                |
| 9                                                                                                                                                   |                                                                               |                                |                        |                              |                                |
| 20.                                                                                                                                                 |                                                                               |                                |                        |                              |                                |
| 1.                                                                                                                                                  |                                                                               |                                |                        |                              |                                |
| 2.                                                                                                                                                  |                                                                               |                                |                        |                              |                                |
| 23                                                                                                                                                  |                                                                               |                                |                        |                              |                                |
| 24.                                                                                                                                                 |                                                                               |                                |                        |                              |                                |
| 25.                                                                                                                                                 |                                                                               |                                |                        |                              |                                |
| 26,                                                                                                                                                 |                                                                               |                                |                        |                              |                                |
| 7.                                                                                                                                                  |                                                                               |                                |                        |                              |                                |
| 8.                                                                                                                                                  |                                                                               |                                |                        | ·                            |                                |
| 9                                                                                                                                                   |                                                                               |                                |                        |                              | 1.1.                           |
| 0.                                                                                                                                                  |                                                                               | • • • •                        |                        |                              |                                |
|                                                                                                                                                     | STATEMENT OF CIRCU                                                            |                                |                        | CIRCULATOR SHOULD CO         | DMPLETE                        |
| state that I am a qualified elector of the Com<br>omination petition; that my residence is as se<br>hereof; that their respective residences are co | nonwealth; that I am duly register<br>t forth below: that the signers to ti   | ed and enrolled                | tition signed the sar  | e political party designated | I<br>d in this<br>the content: |
| nowledge and belief, the signers are qualified<br>n this petition, and that they are residents in t                                                 | electors, duly registered and enrol                                           | lled members o                 | of the political party | and of the political distric | t designated                   |
| urther, I state the information set forth hereir<br>Ibject to the penalties of 18 Pa.C.S. § 4904                                                    | n is true and correct to the best of<br>elating to unsworn falsification to a | my knowledge,<br>iuthorities). | , information and be   | lief, and that this stateme  | nt is made                     |
| County of Petition-Signers' Residence                                                                                                               | sladel phija                                                                  |                                |                        |                              |                                |
| Printed Name of Circulator                                                                                                                          | aleg H. Trank                                                                 | elly                           |                        |                              |                                |
| Signature of Circulator                                                                                                                             | Hawally                                                                       |                                |                        |                              |                                |
| Number and Street of Circulator                                                                                                                     | 29. Dicks                                                                     | -Ave                           |                        |                              |                                |
| i City, Borough or Twp Made                                                                                                                         | Ohia                                                                          | Lip Code                       | 19149                  |                              |                                |

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







ATTENTIONI

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: 185th Legislative District

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): JOE SACKOR

OCCUPATION: Senior Systems Analyst

**RESIDENTIAL STREET ADDRESS:** 6929 Dicks Avenue

CITY, BOROUGH OR TWP .: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

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         | ADDRE     | SS WHERE REGISTE | RED AND ENROLLED   |                    |
|--------|--------------------------------|----------------------|-----------|------------------|--------------------|--------------------|
|        | - A I.                         | OF ELECTOR           | House No. | Street or Road   | City, Boro or Twp. | DATE OF<br>SIGNING |
| 1. 1   | manther defins                 | VINCENT - PANDO Fino | .2520     | 66 TH ST         | PHICA              | 02-09-202          |
| 2. 2   | phiting .                      | DEJune JACKSON       | 2528      | Shieldst         | Phila PA           | 02-09-24           |
| 3. 7   | End helt                       | Terrell Jett         | 6863      | Guget            | Phila, Ap          | 02-09-24           |
| 4. 9   | Kentage                        | Kevin Jones          | 2519      | 56624            | Phila Py           | 02-0924            |
| 5. 8   | hamira Corbitt                 | Shamira Coebett      | 2536      | # 66st           | Phila Po 1914;     | 2-9-24             |
| 6. 1   | pri A                          | TyRone Davis         | 2536      | \$ 6654          | Phila Pa 1914:     | 2-9-24             |
| 7. 11. | the comes ohnse                | TIFFRING Johson      | 2532      | 66 th st         | Phila. Pa. 1912    | 2-9-24             |
| 8. K   | A DA                           | Aunt                 | 7544      | 5 shits          | phi                | 2.924              |
| 9.     | Manon                          | Shand Land           | 2548      | S.Shields        | Ahula Paran        | r 20124            |
| 10.3/  | aper tute                      | Warrens GARLE        | 2899      | 5665to           | Phila              | 52/09/24           |
| 11.    | Dom (eng)                      | Soma Crue            | 2519      | JU6 SI           | Phila              | 2/9/24             |
| 12.    | Endi amis                      | Bendre (oombs        | 6928      | BUYEr Ne         | Phila              | 2/10/24            |
| 13. (  | AROL Austin                    | Cart the             | 2636      | Halbrac          | i Phils.           | 2-10-24            |
| 14.    | AND                            | Stephonic Becoat     | 2633      | HOLBrook         | Phila PA           | 2.18.24            |
|        | DSBE-SC(12/19) PHILADELPHIA 51 | Department of State  |           |                  | Page 35            | ide 1              |



|                                     |                                                                                                                      |                                                                                                                                                                                                          |                                                  |                                               | Page                                                    | Side 2                     |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|----------------------------|
|                                     | SIGNATURE OF ELECTOR                                                                                                 | PRINTED NAME                                                                                                                                                                                             | ADDRE                                            | SS WHERE REGISTE                              | RED AND ENROLLED                                        |                            |
|                                     |                                                                                                                      | OF ELECTOR                                                                                                                                                                                               | House No.                                        | Street or Road                                | City, Boro or Twp.                                      | DATE OF<br>SIGNING         |
| 15. Jh                              | adeak 1                                                                                                              | Shadeak                                                                                                                                                                                                  | 2632                                             | thebrook                                      | Phila.                                                  | 2-10-24                    |
| 16. 8.                              | Johnson                                                                                                              | Shalaya<br>Jomison                                                                                                                                                                                       | 6927                                             | DicksAve                                      | Philk,                                                  | 2-10-24                    |
| 17. K                               | Timle                                                                                                                | Adekinle Ktar                                                                                                                                                                                            | 6935                                             | garned                                        | Phr a                                                   | 2-10-24                    |
| 18. X/-                             | 0-10-                                                                                                                | NANC/O.POR                                                                                                                                                                                               | 2648                                             | S. 70"st                                      | Phila                                                   | 2-10-24                    |
| 19. F                               | Blamo                                                                                                                | Edwing BIGAR                                                                                                                                                                                             | 6548                                             | 5,655                                         | Phia                                                    | 2-10-24                    |
| 20. J.N                             | 4 ···                                                                                                                | FOR ANDOU                                                                                                                                                                                                | 2660                                             | Syman                                         | Phila                                                   | aliopay                    |
| 21.                                 | and Beal                                                                                                             | EARL BEAL.                                                                                                                                                                                               | 6922                                             | Dicks                                         | PHILAI                                                  | 2/10/24                    |
| 22. L                               | · For PANVA+1                                                                                                        | Camin fofand                                                                                                                                                                                             | 2616                                             | Sylmon of                                     | plu                                                     | 2/1/24                     |
| 23. 12                              | ofym R. Do                                                                                                           | Bring Botton                                                                                                                                                                                             | 6923                                             | Dicks                                         | Rhily                                                   | 2/10/24                    |
| 24.                                 | ppeit loch                                                                                                           | Victory Server                                                                                                                                                                                           | 6514                                             | woohy                                         | Ander                                                   | 4024                       |
| 25. 2                               | flag                                                                                                                 | GaaFar- In Baatar                                                                                                                                                                                        | 2633                                             | Lhay dist                                     | Philadphia                                              | 2.11.24                    |
| 26. h                               | Junche Byon                                                                                                          | Marda Boya                                                                                                                                                                                               | 628                                              | Dorel St                                      | Bhila                                                   | 2-11-24                    |
| 27. J                               | Hanfl                                                                                                                | Mohammel Talawa                                                                                                                                                                                          | 14 7/10                                          | phoese ph                                     | philla                                                  | 2-11-24                    |
| 28.                                 | . Jesay                                                                                                              | Wadaba Jesay                                                                                                                                                                                             | 6411                                             | Gurmand                                       | + Dhila                                                 | 2/11/24                    |
| 29. 4                               | kapage                                                                                                               | ANTHONY LOGEN                                                                                                                                                                                            | 321                                              |                                               |                                                         |                            |
| 30.                                 |                                                                                                                      |                                                                                                                                                                                                          |                                                  |                                               |                                                         |                            |
|                                     |                                                                                                                      | STATEMENT OF CIRCU                                                                                                                                                                                       | LATOR                                            |                                               | CIRCULATOR SHOULD C<br>1 - 5 BELO                       |                            |
| nominatio<br>thereof; t<br>knowledg | on petition; that my residence is as<br>hat their respective residences are<br>e and belief, the signers are qualifi | ommonwealth; that I am duly register<br>set forth below; that the signers to t<br>correctly stated therein; that each s<br>ed electors, duly registered and enro<br>n the County specified in number one | he foregoing p<br>igned on the d<br>lled members | etition signed the sa<br>ate set opposite his | me with full knowledge of<br>or her name; that to the b | the contents<br>best of my |
|                                     |                                                                                                                      | ein is true and correct to the best of<br>(relating to unsworn falsification to a                                                                                                                        |                                                  | , information and b                           | elief, and that this statem                             | ent is made                |
| 1 County                            | of Petition-Signers' Residence                                                                                       |                                                                                                                                                                                                          |                                                  |                                               | -                                                       |                            |
|                                     | ·                                                                                                                    |                                                                                                                                                                                                          |                                                  |                                               | -                                                       |                            |
|                                     |                                                                                                                      |                                                                                                                                                                                                          |                                                  |                                               |                                                         |                            |
|                                     |                                                                                                                      |                                                                                                                                                                                                          |                                                  |                                               |                                                         |                            |
| o oray, D                           | stocht of think                                                                                                      |                                                                                                                                                                                                          | p 2002                                           |                                               | •                                                       |                            |
|                                     | NOTE: THIS                                                                                                           | STATEMENT MUST BE COMPLETED AF                                                                                                                                                                           | FER ALL SIGNA                                    | TURES HAVE BEEN O                             | BTAINED.                                                |                            |
|                                     |                                                                                                                      |                                                                                                                                                                                                          |                                                  |                                               |                                                         |                            |



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**ATTENTIONI** 

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: 185th Legislative District

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Joe Sackor

OCCUPATION: Senior Systems Analyst

RESIDENTIAL STREET ADDRESS: 6929 Dicks Avenue

CITY, BOROUGH OR TWP .: Philadelphia

COUNTY OF SIGNERS: PHILADELPHIA 51

PARTY OF SIGNERS: Democratic

OFFICIAL USE ONLY

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.

| 回該回<br>回該於 SIGNATURE OF ELECTOR | PRINTED NAME        | ADDR      |                                       |                    |                                       |
|---------------------------------|---------------------|-----------|---------------------------------------|--------------------|---------------------------------------|
|                                 | OF ELECTOR          | House No. | Street or Road                        | City, Boro or Twp. | DATE OF<br>SIGNING                    |
| 1. 810                          | BEKKAi BINBY        | 6914      | PASCHALL                              | PHILA              | 2/8/24                                |
| 2.                              | - Sheik Trawally    | 6527      | Elmange                               | phila.             | 02/05/020                             |
| 3.                              | 1                   |           |                                       |                    | · · · · · · · · · · · · · · · · · · · |
| 4.                              |                     |           |                                       |                    |                                       |
| 5.                              |                     |           |                                       |                    |                                       |
| 6.                              |                     |           |                                       |                    |                                       |
| 7.                              |                     | · · · · · | · · · · · · · · · · · · · · · · · · · |                    |                                       |
| 8                               | · · · · ·           |           |                                       | • • •<br>• • • •   |                                       |
| 9.                              |                     |           | No.                                   | N &                |                                       |
| 10.                             | τ                   | *         |                                       |                    |                                       |
| 11                              |                     |           |                                       | • (1               |                                       |
| 12.                             |                     |           |                                       |                    |                                       |
| 13.                             |                     |           |                                       |                    |                                       |
| 14                              |                     |           |                                       | <u> </u>           |                                       |
| DSBE-SC(12/19) PHILADELPHIA 51  | Department of State |           |                                       | Page               | Side 1                                |

| SIGNATURE OF ELECTOR                                                                                                                                                                                                                                                                                         | PRINTED NAME<br>OF ELECTOR                                                                                                                         | ADDRE                                                                                          | Page ADDRESS WHERE REGISTERED AND ENROLLED                                |                                                                                        |                                                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                              |                                                                                                                                                    | House No.                                                                                      | Street or Road                                                            | City, Boro or Twp.                                                                     | DATE OF<br>SIGNING                                    |  |
| 5.                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |                                                                                                |                                                                           |                                                                                        |                                                       |  |
| 6                                                                                                                                                                                                                                                                                                            |                                                                                                                                                    | _                                                                                              |                                                                           |                                                                                        |                                                       |  |
| 7.                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    | _                                                                                              | -                                                                         |                                                                                        |                                                       |  |
| 8,                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |                                                                                                |                                                                           |                                                                                        |                                                       |  |
| 9.                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |                                                                                                |                                                                           |                                                                                        |                                                       |  |
|                                                                                                                                                                                                                                                                                                              |                                                                                                                                                    |                                                                                                |                                                                           |                                                                                        |                                                       |  |
|                                                                                                                                                                                                                                                                                                              |                                                                                                                                                    |                                                                                                |                                                                           |                                                                                        |                                                       |  |
| 2.                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |                                                                                                |                                                                           |                                                                                        |                                                       |  |
| 23.                                                                                                                                                                                                                                                                                                          |                                                                                                                                                    |                                                                                                |                                                                           |                                                                                        |                                                       |  |
| 24.                                                                                                                                                                                                                                                                                                          |                                                                                                                                                    |                                                                                                |                                                                           |                                                                                        |                                                       |  |
| 25.                                                                                                                                                                                                                                                                                                          |                                                                                                                                                    |                                                                                                |                                                                           |                                                                                        |                                                       |  |
| 26.                                                                                                                                                                                                                                                                                                          |                                                                                                                                                    |                                                                                                |                                                                           |                                                                                        |                                                       |  |
| 27.                                                                                                                                                                                                                                                                                                          |                                                                                                                                                    |                                                                                                |                                                                           |                                                                                        |                                                       |  |
| 28.                                                                                                                                                                                                                                                                                                          |                                                                                                                                                    |                                                                                                |                                                                           |                                                                                        |                                                       |  |
| 9.                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |                                                                                                |                                                                           |                                                                                        |                                                       |  |
| 0.                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |                                                                                                |                                                                           | م م                                                                                    |                                                       |  |
|                                                                                                                                                                                                                                                                                                              |                                                                                                                                                    |                                                                                                |                                                                           |                                                                                        |                                                       |  |
| state that I am a qualified elector of the Con<br>nomination petition; that my residence is as so<br>hereof; that their respective residences are o<br>mowledge and belief, the signers are qualified<br>in this petition, and that they are residents in<br>Further, I state the information set forth here | et forth below; that the signers t<br>orrectly stated therein; that eac<br>d electors, duly registered and en<br>the County specified in number of | tered and enrolle<br>o the foregoing p<br>h signed on the d<br>nrolled members o<br>one below. | etition signed the sa<br>ate set opposite his (<br>of the political party | me with full knowledge of<br>or her name; that to the b<br>and of the political distri | d in this<br>the content<br>est of my<br>ct designate |  |
| ubject to the penalties of 18 Pa.C.S. § 4904 (                                                                                                                                                                                                                                                               |                                                                                                                                                    |                                                                                                | , information and be                                                      | del, and that this stateme                                                             |                                                       |  |
| 1 County of Petition-Signers' Residence                                                                                                                                                                                                                                                                      | ngalec. A.                                                                                                                                         | Trawally                                                                                       | 1                                                                         |                                                                                        |                                                       |  |
| B Signature of Circulator                                                                                                                                                                                                                                                                                    | sally                                                                                                                                              | /                                                                                              |                                                                           |                                                                                        |                                                       |  |
| 4 Number and Street of Circulator                                                                                                                                                                                                                                                                            | 29, (Dicks )                                                                                                                                       | Ave                                                                                            | Auto                                                                      |                                                                                        |                                                       |  |
|                                                                                                                                                                                                                                                                                                              |                                                                                                                                                    | Zip Code                                                                                       | 9142                                                                      |                                                                                        |                                                       |  |



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Filed 2/19/2024 10:20:00 PM Commonwealth Court of Pennsylvania

|          | А         | В         | С                  | D         | E            | F          | G          | Н             |             | J          | К         | L          | М          | N          | 0        | P        | Q     | R     | S                | Т   | U   | V    | 169 MID 1 |
|----------|-----------|-----------|--------------------|-----------|--------------|------------|------------|---------------|-------------|------------|-----------|------------|------------|------------|----------|----------|-------|-------|------------------|-----|-----|------|-----------|
| 1        | Direction | s for con | npleting spreadshe | eet:      |              |            |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 2        |           | 1. For e  | ach signature line | that is c | hallenged    | as invalid | complete   | e the infor   | mation in   | ndicated   | for colur | ns A thro  | ugh C.     |            |          |          |       |       |                  |     |     |      |           |
| 3        |           | 2. Indic  | ate the ground or  | grounds   | that allege  | edly rend  | er the sig | nature line   | e invalid l | oy inserti | ng an "X  | " in the a | ppropriate | e column   | (columns | D throug | h R). |       |                  |     |     |      |           |
| 4        |           | 3. Whe    | n "Other" (columr  | R) is u   | sed, specif  | y the exa  | ct nature  | of the obj    | jection in  | the "Des   | cribe Ot  | her" cell  | (column S  | ).         |          |          |       |       |                  |     |     |      |           |
| 5        |           | 4. Do no  | ot make any mark   | s in colu | mns T thro   | ugh W.     |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 6        |           | 5. See t  | he Election Spread | lsheet D  | irections ta | ab below   | for detai  | led direction | ons and a   | legend     | of the ob | jection c  | odes.      |            |          |          |       |       |                  |     |     |      |           |
| 7        |           |           |                    |           |              |            |            |               |             |            |           | Specif     | ic Ground  | s for Obje | ction    |          |       |       |                  |     |     |      |           |
| 8        | Page      |           | County             | NR        | NRA          | NRCP       | NRD        | NRDS          | OC          | ILL        | LIO       | DUP        | IHA        | N/I        | PRI      | DCS      | SAC   | Other | Describe Other   | S/S | V/S | S/CT | V/CT      |
| 9        | 1         |           | Phila              | Х         |              |            |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 10       | 1         |           | Phila              | x         |              |            |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 11       | 1         |           | Phila              | х         |              |            |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 12       | 1         |           | Phila              | Х         |              |            |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 13       | 1         |           | Phila              | х         |              |            |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 14       | 1         |           | Phila              | х         |              |            |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 15       | 1         |           | Phila              | x         |              |            |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 16       | 1         |           | Phila              | х         |              |            |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 17       | 1         |           | Phila              | х         | X            |            |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 18       | 1         |           | Phila              | х         | Х            |            |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 19       | 1         |           | Phila              | x         |              |            |            |               |             |            | x         |            |            |            |          |          |       |       |                  |     |     |      |           |
| 20       | 1         |           | Phila              | x         | x            |            |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 21       | 1         |           | Phila              | x         | x            |            |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 22       | 1         |           | Phila              | X         | x            |            |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 23       | 1         |           | Phila              | Х         | x            |            |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 24       | 1         |           | Phila              | X         | X            |            |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 25       | 1         |           | Phila              | X         | X            | X          |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 26<br>27 | 1         |           | Phila              | X         | X            | x          |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 27       | 1         |           | Phila              | X         | X            |            |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 28<br>29 | 1         |           | Phila<br>Phila     | Х         | x            |            |            |               |             |            |           |            |            |            |          |          |       |       | Crossed out line |     |     |      |           |
| 29<br>30 | 1         |           | Phila<br>Phila     |           | ~            |            |            |               |             |            | X         |            |            |            |          |          |       | x     | Crossed out line |     |     |      |           |
| 30<br>31 | 2         |           | Phila<br>Phila     | x         | x<br>x       | _          |            |               |             |            |           |            |            |            | x        |          |       |       |                  |     |     |      |           |
| 32       | 2         |           | Phila              | x         | X            |            |            |               |             |            |           |            |            |            | ^        |          |       |       |                  |     |     |      |           |
| 33       | 2         |           | Phila              | X         | X            |            |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 34       | 2         |           | Phila              | x         | x            |            |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 35       | 2         |           | Phila              | x         | x            |            |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 36       | 2         |           | Phila              | X         | x            |            |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 37       | 2         |           | Phila              | X         | x            | _          |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 38       | 2         |           | Phila              | X         | X            | _          |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 39       | 2         |           | Phila              | x         | x            |            |            |               |             |            |           |            |            |            |          |          |       |       |                  |     |     |      |           |
| 40       | 2         |           | Phila              | X         | X            |            |            |               |             |            |           |            |            | _          |          |          |       |       |                  |     |     |      |           |
| 40       | 2         |           | Phila              | ~         | ~            | _          |            |               |             |            | x         |            |            |            |          |          |       |       |                  |     |     |      |           |
|          | Z         | 20        | i illia            |           |              |            |            |               |             |            | ^         |            |            |            |          |          |       |       |                  |     |     |      |           |

|    | А    | В    | С      | D  | E   | F    | G   | Н    |    | J   | К   | L        | М       | N   | 0   | Р   | Q   | R     | S                  |                 | τU  | V    | W    |
|----|------|------|--------|----|-----|------|-----|------|----|-----|-----|----------|---------|-----|-----|-----|-----|-------|--------------------|-----------------|-----|------|------|
| 7  |      |      |        |    | •   | •    | •   | •    | •  | •   | 1   | Specific | Grounds |     |     | •   |     | 1     | •                  | •               |     |      |      |
| 8  | Page | Line | County | NR | NRA | NRCP | NRD | NRDS | OC | ILL | LIO | DUP      | IHA     | N/I | PRI | DCS | SAC | Other | Describe Other     | S/S             | V/S | S/CT | V/CT |
| 42 | 2    | 27   | Phila  | Х  | Х   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 43 | 2    | 28   | Phila  | Х  | Х   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 44 | 2    |      |        | Х  | Х   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 45 | 3    |      | Phila  |    | Х   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 46 | 3    |      | Phila  | Х  | Х   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 47 | 3    |      | Phila  | Х  | Х   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 48 | 3    |      | Phila  | Х  | x   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 49 | 3    |      | Phila  | х  | x   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 50 | 3    |      | Phila  | х  | x   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 51 | 3    |      | Phila  | Х  |     |      |     |      |    |     | x   |          |         |     |     |     |     | х     | Lined crossed out  |                 |     |      |      |
| 52 | 3    |      | Phila  | Х  |     |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 53 | 3    |      | Phila  | х  | x   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 54 | 4    |      | Phila  | Х  | x   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 55 | 4    |      |        | Х  | х   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 56 | 4    |      | Phila  | Х  | x   |      |     |      |    | x   |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 57 | 4    |      | Phila  | Х  | x   |      |     |      |    | x   |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 58 | 4    |      | Phila  | x  | x   |      |     |      |    |     | x   |          |         |     |     |     |     | x     | Lined crossed out- | - city and date |     |      |      |
| 59 | 4    |      | Phila  | Х  | x   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 60 | 4    |      | Phila  |    |     |      |     |      |    |     | x   |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 61 | 4    |      |        | Х  |     |      |     |      |    |     | x   |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 62 | 4    |      | Phila  |    |     |      |     |      |    |     | x   |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 63 | 5    |      | Phila  | Х  | x   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 64 | 5    |      | Phila  |    |     |      | Х   |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 65 | 5    |      | Phila  |    |     |      | х   |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 66 | 5    |      | Phila  | х  | Х   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 67 | 5    |      | Phila  | X  | x   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 68 | 5    |      |        | Х  | x   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 69 | 5    |      | Phila  | x  | x   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 70 | 5    |      | Phila  | x  | x   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 71 | 5    |      | Phila  |    |     |      | Х   |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 72 | 5    |      | Phila  | x  | x   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 73 | 5    |      | Phila  | x  | x   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 74 | 5    |      | Phila  | x  | X   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 75 | 5    |      | Phila  | X  | X   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      | _    |
| 76 | 5    |      | Phila  | x  | x   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 77 | 5    |      | Phila  | x  | x   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 78 | 5    |      | Phila  |    | X   |      | x   |      |    | X   |     |          |         |     |     |     |     | x     |                    |                 |     |      | _    |
| 79 | 5    |      | Phila  | x  | x   |      |     |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |
| 80 | 5    | 25   | Phila  |    |     |      | Х   |      |    |     |     |          |         |     |     |     |     |       |                    |                 |     |      |      |

|     | А    | В    | С      | D  | E   | F    | G   | Н    | 1        | J   | K   | L       | М       | N        | 0     | Р   | Q   | R     | S                         | Т      | U   | V    | W    |
|-----|------|------|--------|----|-----|------|-----|------|----------|-----|-----|---------|---------|----------|-------|-----|-----|-------|---------------------------|--------|-----|------|------|
| 7   |      |      |        |    | •   | 1    |     |      |          |     | •   | Specifi | Grounds | for Obje | ction | •   |     | •     |                           | •      |     | 4    | -    |
| 8   | Page | Line | County | NR | NRA | NRCP | NRD | NRDS | OC       | ILL | LIO | DUP     | IHA     | N/I      | PRI   | DCS | SAC | Other | Describe Other            | S/S    | V/S | S/CT | V/CT |
| 81  | 5    | 26   | Phila  |    | x   |      |     |      |          |     | x   |         |         |          |       |     |     | х     | address-street name and n | umber  |     |      |      |
| 82  | 5    | 27   | Phila  | х  | x   |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 83  | 5    |      | Phila  |    | x   |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 84  | 5    |      | Phila  | x  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 85  | 5    | 30   | Phila  | Х  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 86  | 6    |      | Phila  | x  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 87  | 6    |      | Phila  |    |     |      |     |      |          |     | x   |         |         |          |       |     |     |       | Incompleted               |        |     |      |      |
| 88  | 6    |      | Phila  | x  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 89  | 6    |      | Phila  | х  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 90  | 6    |      | Phila  |    |     |      |     |      | <u> </u> |     | x   |         |         |          |       |     |     | Х     | Incompleted name and sig  | nature |     |      |      |
| 91  | 6    |      | Phila  |    |     |      |     |      |          |     | x   |         |         |          |       |     |     | х     | Line crossed out          |        |     |      |      |
| 92  | 6    |      | Phila  |    |     | Х    |     |      | <u> </u> |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 93  | 6    |      | Phila  | х  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 94  | 6    |      | Phila  | х  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 95  | 6    |      | Phila  | х  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 96  | 6    |      | Phila  | х  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 97  | 7    |      | Phila  | Х  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 98  | 7    |      | Phila  | Х  |     |      |     |      |          | x   |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 99  | 7    |      | Phila  | x  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 100 | 7    |      | Phila  | x  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 101 | 7    |      | Phila  | х  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 102 | 7    |      | Phila  |    |     |      |     |      |          |     | х   |         |         |          |       |     |     |       |                           |        |     |      |      |
| 103 | 7    |      | Phila  | x  |     |      |     |      | <u> </u> |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 104 | 7    |      | Phila  | х  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 105 | 7    |      | Phila  | х  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 106 | 7    |      | Phila  | x  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 107 | 7    |      | Phila  | x  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 108 | 7    |      | Phila  | x  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 109 | 7    |      | Phila  | x  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 110 | 7    |      | Phila  | x  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 111 | 7    |      | Phila  | X  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 112 | 7    |      | Phila  | x  |     |      |     |      |          |     |     |         |         |          |       |     |     |       | • •                       |        |     |      |      |
| 113 | 7    |      | Phila  |    |     |      |     |      |          |     | Х   |         | x       |          |       |     |     | X     | signature crossout        |        |     |      |      |
| 114 | 7    |      | Phila  | x  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 115 | 7    |      | Phila  | x  |     |      |     |      |          | х   |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 116 | 7    |      | Phila  | x  |     |      |     |      |          | X   |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 117 | 7    |      | Phila  |    |     |      |     |      |          |     | x   |         |         |          |       |     |     | X     | Lined crossed out         |        |     |      |      |
| 118 | 7    |      | Phila  |    |     |      | x   |      | <u> </u> |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |
| 119 | 7    | 27   | Phila  | x  |     |      |     |      |          |     |     |         |         |          |       |     |     |       |                           |        |     |      |      |

|            | А        | В     | С              | D  | E   | F    | G   | Н    |    | J   | К   | L      | M        |          | Ν       | 0   | Р   | Q   | R      |           | S                                          | Т           | U           | V         | W       |
|------------|----------|-------|----------------|----|-----|------|-----|------|----|-----|-----|--------|----------|----------|---------|-----|-----|-----|--------|-----------|--------------------------------------------|-------------|-------------|-----------|---------|
| 7          |          |       |                |    |     |      |     |      |    | 1   | -   | Specif | ic Groun | ds for C | Objecti |     |     |     |        | •         |                                            |             |             |           |         |
| 8          | Page L   | ine   | County         | NR | NRA | NRCP | NRD | NRDS | OC | ILL | LIO | DUP    | IHA      | N/       |         | PRI | DCS | SAC | Other  | Describe  | Other                                      | S/S         | V/S         | S/CT      | V/CT    |
| 120        | 7        | 28    | Phila          | х  |     |      |     |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 121        | 7        | 29    | Phila          | х  |     |      |     |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 122        | 7        | 30    | Phila          | х  |     |      |     |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 123        | 8        |       | Phila          | x  | x   |      |     |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 124        | 8        |       | Phila          | x  | x   |      |     |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 125        | 8        | 8     | Phila          | х  |     |      |     |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 126        | 8        |       | Phila          |    |     |      | х   |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 127        | 8        |       | Phila          |    | х   |      |     |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 128        | 8        |       | Phila          | х  |     |      |     |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 129        | 8        |       | Phila          |    |     | Х    |     |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 130        | 8        |       | Phila          | х  |     |      |     |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 131        | 9        |       | Phila          | х  |     |      |     |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 132        | 9        |       | Phila          |    |     |      |     |      |    |     | x   |        | x        |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 133        | 9        |       | Phila          |    | x   |      |     |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 134        | 9        |       | Phila          |    | x   |      |     |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 135        | 9        |       | Phila          |    |     |      | x   |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 136        | 9        | 7-Jan |                | х  | X   |      |     |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 137        | 9        |       | Phila          |    | х   |      |     |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 138        | 9        |       | Phila          |    |     |      |     |      |    |     | х   |        | x        |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 139        | 9        |       | Phila          |    |     | х    |     |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 140        | 9        |       | Phila          |    | х   |      |     |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 141        | 9        |       | Phila          |    |     | х    |     |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 142        | 9        |       | Phila          |    | x   |      |     |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 143        | 9        |       | Phila          | x  | х   |      |     |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 144        | 9        |       | Phila          |    |     | x    |     |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 145        | 9        |       | Phila          | Х  |     |      |     |      |    |     |     |        |          |          |         |     |     |     |        |           |                                            |             |             |           |         |
| 146        | 10       |       | Phila          |    | x   |      |     |      |    | x   |     |        |          |          |         |     | x   |     | x      |           | r is not registered                        |             |             |           |         |
| 147        | 10       |       | Phila          |    |     | x    |     |      |    |     |     |        | x        |          |         |     | x   |     | x      |           | r is not registered                        |             |             |           |         |
| 148        | 10       |       | Phila          |    |     | x    |     |      |    |     |     |        | X        |          |         |     | X   |     | x      |           | r is not registered                        |             |             |           |         |
| 149        | 10       |       | Phila          | Х  |     |      |     |      |    |     |     |        | x        |          |         |     | X   |     | x      |           | r is not registered                        |             |             |           |         |
| 150        | 10       |       | Phila          |    |     |      | x   |      |    |     |     |        | x        |          |         |     | X   |     | x      |           | r is not registered                        |             |             |           |         |
| 151        | 10       |       | Phila          |    |     |      | x   |      |    |     |     |        | X        |          |         |     | X   |     | x      |           | r is not registered                        |             |             |           |         |
| 152        | 10       |       | Phila          | x  |     |      |     |      |    |     |     |        | X        |          |         |     | x   |     | x      |           | r is not registered                        |             |             |           |         |
| 153<br>154 | 10       |       | Phila          |    |     |      | x   |      |    |     |     |        | X        |          |         |     | X   |     | X      |           | r is not registered                        |             |             |           |         |
| 154        | 10<br>10 |       | Phila<br>Phila |    |     |      | X   |      |    |     |     |        | X        |          |         |     | X   |     | x      |           | r is not registered                        |             |             |           |         |
| 155        | 10       |       | Phila<br>Phila |    | ~   |      | X   |      |    |     |     |        | X        |          |         |     | X   |     | x      |           | r is not registered<br>r is not registered |             |             |           |         |
| 156        | 10       |       | Phila<br>Phila |    | X   |      |     |      |    |     |     |        | X        |          |         |     | X   |     | x      |           |                                            |             |             |           |         |
| 157        | 10       |       |                |    | x   |      |     |      |    |     |     |        | X        |          |         |     | X   |     | x<br>x |           | r is not registered                        |             |             |           |         |
| 120        | 10       | 13    | Phila          |    |     |      |     |      |    |     |     |        | x        |          |         |     | X   |     | X      | circulato | r is not registered                        | i/signature | e is in the | Hand of a | another |

|     | А    | В    | С      | D  | E   | F    | G   | Н    | 1  | J   | К   | L        | М       | N        | 0     | Р   | Q   | R     | S                             | Т         | U           | V        | W        |
|-----|------|------|--------|----|-----|------|-----|------|----|-----|-----|----------|---------|----------|-------|-----|-----|-------|-------------------------------|-----------|-------------|----------|----------|
| 7   |      |      |        |    | •   | •    |     | •    | •  |     |     | Specific | Grounds | for Obje | ction |     |     | •     | <u>.</u>                      |           |             |          |          |
| 8 F | Page | Line | County | NR | NRA | NRCP | NRD | NRDS | OC | ILL | LIO | DUP      | IHA     | N/I      | PRI   | DCS | SAC | Other | Describe Other                | S/S       | V/S         | S/CT     | V/CT     |
| 159 | 10   | 14   | Phila  | х  | х   |      |     |      |    |     |     |          | х       |          |       | x   |     | х     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 160 | 10   | 15   | Phila  |    |     |      |     |      |    |     |     |          | х       |          |       | х   |     | х     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 161 | 10   | 16   | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | х   |     | х     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 162 | 10   | 17   | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | x   |     | х     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 163 | 10   | 18   | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | x   |     | х     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 164 | 10   | 19   | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | х   |     | х     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 165 | 10   | 20   | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | x   |     | х     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 166 | 10   | 21   | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | x   |     | x     | Circulator is not registered/ | -         |             |          |          |
| 167 | 10   | 22   | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | x   |     | х     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 168 | 10   | 23   | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | x   |     | x     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 169 | 10   | 24   | Phila  |    |     |      |     |      |    |     | x   |          | x       |          |       | x   |     | х     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 170 | 10   | 25   | Phila  |    |     |      |     |      |    |     | х   |          | x       |          |       | х   |     | x     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 171 | 10   | 26   | Phila  |    |     |      |     |      |    |     | x   |          | x       |          |       | x   |     | x     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 172 | 10   | 27   | Phila  |    |     |      |     |      |    |     | х   |          | x       |          |       | x   |     | x     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 173 | 10   | 28   | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | x   |     | х     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 174 | 10   | 29   | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | x   |     | x     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 175 | 10   | 30   | Phila  |    |     |      |     |      |    |     | x   |          | x       |          |       | x   |     | x     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 176 | 11   | 1    | Phila  |    |     |      |     |      |    |     | x   |          | х       |          |       | х   |     | х     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 177 | 11   | 2    | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | х   |     | х     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 178 | 11   | 3    | Phila  |    |     |      |     |      |    |     | x   |          | x       |          |       | x   |     | x     | Circulator is not registered/ |           |             |          |          |
| 179 | 11   | 4    | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | x   |     | x     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 180 | 11   |      | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | x   |     | х     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 181 | 11   | 6    | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | x   |     | х     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 182 | 11   | 7    | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | x   |     | x     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 183 | 11   | 8    | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | x   |     | x     | Circulator is not registered/ |           |             |          |          |
| 184 | 11   | 9    | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | x   |     | х     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 185 | 11   | 10   | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | x   |     | x     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 186 | 11   | 11   | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | х   |     | х     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 187 | 11   | 12   | Phila  |    |     |      |     |      |    |     |     |          | х       |          |       | х   |     | х     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 188 | 11   | 13   | Phila  |    |     |      |     |      |    |     |     |          | х       |          |       | х   |     | х     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 189 | 11   | 14   | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | х   |     | х     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 190 | 11   | 15   | Phila  |    |     |      |     |      |    |     | х   |          | x       |          |       | х   |     | х     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 191 | 11   | 16   | Phila  |    |     |      |     |      |    |     | x   |          | х       |          |       | x   |     | x     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 192 | 11   | 17   | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | x   |     | x     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 193 | 11   | 18   | Phila  |    |     |      |     |      |    |     |     |          | х       |          |       | x   |     | x     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 194 | 11   | 19   | Phila  |    |     |      |     |      |    |     |     |          | х       |          |       | x   |     | x     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 195 | 11   | 20   | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | x   |     | x     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |
| 196 | 11   | 21   | Phila  |    |     |      |     |      |    |     |     |          | х       |          |       | x   |     | x     | Circulator is not registered/ | -         |             |          |          |
| 197 | 11   | 22   | Phila  |    |     |      |     |      |    |     |     |          | x       |          |       | x   |     | x     | Circulator is not registered/ | signature | e is in the | e hand o | fanother |

|     | A      | В        | С   | D  | E   | F    | G   | н    | 1  | J   | К   | L        | М      | N        |         | Р   | Q   | R     | S                            | Т          | U           | V       | W        |
|-----|--------|----------|-----|----|-----|------|-----|------|----|-----|-----|----------|--------|----------|---------|-----|-----|-------|------------------------------|------------|-------------|---------|----------|
| 7   |        |          |     |    | •   | •    | •   | •    | •  | •   | •   | Specific | Ground | s for Ob | jection | •   |     | 1     |                              | •          |             |         |          |
| 8   | Page L | ine Cou  | nty | NR | NRA | NRCP | NRD | NRDS | OC | ILL | LIO | DUP      | IHA    | N/I      | PRI     | DCS | SAC | Other | Describe Other               | S/S        | V/S         | S/CT    | V/CT     |
| 198 | 11     | 23 Phila | a   |    |     |      |     |      |    |     |     |          | x      |          |         | х   |     | х     | Circulator is not registered | /signatur  | e is in the | hand of | fanother |
| 199 | 11     | 24 Phila | a   |    |     |      |     |      |    |     |     |          | x      |          |         | х   |     | х     | Circulator is not registered | /signatur  | e is in the | hand of | fanother |
| 200 | 11     | 25 Phila | a   |    |     |      |     |      |    |     |     |          | x      |          |         | х   |     | х     | Circulator is not registered | /signatur  | e is in the | hand of | fanother |
| 201 | 11     | 26 Phila | а   |    |     |      |     |      |    |     |     |          | x      |          |         | x   |     | x     | Circulator is not registered | /signature | e is in the | hand of | fanother |
| 202 | 11     | 27 Phila | a   |    |     |      |     |      |    |     |     |          | x      |          |         | x   |     | x     | Circulator is not registered | /signatur  | e is in the | hand of | fanother |
| 203 | 11     | 28 Phila | a   |    |     |      |     |      |    |     |     |          | x      |          |         | x   |     | x     | Circulator is not registered |            |             |         |          |
| 204 | 11     | 29 Phila |     |    |     |      |     |      |    |     |     |          | x      |          |         | х   |     | x     | Circulator is not registered |            |             |         |          |
| 205 | 11     | 30 Phila |     |    |     |      |     |      |    |     |     |          | x      |          |         | х   |     | x     | Circulator is not registered | /signatur  | e is in the | hand of | fanother |
| 206 | 12     | 2 Phila  |     |    |     |      |     |      |    | x   |     |          |        |          |         |     |     |       |                              |            |             |         |          |
| 207 | 12     | 4 Phila  |     |    |     |      |     |      |    | x   |     |          |        |          |         |     |     | х     | Line crossed out             |            |             |         |          |
| 208 | 12     | 5 Phila  |     |    |     |      |     |      |    | x   |     |          |        |          |         |     |     |       |                              |            |             |         |          |
| 209 | 12     | 6 Phila  |     | х  | x   |      |     |      |    |     |     |          |        |          |         |     |     |       |                              | _          |             |         |          |
| 210 | 12     | 7 Phila  |     | х  | х   |      |     |      |    |     |     |          |        |          |         |     |     |       |                              |            |             |         |          |
| 211 | 12     | 9 Phila  |     |    |     |      |     |      |    |     | x   |          |        |          |         |     |     |       |                              |            |             |         |          |
| 212 | 12     | 12 Phila |     | x  |     |      |     |      |    |     |     |          |        |          |         |     |     |       |                              |            |             |         |          |
| 213 | 12     | 13 Phila |     |    |     | Х    |     |      |    |     |     |          |        |          |         |     |     |       |                              |            |             |         |          |
| 214 | 12     | 14 Phila | a   |    |     |      |     |      |    |     |     |          | Х      |          |         |     |     | Х     | Signature                    |            |             |         |          |
| 215 | 13     | 1 Phila  |     | Х  | Х   |      |     |      |    |     |     |          |        |          |         |     |     |       |                              |            |             |         |          |
| 216 | 13     | 3 Phila  |     |    |     |      | x   |      |    |     |     |          |        |          |         |     |     |       |                              |            |             |         |          |
| 217 | 13     | 4 Phila  | a   |    | Х   |      |     |      |    |     |     |          |        |          |         |     |     |       |                              |            |             |         |          |
| 218 | 13     | 5 Phila  |     |    |     |      | Х   |      |    |     |     |          |        |          |         |     |     |       |                              |            |             |         |          |
| 219 | 13     | 6 Phila  |     | Х  | Х   |      |     |      |    |     |     |          |        |          |         |     |     |       |                              |            |             |         |          |
| 220 | 13     | 7 Phila  |     | Х  | Х   |      |     |      |    |     |     |          |        |          |         |     |     |       |                              |            |             |         |          |
| 221 | 13     | 8 Phila  |     | Х  | Х   |      |     |      |    |     |     |          |        |          |         |     |     |       |                              |            |             |         |          |
| 222 | 13     | 9 Phila  |     | x  | Х   |      |     |      |    |     |     |          |        |          |         |     |     |       |                              |            |             |         |          |
| 223 | 13     | 10 Phila |     | x  | x   |      |     |      |    |     |     |          |        |          |         |     |     |       |                              |            |             |         |          |
| 224 | 13     | 11 Phila |     | Х  | x   |      |     |      |    |     |     |          |        |          |         |     |     |       |                              |            |             |         |          |
| 225 | 13     | 12 Phila |     |    |     |      | x   |      |    |     |     |          |        |          |         |     |     |       |                              |            |             |         |          |
| 226 | 13     | 13 Phila |     |    |     |      | х   |      |    |     |     |          |        |          |         |     |     |       |                              |            |             |         |          |
| 227 | 13     | 14 Phila |     | Х  | x   |      |     |      |    |     |     |          |        |          |         |     |     |       |                              | _          |             |         |          |
| 228 | 13     | 16 Phila |     |    |     |      |     |      |    | Х   |     |          |        |          |         |     |     |       |                              | _          |             |         |          |
| 229 | 13     | 17 Phila |     |    |     |      | Х   |      |    |     |     |          |        |          |         |     |     |       |                              |            |             |         |          |
| 230 | 13     | 18 Phila |     |    |     |      |     |      |    | Х   |     |          |        |          |         |     |     |       |                              | _          |             |         |          |
| 231 | 13     | 19 Phila |     |    |     |      |     |      |    |     | Х   |          |        |          |         |     |     |       |                              | _          |             |         |          |
| 232 | 13     | 21 Phila |     |    |     |      | Х   |      |    |     |     |          |        |          |         |     |     |       |                              |            |             |         |          |
| 233 | 14     | 1 Phila  |     |    |     |      |     |      |    |     | х   |          |        |          |         |     |     | x     | Line crossed out             | _          |             |         |          |
| 234 | 14     | 2 Phila  |     |    |     |      | Х   |      |    |     |     |          |        |          |         |     |     |       |                              |            |             |         |          |
| 235 | 14     | 4 Phila  | a   |    |     |      |     |      |    |     | х   |          |        |          |         |     |     | x     | Line crossed out             |            |             |         |          |
| 236 | 14     | 7 Phila  | a   |    |     |      |     |      |    | Х   |     |          |        |          |         |     |     |       |                              |            |             |         |          |

|            | А    | В    | С       | D  | E   | F    | G   | н    | 1  | J   | K   | C L      | М       | N         | 0    | Р   | Q   | R     | S                         | Т   | U   | V    | W    |
|------------|------|------|---------|----|-----|------|-----|------|----|-----|-----|----------|---------|-----------|------|-----|-----|-------|---------------------------|-----|-----|------|------|
| 7          |      |      |         |    |     | •    | •   | •    | •  | •   |     | Specific | Grounds | for Objec | tion | •   |     | •     | •                         | •   |     | -    |      |
| 8          | Page | Line | County  | NR | NRA | NRCP | NRD | NRDS | OC | ILL | LIO | DUP      | IHA     | N/I       | PRI  | DCS | SAC | Other | Describe Other            | S/S | V/S | S/CT | V/CT |
| 237        | 14   | 8    | Phila   | Х  | Х   |      |     |      |    |     |     |          |         |           |      |     |     |       |                           |     |     |      |      |
| 238        | 14   | 10   | Phila   |    | x   |      |     |      |    |     |     |          |         |           |      |     |     |       |                           |     |     |      |      |
| 239        | 14   |      | Phila   |    |     |      |     |      |    | x   |     |          |         |           |      |     |     |       |                           |     |     |      |      |
| 240        | 14   |      | Phila   |    |     |      |     |      |    |     |     |          |         |           |      |     |     | x     | Signture doesn't match    |     |     |      |      |
| 241        | 14   |      | Phila   |    |     |      |     |      |    |     | х   |          |         |           |      |     |     | x     | Line crossed out          |     |     |      |      |
| 242        | 14   | 15   | Phila   |    |     |      |     |      |    | х   |     |          |         |           |      |     |     | х     | Line crossed out          |     |     |      |      |
| 243        | 14   |      | i Phila |    |     |      | Х   |      |    |     |     |          |         |           |      |     |     |       |                           |     |     |      |      |
| 244        | 14   |      | Phila   |    |     |      | Х   |      |    |     |     |          |         |           |      |     |     |       |                           |     |     |      |      |
| 245        | 14   |      | Phila   |    |     |      | Х   |      |    |     |     |          |         |           |      |     |     |       |                           |     |     |      |      |
| 246        | 14   |      | Phila   |    |     | Х    |     |      |    |     |     |          |         |           |      |     |     |       |                           |     |     |      |      |
| 247        | 14   |      | . Phila | Х  |     |      |     |      |    |     |     |          |         |           |      |     |     |       |                           |     |     |      |      |
| 248        | 14   |      | Phila   | x  |     |      |     |      |    |     |     |          |         |           |      |     |     |       |                           |     |     |      |      |
| 249        | 15   |      | . Phila |    | Х   |      |     |      |    |     |     |          |         |           |      |     |     |       |                           |     |     |      |      |
| 250        | 15   |      | Phila   |    |     | Х    |     |      |    |     |     |          |         |           |      |     |     |       |                           |     |     |      |      |
| 251        | 15   |      | Phila   | Х  |     |      |     |      |    |     |     |          |         |           |      |     |     |       |                           |     |     |      |      |
| 252        | 15   |      | i Phila |    |     | Х    |     |      |    |     |     |          |         |           |      |     |     |       |                           |     |     |      |      |
| 253<br>254 | 15   |      | ' Phila | X  |     |      |     |      |    |     |     |          | x       |           |      |     |     |       |                           |     |     |      |      |
| 254        | 15   |      | Phila   | Х  |     |      |     |      |    |     |     |          |         |           |      |     |     |       |                           |     |     |      |      |
| 255        | 15   |      | . Phila | Х  |     |      |     |      |    |     |     |          |         |           |      |     |     |       |                           |     |     |      |      |
| 256        | 16   |      | . Phila |    |     |      |     |      |    |     |     |          |         |           |      | x   |     | x     | Blank Circulator Statemen |     |     |      |      |
| 257        | 16   |      | Phila   |    |     |      |     |      |    |     |     |          |         |           |      | х   |     | х     | Blank Circulator Statemen |     |     |      |      |
| 258        | 16   |      | Phila   |    |     |      |     |      |    |     |     |          |         |           |      | x   |     | x     | Blank Circulator Statemen |     |     |      |      |
| 259        | 16   |      | Phila   |    |     |      |     |      |    |     |     |          |         |           |      | x   |     | x     | Blank Circulator Statemen |     |     |      |      |
| 260        | 16   |      | Phila   |    |     |      |     |      |    |     |     |          |         |           |      | x   |     | x     | Blank Circulator Statemen |     |     |      |      |
| 261        | 16   |      | i Phila |    |     |      |     |      |    |     |     |          |         |           |      | x   |     | x     | Blank Circulator Statemen |     |     |      |      |
| 262        | 16   |      | ' Phila |    |     |      |     |      |    |     |     |          |         |           |      | x   |     | x     | Blank Circulator Statemen |     |     |      |      |
| 263        | 16   |      | Phila   |    |     |      |     |      |    |     |     |          |         |           |      | Х   |     | Х     | Blank Circulator Statemen |     |     |      |      |
| 264        | 16   |      | Phila   |    |     |      |     |      |    |     |     |          |         |           |      | x   |     | x     | Blank Circulator Statemen |     |     |      |      |
| 265        | 16   |      | Phila   |    |     |      |     |      |    |     |     |          |         |           |      | x   |     | x     | Blank Circulator Statemen |     |     |      |      |
| 266        | 16   |      | Phila   |    |     |      |     |      |    |     |     |          |         |           |      | x   |     | x     | Blank Circulator Statemen |     |     |      |      |
| 267        | 16   |      | Phila   |    |     |      |     |      |    |     |     |          |         |           |      | X   |     | X     | Blank Circulator Statemen |     | _   | +    |      |
| 268        | 16   |      | Phila   |    |     |      |     |      |    |     |     |          |         |           |      | X   |     | X     | Blank Circulator Statemen |     | _   | +    |      |
| 269        | 16   |      | Phila   |    |     |      |     |      |    |     |     |          |         |           |      | X   |     | Х     | Blank Circulator Statemen |     |     |      |      |
| 270        | 16   |      | Phila   |    |     |      |     |      |    | x   |     |          |         |           |      | X   |     | X     | Blank Circulator Statemen |     |     |      |      |
| 271        | 16   |      | Phila   |    |     |      |     |      |    |     | x   |          |         |           |      | x   |     | x     | Blank Circulator Statemen |     |     |      |      |
| 272        | 16   |      | Phila   |    |     |      |     |      |    |     |     |          |         |           |      | X   |     | x     | Blank Circulator Statemen |     |     |      |      |
| 273        | 16   |      | Phila   |    |     |      |     |      |    |     |     |          |         |           |      | X   |     | x     | Blank Circulator Statemen |     |     |      |      |
| 274        | 16   |      | Phila   |    |     |      |     |      |    |     | Х   |          |         |           |      | x   |     | x     | Blank Circulator Statemen |     |     |      |      |
| 275        | 16   | 20   | Phila   |    |     |      | х   |      |    |     |     |          |         |           |      | х   |     | Х     | Blank Circulator Statemen | t   |     |      |      |

|            | А    | В    | С          | D  | E   | F    | G   | Н    |    | J   | К   | L        | М         | N   | 0   | Р   | Q   | R     | S                          | Т   | U   | V    | W    |
|------------|------|------|------------|----|-----|------|-----|------|----|-----|-----|----------|-----------|-----|-----|-----|-----|-------|----------------------------|-----|-----|------|------|
| 7          |      |      |            |    | 1   | 1    |     |      |    |     | 1   | Specific | Grounds f |     |     | 1   |     | 1     | -                          |     |     | -    |      |
| 8          | Page | Line | County     | NR | NRA | NRCP | NRD | NRDS | OC | ILL | LIO | DUP      |           | N/I | PRI | DCS | SAC | Other | Describe Other             | S/S | V/S | S/CT | V/CT |
| 276        | 16   |      | ,<br>Phila |    |     |      |     |      |    |     |     |          |           |     |     | х   |     | х     | Blank Circulator Statement |     |     |      |      |
| 277        | 16   |      | Phila      |    |     |      |     |      |    |     |     |          |           |     |     | х   |     | x     | Blank Circulator Statement |     |     |      |      |
| 278        | 17   | 1    | Phila      |    |     |      |     |      |    |     | x   |          | x         |     |     |     |     |       |                            |     |     |      |      |
| 279        | 17   | 2    | Phila      |    |     |      |     |      |    |     | x   |          | x         |     |     |     |     | x     |                            |     |     |      |      |
| 280        | 17   | 3    | Phila      |    |     |      |     |      |    |     | x   |          | x         |     |     |     |     | x     |                            |     |     |      |      |
| 281        | 17   | 4    | Phila      |    |     |      |     |      |    |     | x   |          | x         |     |     |     |     | x     |                            |     |     |      |      |
| 282        | 17   | 5    | Phila      |    |     |      |     |      |    |     | х   |          | х         |     |     |     |     | x     |                            |     |     |      |      |
| 283        | 17   | 6    | Phila      |    |     |      |     |      |    |     | х   |          | x         |     |     |     |     | х     |                            |     |     |      |      |
| 284<br>285 | 17   | 7    | Phila      |    |     |      |     |      |    | х   | х   |          | x         |     |     |     |     | x     | crossout                   |     |     |      |      |
| 285        | 17   | 8    | Phila      |    |     |      |     |      |    |     | х   |          | х         |     |     |     |     | Х     |                            |     |     |      |      |
| 286        | 17   | 9    | Phila      |    |     |      |     |      |    |     | х   |          | х         |     |     |     |     | x     |                            |     |     |      |      |
| 287        | 17   |      | Phila      |    |     |      |     |      |    |     | x   |          | x         |     |     |     |     | Х     |                            |     |     |      |      |
| 288        | 17   | 11   | Phila      |    |     |      |     |      |    |     | х   |          | x         |     |     |     |     | Х     |                            |     |     |      |      |
| 289        | 17   | 12   | Phila      |    |     |      |     |      |    |     | х   |          | x         |     |     |     |     | х     |                            |     |     |      |      |
| 290        | 17   |      | Phila      |    |     |      |     |      |    |     | x   |          | x         |     |     |     |     | x     |                            |     |     |      |      |
| 291        | 17   |      | Phila      |    |     |      |     |      |    |     | х   |          | x         |     |     |     |     | Х     |                            |     |     |      |      |
| 292<br>293 | 18   |      | Phila      |    |     |      |     |      |    |     | Х   |          |           |     |     |     |     | Х     |                            |     |     |      |      |
| 293        | 18   |      | Phila      |    |     |      |     |      |    |     | х   |          |           |     |     |     |     | х     | Line crossed out           |     |     |      |      |
| 294        | 18   |      | Phila      |    |     |      |     |      |    |     | х   |          |           |     |     |     |     |       |                            |     |     |      |      |
| 295        | 18   |      | Phila      | х  |     |      |     |      |    |     |     |          |           |     |     |     |     |       |                            |     |     |      |      |
| 296        | 18   |      | Phila      |    |     |      |     |      |    |     | х   |          |           |     |     |     |     | х     |                            |     |     |      |      |
| 297        | 18   |      | Phila      |    |     |      |     |      |    |     | Х   |          |           |     |     |     |     | х     |                            |     |     |      |      |
| 298        | 18   |      | Phila      |    |     | Х    |     |      |    |     |     |          |           |     |     |     |     |       |                            |     |     |      |      |
| 299        | 18   |      | Phila      | Х  |     |      |     |      |    |     |     |          |           |     |     |     |     |       |                            |     |     |      |      |
| 300        | 18   |      | Phila      |    |     |      |     |      |    |     | х   |          |           |     |     |     |     | x     |                            |     |     |      |      |
| 301        | 18   |      | Phila      | х  |     |      |     |      |    |     |     |          |           |     |     |     |     |       |                            |     |     |      |      |
| 302        | 18   |      | Phila      | Х  |     |      |     |      |    |     |     |          |           |     |     |     |     |       |                            |     |     |      |      |
| 303        | 18   |      | Phila      |    |     |      |     |      |    | х   | х   |          |           |     |     |     |     | x     |                            |     |     |      |      |
| 304        | 18   |      | Phila      |    |     |      |     |      |    |     | x   |          |           |     |     |     |     | x     |                            |     |     |      |      |
| 305        | 18   |      | Phila      | Х  |     |      |     |      |    |     |     |          |           |     |     |     |     |       |                            |     |     |      |      |
| 306        | 19   |      | Delaware   |    |     |      |     |      |    |     |     |          |           |     |     | x   |     |       |                            |     |     |      |      |
| 307        | 19   |      | Delaware   |    |     |      |     |      |    |     | х   |          |           |     |     | x   |     |       |                            |     |     |      |      |
| 308        | 19   |      | Delaware   |    |     |      |     |      |    |     |     |          |           |     |     | x   |     |       |                            |     |     |      |      |
| 309        | 19   |      | Delaware   |    |     |      |     |      |    |     |     |          |           |     |     | x   |     |       |                            |     |     |      |      |
| 310        | 19   |      | Delaware   |    | x   |      |     |      |    |     |     |          |           |     |     | x   |     |       |                            |     |     |      |      |
| 311        | 19   |      | Delaware   |    |     |      |     |      |    |     |     |          |           |     |     | x   |     |       |                            |     |     |      |      |
| 312        | 19   |      | Delaware   |    |     |      |     |      |    |     |     |          |           |     |     | x   |     |       |                            |     |     |      |      |
| 313        | 19   |      | Delaware   |    |     |      |     |      |    |     |     |          |           |     |     | x   |     |       |                            |     |     |      |      |
| 314        | 19   | 9    | Delaware   |    |     |      |     |      |    |     |     |          |           |     |     | Х   |     |       |                            |     |     |      |      |

|            | А    | В    | С        | D  | E   | F    | G   | Н    |    | J   | К   | L       | М         | N   | 0   | Р   | Q   | R     | S                        | Т            | U   | V    | W    |
|------------|------|------|----------|----|-----|------|-----|------|----|-----|-----|---------|-----------|-----|-----|-----|-----|-------|--------------------------|--------------|-----|------|------|
| 7          |      |      |          |    |     |      |     |      |    | -   |     | Specifi | c Grounds |     |     | - I | ~   | 1     |                          |              | -   |      |      |
| 8          | Page | Line | County   | NR | NRA | NRCP | NRD | NRDS | OC | ILL | LIO | DUP     | IHA       | N/I | PRI | DCS | SAC | Other | Describe Other           | S/S          | V/S | S/CT | V/CT |
| 315        | 19   |      | Delaware |    |     |      |     |      |    |     |     |         |           |     |     | x   |     |       |                          |              |     |      |      |
| 316        | 19   | 11   | Delaware |    |     |      |     |      |    |     |     |         |           |     |     | x   |     |       |                          |              |     |      |      |
| 317        | 19   | 12   | Delaware |    |     |      |     |      |    |     |     |         |           |     |     | x   |     |       |                          |              |     |      |      |
| 318        | 19   | 13   | Delaware |    |     |      |     |      |    |     |     |         |           |     |     | х   |     |       |                          |              |     |      |      |
| 319        | 19   | 14   | Delaware |    | x   |      |     |      |    |     | x   |         |           |     |     | х   |     | х     | No last name             |              |     |      |      |
| 320        | 20   | 1    | Phila    |    |     |      |     |      |    |     | х   |         |           |     |     |     |     | х     | Line crossed out         |              |     |      |      |
| 321        | 20   | 4    | Phila    |    | х   |      |     |      |    |     |     |         |           |     |     |     |     |       |                          |              |     |      |      |
| 322        | 20   | 5    | Phila    |    |     | Х    |     |      |    |     |     |         |           |     |     |     |     |       |                          |              |     |      |      |
| 323        | 20   |      | Phila    |    |     | x    |     |      |    |     |     |         |           |     |     |     |     |       |                          |              |     |      |      |
| 324        | 20   |      | Phila    |    | Х   |      |     |      |    |     |     |         |           |     |     |     |     |       |                          |              |     |      |      |
| 325        | 20   | 11   | Phila    |    | х   |      |     |      |    |     |     |         |           |     |     |     |     |       |                          |              |     |      |      |
| 326        | 20   |      | Phila    |    | Х   |      |     |      |    |     |     |         |           |     |     |     |     |       |                          |              |     |      |      |
| 327        | 20   | 13   | Phila    |    | x   |      |     |      |    |     |     |         |           |     |     |     |     |       |                          |              |     |      |      |
| 328        | 21   |      | Phila    | Х  |     |      |     |      |    |     |     |         | x         |     |     |     |     |       |                          |              |     |      |      |
| 329        | 21   | 2    | Phila    | Х  |     |      |     |      |    |     |     |         |           |     |     |     |     |       |                          |              |     |      |      |
| 330        | 21   |      | Phila    | х  |     |      |     |      |    |     |     |         |           |     |     |     |     |       |                          |              |     |      |      |
| 331        | 21   |      | Phila    |    |     | Х    |     |      |    |     |     |         |           |     |     |     |     |       |                          |              |     |      |      |
| 332        | 21   |      | Phila    |    |     |      |     |      |    |     | x   |         |           |     |     |     |     | х     | Address is not listed    |              |     |      |      |
| 333        | 21   |      | Phila    | x  | х   |      |     |      |    |     |     |         |           |     |     |     |     |       |                          |              |     |      |      |
| 334        | 22   |      | Phila    |    |     | Х    |     |      |    |     |     |         |           |     |     |     |     |       |                          |              |     |      |      |
| 335<br>336 | 22   |      | Phila    | х  |     |      |     |      |    | Х   |     |         |           |     |     |     |     |       |                          |              |     |      |      |
| 336        | 22   |      | Phila    | х  |     |      |     |      |    | х   |     |         |           |     |     |     |     |       |                          |              |     |      |      |
| 337        | 23   |      | Delaware |    |     |      |     |      |    |     |     |         |           |     |     | х   |     |       |                          |              |     |      |      |
| 338        | 23   |      | Delaware |    |     |      |     |      |    |     |     |         |           |     |     | х   |     |       |                          |              |     |      |      |
| 339        | 23   |      | Delaware |    |     |      |     |      |    |     | x   |         |           |     |     | х   |     |       | Address, city and date i | s incomplete | 5   |      |      |
| 340        | 23   |      | Delaware |    |     | x    |     |      |    |     |     |         |           |     |     | х   |     |       |                          |              |     |      |      |
| 341        | 23   |      | Delaware |    |     |      |     |      |    |     | x   |         |           |     |     | х   |     | х     | No address, lines are cr | ossed out    |     |      |      |
| 342        | 23   |      | Delaware |    |     |      |     |      |    |     | x   |         |           |     |     | х   |     | х     | Line is crossed out      |              |     |      |      |
| 343        | 23   |      | Delaware |    |     |      |     |      |    |     |     |         |           |     |     | х   |     |       |                          |              |     |      |      |
| 344        | 23   |      | Delaware |    |     |      |     |      |    |     |     |         |           |     |     | x   |     |       |                          |              |     |      |      |
| 345        | 23   |      | Delaware |    |     |      |     |      |    |     |     |         |           |     |     | x   |     |       |                          |              |     |      |      |
| 346<br>347 | 24   |      | Phila    | Х  |     |      |     |      |    |     |     |         |           |     |     |     |     |       |                          |              |     |      |      |
| 347        | 24   |      | Phila    | x  |     |      |     |      |    |     |     |         |           |     |     |     |     | x     | Moved out of the coun    | try          |     |      |      |
| 348        | 24   |      | Phila    |    |     |      |     |      |    |     | x   |         |           |     |     |     |     |       | Incompleted lines        |              |     |      |      |
| 349        | 24   |      | Phila    |    |     |      |     |      |    |     | х   |         |           |     |     |     |     |       | Incompleted lines        |              |     |      |      |
| 350        | 24   |      | Phila    |    |     |      |     |      |    |     | x   |         |           |     |     |     |     |       | Incompleted Lines        |              |     |      |      |
| 351        | 24   |      | Phila    |    |     |      |     |      |    |     | X   |         |           |     |     |     |     |       | Incompleted lines        |              |     |      |      |
| 352        | 24   |      | Phila    |    | e   |      |     |      |    |     | x   |         |           |     |     |     |     |       | Incompleted lines        |              |     |      |      |
| 353        | 24   | 9    | Phila    |    |     |      |     |      |    |     | х   |         |           |     |     |     |     |       | Incompleted lines        |              |     |      |      |

|     | А    | В    | С        | D  | E   | F    | G   | Н    |    | J   | К   | L        | М       | N        | 0      | Р   | Q   | R     | S                          | Т           | U     | V    | W    |
|-----|------|------|----------|----|-----|------|-----|------|----|-----|-----|----------|---------|----------|--------|-----|-----|-------|----------------------------|-------------|-------|------|------|
| 7   |      |      |          |    |     |      | L   |      | 8  |     | 1   | Specific | Grounds | for Obje | ection |     |     |       | 1                          |             |       |      |      |
| 8   | Page | Line | County   | NR | NRA | NRCP | NRD | NRDS | OC | ILL | LIO | DUP      | IHA     | N/I      | PRI    | DCS | SAC | Other | Describe Other             | S/S         | V/S   | S/CT | V/CT |
| 354 | 24   | 11   | Phila    | х  |     |      |     |      |    | х   |     |          |         |          |        |     |     |       |                            |             |       |      |      |
| 355 | 24   | 12   | Phila    |    |     |      |     |      |    |     | х   |          |         |          |        |     |     |       | Incompleted lines          |             |       |      |      |
| 356 | 25   | 1    | Delaware | x  | Х   |      |     |      |    |     |     |          |         |          |        | x   |     |       |                            |             |       |      |      |
| 357 | 25   |      | Delaware |    |     | Х    |     |      |    |     |     |          |         |          |        | x   |     |       |                            |             |       |      |      |
| 358 | 25   |      | Delaware | x  | Х   |      |     |      |    |     |     |          |         |          |        | x   |     |       |                            |             |       |      |      |
| 359 | 25   |      | Delaware | x  | Х   |      |     |      |    |     |     |          |         |          |        | x   |     |       |                            |             |       |      |      |
| 360 | 25   |      | Delaware | Х  |     |      |     |      |    |     |     |          | х       |          |        | x   |     |       |                            |             |       |      |      |
| 361 | 25   |      | Delaware |    |     |      |     |      |    |     | x   |          | х       |          |        | x   |     |       | Line crossed out           |             |       |      |      |
| 362 | 25   |      | Delaware |    | Х   |      |     |      |    |     |     |          | х       |          |        | x   |     |       |                            |             |       |      |      |
| 363 | 26   |      | Phila    |    |     | Х    |     |      |    |     | х   |          |         |          |        |     |     |       |                            |             |       |      |      |
| 364 | 26   |      | Phila    |    |     |      |     |      |    |     | x   |          | х       |          |        |     |     |       |                            |             |       |      |      |
| 365 | 27   |      | Phila    |    |     |      |     |      |    |     | Х   |          |         |          |        |     |     | Х     | INCOMPLETED- line cross    | sed out     |       |      |      |
| 366 | 27   |      | Phila    |    |     |      |     |      |    | х   |     |          |         |          |        |     |     |       |                            |             |       |      |      |
| 367 | 27   |      | Phila    |    | х   |      |     |      |    |     |     |          |         |          |        |     |     |       |                            |             |       |      |      |
| 368 | 27   |      | Phila    |    |     |      |     |      |    | х   |     |          |         |          |        |     |     |       |                            |             |       |      |      |
| 369 | 28   |      | Phila    |    |     |      |     |      |    |     |     |          | х       |          |        |     |     |       | Signatures doesn't match   | 1           |       |      |      |
| 370 | 28   |      | Phila    | Х  |     |      |     |      |    |     |     |          |         |          |        |     |     |       |                            |             |       |      |      |
| 371 | 28   |      | Phila    |    |     |      |     |      |    | Х   |     |          |         |          |        |     |     |       | Address and street name    |             |       |      |      |
| 372 | 28   |      | Phila    |    |     |      |     |      |    | х   |     |          |         |          |        |     |     |       | City is unreadable         |             |       |      |      |
| 373 | 28   |      | Phila    |    |     |      |     |      |    |     |     |          | х       |          |        |     |     |       | Signature doesn't match    |             |       |      |      |
| 374 | 28   |      | Phila    |    |     |      |     |      |    |     |     |          | x       |          |        |     |     |       | Signature doesn't match    |             |       |      |      |
| 375 | 28   |      | Phila    |    |     |      |     |      |    | х   |     |          | x       |          |        |     |     |       | Zipcode scribbled, signatu | ire doesn't | match |      |      |
| 376 | 28   |      | Phila    | Х  |     |      |     |      |    |     |     |          |         |          |        |     |     |       |                            |             |       |      |      |
| 377 | 29   |      | Phila    |    |     |      |     |      |    |     | х   |          |         | _        |        |     |     |       | Missing last name          |             |       |      |      |
| 378 | 29   |      | Phila    | Х  |     |      |     |      |    |     |     |          |         | _        |        |     |     |       |                            |             |       |      |      |
| 379 | 29   |      | Phila    |    |     |      |     |      |    |     |     |          | х       |          |        |     |     |       | Signature doesn't match    |             |       |      |      |
| 380 | 29   |      | Phila    |    |     |      |     |      |    |     |     |          | x       |          |        |     |     |       | Signature doesn't match    |             |       |      |      |
| 381 | 29   |      | Phila    |    |     | Х    |     |      |    |     |     |          |         |          |        |     |     |       |                            |             |       |      |      |
| 382 | 29   |      | Phila    | Х  |     |      |     |      |    |     |     |          |         | _        |        |     |     |       |                            |             |       |      |      |
| 383 | 29   |      | Phila    |    |     |      |     |      |    |     | Х   |          |         |          |        |     |     |       | Line crossed out-missing   | informatio  | on    |      |      |
| 384 | 29   |      | Phila    |    |     |      |     |      |    |     |     |          | х       |          |        |     |     |       | signature doesn't match    |             |       |      |      |
| 385 | 29   |      | Phila    | Х  |     |      |     |      |    |     |     |          |         |          |        |     |     |       |                            |             |       |      |      |
| 386 | 29   |      | Phila    |    |     |      |     |      |    |     |     |          | х       |          |        |     |     |       | Signature doesn't match    |             |       |      |      |
| 387 | 29   |      | Phila    |    |     |      |     |      |    |     | x   |          |         |          |        |     |     |       | Last name missing          |             |       |      |      |
| 388 | 29   |      | Phila    |    |     |      |     |      |    | x   |     | x        |         |          |        |     |     |       | Scribbling and signature   |             |       |      |      |
| 389 | 30   |      | Phila    | х  |     |      | х   |      |    |     |     |          |         |          |        |     |     |       |                            |             |       |      |      |
| 390 | 30   |      | Phila    |    |     |      |     |      |    | x   |     |          |         |          |        |     |     |       |                            |             |       |      |      |
| 391 | 30   |      | Phila    | х  |     |      |     |      |    |     |     |          |         |          |        |     |     |       |                            |             |       |      |      |
| 392 | 30   | 4    | Phila    |    |     | x    |     |      |    |     |     |          |         |          |        |     |     |       |                            |             |       |      |      |

|     | А    | В    | С       | D  | E   | F    | G   | Н    |    | J   | К   | L        | М       | N   | 0   | Р   | 0   | R     | S                             | Т           | U         | V    | W    |
|-----|------|------|---------|----|-----|------|-----|------|----|-----|-----|----------|---------|-----|-----|-----|-----|-------|-------------------------------|-------------|-----------|------|------|
| 7   |      |      |         |    |     | 1 -  |     |      |    |     | 1   | Specific | Grounds |     | -   |     |     | 1     |                               |             |           |      |      |
| 8   | Page | Line | County  | NR | NRA | NRCP | NRD | NRDS | OC | ILL | LIO | DUP      | IHA     | N/I | PRI | DCS | SAC | Other | Describe Other                | S/S         | V/S       | S/CT | V/CT |
| 393 | 30   | ļ    | 5 Phila | x  |     |      |     |      |    |     |     |          |         |     |     |     |     |       |                               | -           |           |      |      |
| 394 | 30   | ļ    | 5 Phila |    |     |      | x   |      |    | Х   | х   |          |         |     |     |     |     |       | Out of district, missing last | nae, illegi | ible      |      |      |
| 395 | 32   |      | 2 Phila |    |     |      |     |      |    | x   |     |          |         |     |     |     |     |       | Signature doesn't match       |             |           |      |      |
| 396 | 32   | 3    | 3 Phila | Х  |     |      |     |      |    |     |     |          |         |     |     |     |     |       |                               |             |           |      |      |
| 397 | 32   | 4    | 1 Phila |    |     | х    |     |      |    |     |     |          |         |     |     |     |     |       |                               |             |           |      |      |
| 398 | 32   | ļ    | 5 Phila | x  |     |      |     |      |    |     |     |          |         |     |     |     |     |       |                               |             |           |      |      |
| 399 | 32   | (    | 5 Phila |    | х   |      |     |      |    | х   |     |          |         |     |     |     |     |       | Haed to read address          |             |           |      |      |
| 400 | 32   | -    | 7 Phila | х  |     |      |     |      |    |     |     |          |         |     |     |     |     |       |                               |             |           |      |      |
| 401 | 32   | 8    | 3 Phila |    |     |      |     |      |    |     | x   |          |         |     |     |     |     | х     | Line crossed out-missing in   | formatior   | ้า        |      |      |
| 402 | 32   |      | 9 Phila |    |     |      |     |      |    | х   |     |          |         |     |     |     |     |       |                               |             |           |      |      |
| 403 | 32   |      | ) Phila |    | х   |      |     |      |    |     | x   |          |         |     |     |     |     | x     | City not filled               |             |           |      |      |
| 404 | 32   |      | 1 Phila |    | х   |      |     |      |    |     | x   |          |         |     |     |     |     | x     | Full name is missing          |             |           |      |      |
| 405 | 32   | 12   | 2 Phila |    | x   |      |     |      |    |     | x   |          |         |     |     |     |     | x     | Full name is missing          |             |           |      |      |
| 406 | 32   |      | 3 Phila |    |     |      |     |      |    | x   |     |          |         |     |     |     |     | х     |                               |             |           |      |      |
| 407 | 32   |      | 4 Phila |    |     |      |     |      |    |     |     |          |         |     | x   |     |     |       |                               |             |           |      |      |
| 408 | 32   |      | 5 Phila | x  |     |      |     |      |    |     |     |          |         |     |     |     |     |       |                               |             |           |      |      |
| 409 | 32   |      | 6 Phila |    |     |      |     |      |    |     |     |          | x       |     |     |     |     |       |                               |             |           |      |      |
| 410 | 32   |      | 7 Phila |    |     |      |     |      |    |     |     |          | x       |     |     |     |     |       |                               |             |           |      |      |
| 411 | 32   |      | 3 Phila | x  | x   |      |     |      |    | x   | x   |          |         |     |     |     |     |       |                               |             |           |      |      |
| 412 | 32   |      | 2 Phila |    |     |      |     |      |    |     |     |          |         |     |     |     |     | x     | Crossed out name/illegible    |             |           |      |      |
| 413 | 32   |      | 5 Phila | Х  |     |      |     |      |    |     |     |          |         |     |     |     |     |       |                               |             |           |      |      |
| 414 | 32   |      | 5 Phila | х  |     |      |     |      |    |     |     |          |         |     |     |     |     |       |                               |             |           |      |      |
| 415 | 32   |      | 7 Phila |    |     |      |     |      |    | х   |     |          |         |     |     |     |     | х     | Street number scribbled. In   | ncorrect la | ist name  |      |      |
| 416 | 32   |      | 8 Phila | Х  |     |      |     |      |    |     |     |          |         |     |     |     |     |       |                               |             |           |      |      |
| 417 | 32   |      | 9 Phila |    |     |      |     |      |    | х   |     |          |         |     |     |     |     | х     | Address can't be read         |             |           |      |      |
| 418 | 32   |      | ) Phila |    |     |      |     |      |    | х   |     |          |         |     |     |     |     | Х     | City can't be read or name    | of person   |           |      |      |
| 419 | 33   |      | L Phila | Х  |     |      |     |      |    |     | x   |          |         |     |     |     |     |       |                               |             |           |      |      |
| 420 | 33   |      | 2 Phila | x  |     |      |     |      |    |     |     |          |         |     |     |     |     |       |                               |             |           |      |      |
| 421 | 33   |      | B Phila | x  |     |      |     |      |    |     |     |          |         |     |     |     |     |       |                               |             |           |      |      |
| 422 | 34   |      | L Phila |    |     |      |     |      |    |     |     |          |         |     |     | x   |     |       |                               |             |           |      |      |
| 423 | 34   |      | 2 Phila |    |     |      |     |      |    | x   |     |          | x       |     |     | x   |     | x     | Signature is not the same     |             |           |      |      |
| 424 | 34   |      | B Phila | x  |     |      |     |      |    |     |     |          |         |     |     | x   |     |       |                               |             |           |      |      |
| 425 | 34   |      | 1 Phila | x  |     |      |     |      |    |     |     |          |         |     |     | x   |     |       |                               |             |           |      |      |
| 426 | 34   |      | 5 Phila | x  |     |      |     |      |    |     |     |          |         |     |     | x   |     |       |                               |             |           |      |      |
| 427 | 34   |      | 5 Phila |    |     |      |     |      |    | х   |     |          | x       |     |     | x   |     | Х     | Signature is not the same/    | ast name    | is unclea | -    |      |
| 428 | 34   |      | 7 Phila | x  |     |      |     |      |    |     |     |          |         |     |     | x   |     |       |                               |             |           |      |      |
| 429 | 34   |      | 3 Phila |    |     |      |     |      |    |     |     |          |         |     |     | x   |     |       |                               |             |           |      |      |
| 430 | 34   |      | 9 Phila | x  |     |      |     |      |    | х   | x   |          |         |     |     | x   |     |       |                               |             |           |      |      |
| 431 | 34   | 1(   | ) Phila |    |     |      |     |      |    |     |     |          |         |     |     | х   |     |       |                               |             |           |      |      |

|                                               | А    | В    | С        | D  | E   | F    | G   | Н    | I  | J   | K   | L       | М       | Ν        | 0     | Р   | Q   | R     |          | S     | Т   | U   | V    | W    |
|-----------------------------------------------|------|------|----------|----|-----|------|-----|------|----|-----|-----|---------|---------|----------|-------|-----|-----|-------|----------|-------|-----|-----|------|------|
| 7                                             |      |      |          |    |     |      |     |      |    |     |     | Specifi | Grounds | for Obje | ction |     |     |       |          |       |     |     |      |      |
| 8                                             | Page | Line | County   | NR | NRA | NRCP | NRD | NRDS | OC | ILL | LIO | DUP     | IHA     | N/I      | PRI   | DCS | SAC | Other | Describe | Other | S/S | V/S | S/CT | V/CT |
| 432                                           | 34   |      | 11 Phila |    |     |      |     |      |    |     |     |         |         |          |       | x   |     |       |          |       |     |     |      |      |
| 433                                           | 34   |      | 12 Phila |    |     |      |     |      |    |     |     |         |         |          |       | x   |     |       |          |       |     |     |      |      |
| 434                                           | 34   |      | 13 Phila |    |     |      |     |      |    |     |     |         |         |          |       | x   |     |       |          |       |     |     |      |      |
| 435                                           | 34   |      | 14 Phila |    |     |      |     |      |    |     |     |         |         |          |       | х   |     |       |          |       |     |     |      |      |
| 436<br>437<br>438<br>439<br>440               | 34   |      | 15 Phila |    |     |      |     |      |    |     |     |         |         |          |       | x   |     |       |          |       |     |     |      |      |
| 437                                           | 34   |      | 16 Phila |    |     |      |     |      |    |     |     |         |         |          |       | x   |     |       |          |       |     |     |      |      |
| 438                                           | 34   |      | 17 Phila |    |     |      |     |      |    |     |     |         |         |          |       | x   |     |       |          |       |     |     |      |      |
| 439                                           | 34   |      | 18 Phila |    |     |      |     |      |    |     |     |         |         |          |       | x   |     |       |          |       |     |     |      |      |
| 440                                           | 34   |      | 19 Phila |    |     |      |     |      |    |     |     |         |         |          |       | x   |     |       |          |       |     |     |      |      |
| 441<br>442<br>443<br>444                      | 34   |      | 20 Phila |    |     |      |     |      |    |     |     |         |         |          |       | x   |     |       |          |       |     |     |      |      |
| 442                                           | 34   |      | 21 Phila |    |     |      |     |      |    |     |     |         |         |          |       | x   |     |       |          |       |     |     |      |      |
| 443                                           | 34   |      | 22 Phila |    |     |      |     |      |    |     |     |         |         |          |       | x   |     |       |          |       |     |     |      |      |
| 444                                           | 34   |      | 23 Phila |    |     |      |     |      |    |     |     |         |         |          |       | х   |     |       |          |       |     |     |      |      |
| 445                                           | 34   |      | 24 Phila |    |     |      |     |      |    |     |     |         |         |          |       | x   |     |       |          |       |     |     |      |      |
| 445<br>446<br>447<br>448<br>449<br>450<br>451 | 34   |      | 25 Phila |    |     |      |     |      |    |     |     |         |         |          |       | Х   |     |       |          |       |     |     |      |      |
| 447                                           | 34   |      | 26 Phila |    |     |      |     |      |    |     |     |         |         |          |       | x   |     |       |          |       |     |     |      |      |
| 448                                           | 34   |      | 27 Phila |    |     |      |     |      |    |     |     |         |         |          |       | Х   |     |       |          |       |     |     |      |      |
| 449                                           | 34   |      | 28 Phila |    |     |      |     |      |    |     |     |         |         |          |       | х   |     |       |          |       |     |     |      |      |
| 450                                           | 34   |      | 29 Phila |    |     |      |     |      |    |     |     |         |         |          |       | х   |     |       |          |       |     |     |      |      |
| 451                                           | 35   |      | 1 Phila  | x  |     |      |     |      |    |     |     |         |         |          |       |     |     |       |          |       |     |     |      |      |
| 452<br>453<br>454                             | 35   |      | 2 Phila  | x  |     |      |     |      |    |     |     |         |         |          |       |     |     |       |          |       |     |     |      |      |
| 453                                           | 34   |      | 19 Phila |    |     |      |     |      |    |     |     |         |         |          |       | X   |     |       |          |       |     |     |      |      |
| 454                                           | 34   |      | 20 Phila |    |     |      | _   |      |    |     |     |         |         |          |       | X   |     |       |          |       |     |     |      |      |
| 455<br>456                                    | 34   |      | 21 Phila |    |     |      |     |      |    |     |     |         |         |          |       | X   |     |       |          |       |     |     |      |      |
|                                               | 34   |      | 22 Phila |    |     |      |     |      |    |     |     |         |         |          |       | X   |     |       |          |       |     |     |      |      |
| 457<br>458<br>459<br>460<br>461<br>462<br>463 | 34   |      | 23 Phila |    |     |      |     |      |    |     |     |         |         |          |       | X   |     |       |          |       |     |     |      |      |
| 458                                           | 34   |      | 24 Phila |    |     |      |     |      |    |     |     |         |         |          |       | X   |     |       |          |       |     |     |      |      |
| 459                                           | 34   |      | 25 Phila |    |     |      |     |      |    |     |     |         |         |          |       | X   |     |       |          |       |     |     |      |      |
| 460                                           | 34   |      | 26 Phila |    |     |      |     |      |    |     |     |         |         |          |       | X   |     |       |          |       |     |     |      |      |
| 461                                           | 34   |      | 27 Phila |    |     |      |     |      |    |     |     |         |         |          |       | X   |     |       |          |       |     |     |      |      |
| 462                                           | 34   |      | 28 Phila |    |     |      |     |      |    |     |     |         |         |          |       | X   |     |       |          |       |     |     |      |      |
| 463                                           | 34   |      | 29 Phila |    |     |      |     |      |    |     |     |         |         |          |       | х   |     |       |          |       |     |     |      |      |

### ELECTION SPREADSHEET DIRECTIONS

By order of the Commonwealth Court of Pennsylvania, all Petitions to Set Aside Nomination Petitions or Papers (objection petitions) must be filed either in paper format (original and one copy) or electronically, either by PACFile (the Pennsylvania appellate court electronic filing system) or by email to CommCourtFiling@pacourts.us. When individual elector signatures are challenged, the objection petition must be accompanied by a spreadsheet as specified in the Court's order and the directions below.

- 1. The objection petition shall specify the objections to individual signature lines in nomination petitions or papers and these shall be set forth in this spreadsheet .
- 2. Spreadsheet columns shall include, for each challenged signature line: page number, line number, county, and the reason or reasons for each objection. The spreadsheet shall designate the grounds for objection using the following abbreviations:

| NR =                                                        | Not Registered                                         |
|-------------------------------------------------------------|--------------------------------------------------------|
| NRA =                                                       | Not Registered At Address                              |
| NRCP =                                                      | Not Registered in Candidate's Party                    |
| NRD =                                                       | Not Registered in District                             |
| NRDS =                                                      | Not Registered on Date Signed                          |
| OC =                                                        | Out of County                                          |
| =                                                           | Illegible                                              |
| LIO =                                                       | Line Information Omitted                               |
| DUP =                                                       | Duplicate                                              |
| IHA =                                                       | Line Information in Hand of Another                    |
| N/I =                                                       | Nickname/Initial                                       |
| PRI =                                                       | Printed Signature                                      |
| DCS =                                                       | Defective Circulator Statement                         |
| SAC =                                                       | Signed After Circulator's Statement Dated              |
| Other =                                                     | Any ground for objection not listed above (specify the |
| exact nature of the objection in the "Describe Other" cell) |                                                        |

Note: This list of abbreviations for the various grounds to object to a signature is also referred to as the "challenge codes key."

- 3. The objection petition shall clearly state the number of signature lines challenged as well as the total number of completed signature lines on the face of the nomination petitions or papers.
- 4. Any other objections, <u>e.g.</u>, to circulator statements, candidate affidavits, etc., must be clearly and separately stated in the objection petition.
- 5. If filing the objection petition in paper format:
  - a. Objector shall attach to the objection petition as an exhibit a printed copy of the spreadsheet printed on 8 ½ x 14 inch paper, with all grid lines showing and column headings appearing on each printed sheet, and a printed copy of the challenge codes key.

- b. In addition, Objector shall file two separate digital media devices (CD or USB flash drive), each containing an electronic version of the spreadsheet and the challenge codes key. The electronic version of the spreadsheets on the each digital media devices must be enabled for editing by the Court, and may <u>not</u> be read-only or password protected.
- 6. If filing the objection petition electronically:
  - a. Along with the electronically filed objection petition, Objector shall file as an exhibit an electronic (PDF) version of the spreadsheet with all grid lines showing and column headings appearing on each sheet, and an electronic (PDF) version of the challenge codes key.
  - b. <u>Within two days</u> of submission of filing the objection petition and spreadsheet, Objector shall submit to the Court two paper copies of the electronically filed objection petition and spreadsheet <u>and</u> two separate digital media devices (CD or USB flash drive), each containing an electronic version of the spreadsheet and the challenge codes key. The electronic version of the spreadsheet on the each digital media device must be enabled for editing by the Court, and may <u>not</u> be read-only or password protected. No changes may be made to the original spreadsheet filed electronically with the Court.

Revised 7-19-2023

Filed 2/19/2024 10:20:00 PM Commonwealth Court of Pennsylvania 69 MD 2024

# VERIFICATION

I, <u>Micule</u> <u>Doublace</u>, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Signature Date

0

Filed 2/19/2024 10:20:00 PM Commonwealth Court of Pennsylvania 69 MD 2024

# VERIFICATION

I. <u>STEVEN A. JOHNG</u>, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Signature