## IN THE COMMONWEALTH COURT OF PENNSYLVANIA

In Re Nomination Petition of<br>John Broadhurst<br>As Democratic Candidate for Office for U.S. Representative in Congress, $10^{\text {th }}$ Congressional District of Pennsylvania

No. 2024 - $\qquad$ Civil Term :
:
:

Election Law

## PETITION TO SET ASIDE NOMINATION PETITION

AND NOW, this $20^{\text {th }}$ day of February 2024, comes the Petitioner, Marta C. Peck, by and through her attorney, Bedrudin Becirovic, Esquire, and files the following Petition to Set Aside Nomination Petition and in support thereof avers as follows:

1. This Court has original jurisdiction pursuant to 42 Pa. C.S. § 764 and 25 P.S. § 2937.
2. This cause of action is authorized under the Election Code, 25 P.S. § 2937, which permits the filing of a petition to present objections to nomination petitions.
3. Petitioner Marta C. Peck (the "Petitioner") is an adult individual who resides at 90 Jamison Drive, York, Pennsylvania in the Township of Springettsbury.
4. Petitioner is a qualified elector in the $10^{\text {th }}$ Congressional District of Pennsylvania and is registered there as a member of the Democratic Party.
5. On or about February 13, 2024, one-hundred and thirty-four (134) nomination petitions (treated as one nomination petition) for John Broadhurst ("Candidate") were filed for the office of U.S. Representative for Congress for Pennsylvania's $10^{\text {th }}$ Congressional District (the "Electoral District") as a candidate for the nomination of the Democratic Party in the Democratic Primary scheduled for April 23, 2024.
6. True and correct copies of the nomination petitions of Candidate are attached hereto as "Exhibit A" (the "Nomination Petition") with the names and signatures of the electors who signed the Nomination Petition.
7. The nomination petition is two pages, contains thirty (30) spaces for signatures purported to be of electors of the Electoral District, and contains a Statement of Circulator.
8. The number of valid signatures of electors needed on the Nomination Petition for the Democratic Primary for office of U.S. Representative for Congress for Pennsylvania's $10^{\text {th }}$ Congressional District is one thousand (1000) electors who are registered as members of the Democratic Party. 25 P.S. § 2872.1(12)
9. As confirmed and annotated on the JB Petition Challenge Spreadsheet, attached hereto as "Exhibit B" (the "Spreadsheet"), Candidate only obtained four hundred and thirty-eight (438) valid signatures of electors registered as members of the Democratic Party in the Electoral District.
10. The Candidate has submitted 1,389 signature lines; 951 of these lines are challenged for the following reasons:
a. 117 signature lines are objected to on the grounds that the elector is not registered;
b. 141 signature lines are objected to on the grounds that the elector is not registered at the indicated address;
c. 167 signature lines are objected to on the grounds that the elector is not registered in the Candidate's Party;
d. 7 signature lines are objected to on the grounds that the elector is not registered in the requisite District;
e. 5 signature lines are objected to on the grounds that the elector was not registered on the date the elector signed the nomination petition;
f. 52 signature lines are objected to on the grounds that the elector is out of requisite county;
g. 31 signature lines are objected to on the grounds that the elector's signature is illegible such that the elector cannot be confirmed;
h. 122 signature lines are objected to on the grounds that the elector omitted requisite line information;
i. 9 signature lines are objected to on the grounds that they are duplicates;
j. $\quad 79$ signature lines are objected to on the grounds that they are in the hand of another;
k. 11 signature lines are objected to on the grounds that the elector used a nickname or an initial;
11. 32 signature lines are objected to on the grounds that the elector printed his/her name instead of signing;
m. 9 signature lines are objected to on grounds that include but do not limit to the elector's printed name not matching the signature, voter records indicating the elector is deceased, or that the elector is an inactive voter.
12. 728 signature lines, 26 full pages, including page one and page two of the nomination petition, are objected to on the ground that the County of Signers, located on page one of the nomination petition, is inconsistent with the Statement of Circulator statement of County of Petition-Signers' Residence, located on page two of the nomination petition, therefore making the Circulator Statement defective.
13. Candidate's Nomination Petition does not contain one thousand (1000) valid signatures of registered and enrolled members of the Democratic Party as required for a Nomination Petition for the office of U.S. Representative for Congress in the Electoral District for the Democratic Primary, and therefore, the Nomination Petition must be set aside.

WHEREFORE, Petitioner respectfully requests this Honorable Court enter an order:
(a) setting aside the Nomination Petition of John Broadhurst as Democratic Candidate for the office of U.S. Representative for Congress for Pennsylvania's $10^{\text {th }}$ Congressional District;
(b) removing the name of John Broadhurst from the Democratic Party ballot for the office of U.S. Representative for Congress for Pennsylvania's $10^{\text {th }}$ Congressional District;
(c) directing the Candidate to pay the costs of the proceedings, including witness fees;
(d) providing other such relief against Candidate as this Court may deem appropriate.

Respectfully submitted,
SAIDIS, SHULTZ/\& FISHER


Attorney I.D. No. 201395
100 Sterling Parkway, Suite 300
Mechanicsburg, Pennsylvania 17050
(717) 590-8529

Attorneys for Petitioner

## IN THE COMMONWEALTH COURT OF PENNSYLVANIA

In Re Nomination Petition of : John Broadhurst : As Democratic Candidate for Office for
U.S. Representative in Congress, $10^{\text {th }}$ Congressional District of Pennsylvania

No. 2024 - $\qquad$ Civil Term
: Election Law

## VERIFICATION

I verify that the statements made in the foregoing Petition to Set Aside Nomination Petition are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa . C.S. Section 4904 , relating to unsworn falsification to authorities.

Date: February 20, 2024


## IN THE COMMONWEALTH COURT OF PENNSYLVANIA

In Re Nomination Petition of : John Broadhurst
As Democratic Candidate for Office for
U.S. Representative in Congress, $10^{\text {th }}$ Congressional District of Pennsylvania

No. 2024 - $\qquad$ Civil Term

Election Law

## CERTIFICATE OF SERVICE

AND NOW, this $20^{\text {th }}$ day of February 2024, I, Bedrudin Becirovic, Esquire, hereby certify that I have this day served the following person with a copy of the foregoing Petition to Set Aside Nomination Petition by mailing same by U.S. First Class Regular Mail, addressed as follows:

John Broadhurst<br>120 Pin Oak Drive<br>New Cumberland, PA 17070



## IN THE COMMONWEALTH COURT OF PENNSYLVANIA

In Re Nomination Petition of : John Broadhurst : As Democratic Candidate for : Office for U.S. Representative in Congress, $10^{\text {th }}$ Congressional District of Pennsylvania

No. 2024 - $\qquad$ Civil Term

Election Law

## CERTIFICATE OF SERVICE

AND NOW, this $20^{\text {th }}$ day of February 2024, I, Bedrudin Becirovic, Esquire, in fulfillment of service on the Secretary of the Commonwealth pursuant to 25 P.S. § 2937, hereby certify that I have this day served the following with a copy of the foregoing Petition to Set Aside Nomination Petition by U.S. First Class Regular Mail, addressed as follows:

Secretary of the Commonwealth
Attn: Al Schmidt
North Office Building, 401 North St, Unit 302
Harrisburg, PA 17120


100 Sterling Parkway, Suite 300
Mechanicsburg, Pennsylvania 17050
(717) 590-8529

Attorneys for Petitioner

## IN THE COMMONWEALTH COURT OF PENNSYLVANIA

In Re Nomination Petition of John Broadhurst As Democratic Candidate for Office for
U.S. Representative in Congress, $10^{\text {th }}$ Congressional District of Pennsylvania

No. 2024 - $\qquad$ Civil Term

Election Law

## SCHEDULING and CASE MANAGEMENT ORDER PER CURIAM

NOW, $\qquad$ , upon consideration of the Petition to Set Aside Nomination Petitions/Papers (Objection Petition):

## 1. IT IS HEREBY ORDERED:

A. Hearing on the Objection Petition is scheduled for , in Courtroom Number $\qquad$ , , Pennsylvania. Objector is directed to secure the services of a court stenographer for the hearing. Failure of Objector to secure the services of a court stenographer may result in the dismissal of this matter.
B. If signature lines are challenged, Objector shall secure, by request or subpoena, the presence of a Statewide Uniform Registry of Electors (SURE) system operator at the hearing.
C. Service of the Objection Petition on Candidate and this Order on all parties is complete upon the posting of the Objection Petition and this Order on the Court's website in accordance with this Court's Notice and Order in In re: Objections to Nomination Petitions/Papers of Candidates for Statewide and State-Level Office (Pa. Cmwlth., No. 126 Misc. Dkt. No, 3, July 19, 2023).
D. At the hearing, Objector shall offer proof of timely service of the Objection Petition on the Secretary of the Commonwealth.
2. It is FURTHER ORDERED that the parties shall comply with the following in advance of the hearing:
A. Objector shall file a list of all witnesses to be called at the hearing and the curriculum vitae and expert report for each expert witness. Any witness not identified may be precluded from testifying except for good cause shown.
B. Candidate shall file a list of all witnesses to be called at the hearing and the curriculum vitae and expert report for each expert witness. Any witness not identified may be precluded from testifying except for good cause shown.

## 3. If signature line challenges are at issue, it is FURTHER ORDERED that the parties shall comply with the following in advance of the hearing:

A. Objector and Candidate or Candidate's representative and, if appropriate, a SURE system operator, shall meet to review each and every challenged signature line.
B. Objector and Candidate shall file a stipulation of the parties that identifies:
a. the total number of completed signature lines submitted;
b. the total number of uncontested signature lines submitted;
c. the total number of signature lines challenged;
d. each and every signature line to which there is an objection, identified by page number and line number, and the basis for the objection;
e. each and every signature line to be stricken as invalid or for which an objection is to be withdrawn, identified by page number and line number, if the parties can reach such a stipulation.
C. Candidate shall file a list of all signature lines, identified by page number and line number, that are facially defective and that Candidate intends to rehabilitate. Candidate shall also state the manner in which Candidate intends to rehabilitate the signature lines.
4. Objector and Candidate may each file a memorandum of law in support of their respective positions. No further memoranda will be permitted unless ordered by the Court.
5. Unless otherwise ordered, the parties shall file all items required or permitted by paragraphs 2, 3 and 4 of this Order no later than 48 hours in advance of the hearing. Filing may be accomplished by PACFile (the Pennsylvania appellate court electronic filing system) or by email to CommCourtFiling@pacourts.us. Parties may not file by facsimile without express prior permission from the Court.
6. Failure to comply with any provision of this Order may preclude the noncompliant party from entering any evidence, and may result in the imposition of monetary sanctions.
$\qquad$

## Distribution List:

Bedrudin Becirovic, Esquire
Attorney I.D. No. 333647
Christopher E. Fisher, Esquire
Attorney I.D. No. 201395
100 Sterling Parkway, Suite 300
Mechanicsburg, Pennsylvania 17050
(717) 590-8529

Attorneys for Petitioner
Secretary of the Commonwealth
Attn: Al Schmidt
North Office Building, 401 North St, Unit 302
Harrisburg, PA 17120
Chief Counsel to Secretary of the Commonwealth
Attn: Kathleen Kotula
North Office Building, 401 North St, Unit 302
Harrisburg, PA 17120

## EXHIBIT "A"

Commonwealth of Pennsylvania DEPARTMENT OF STATE

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.


CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Oak Pin Drive
CITY, BOROUGH OR TWP.: Faiview Township
COUNTY OF SIGNERS: YORK 67
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. 24124



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，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． 54904 （relating to unsworn falsification to authorities）．
1 County of petition－Sigenes＇s Residence YORK COUNTY
2 Printed Name of Circulator Nicolette．Buyer 3 Signature of circulator Jucalette By en
4 Number and Street of Circulator 210 Windedonf till Dr．
5 City，Borough or Twp． $\qquad$ Newberry Twp $\qquad$ 17319

Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22

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.

 in this petition, and that they are residents in the County specified in number one below.

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. 94904 (relating to unsworn falsification to authorities).


Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
NAME OF OFFICE: REPRESENTATIVE IN CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst .
$\qquad$

OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
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.



STATEMENT OF CIRCULATOR
CIRCULATOR SHOULD COMPLETE
1.5 BELOW 1 - 5 BELOW
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 inowledge and belief, the signers are qualified elect stated therein; that each signed on the date set opposite his or her name; that to the best of my $n$ this petition, and that they are residents in the County specified in number one below.
:uther, 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 iubject to the penalties of 18 Pa.C.S. 54904 (relating to unsworn falsification to authorities).
1 County of Petition-Signers' Residence
2 Printed Name of Circulator Vain BRJADHURSD 3 Signature of Circulator Cons
4mmeranstreeto ocrinalater 120 Pindaph Dine


DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst $\square$
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
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.



Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITV, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
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.



Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
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.



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, 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. 54904 (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence $\qquad$ York
2 Printed Name of Circulator Robins Mealy Isaccsor
3 Signature of Circulator $\qquad$
4 Number and Street of Circulator 120 A $1 /$ sulcew Ace
5 City, Borough or Twp. $\qquad$ York tavern Bors Zip Code

Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 inforination about completion of this form.
NAME OF OFFICE: REPRESENTATIVE IN CONGRESS
DISTRICTTNUMBER: 10 th Congressional District
YEAR OF PRIMARY: $2024 \ldots$.
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst OCCUPATION: Business

RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.



Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.



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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.




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.CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Bròadhurst
OCCUPATION: Business
RESIDËNTİÄL STREET T ADDRESS: in Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township COUNTY OF SIGNERS: DAUPHIN- 22

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, $l$, 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.



Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024.
CANDIDATE'S NAME(PRINT OR TYPE NAME): John"Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.:' Faiview Township :
COUNTY OF SIGNERS: DAUPHIN 22
PARTY OF SIGNERS: Democratic
To the SECRETARY OF THE COMMONWEALTH:
We, the undersigned, all of whom severally deciare 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.



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.



Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.



Commonwealth of Pennsylvania
$\because$, DEPARTMENT OF STATE

ATTENTION I
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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst OCCUPATION: Business

RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
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.



Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONĠRÉSS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.



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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst


OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
PARTY OF SIGNERS: Democratic
To the SECRETARY OF THE COMMONWEALTH:
We, the undersigned, all of whom severally deciare 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.



STATEMENT OF CIRCULATOR
CIRCULATOR SHOULD COMPLETE 1-5 BELOW
' 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 iomination 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 hereof; 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 nowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated $n$ this petition, and that they are residents in the County specified in number one below.
"urther, 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 iubject to the penalties of 18 Pa.C.S. 54924 (relating ty unsworn falsification to authorities).


Commonwealth of Pennsylvania DEPARTMENT OF STATE
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 CONGRESS
DISTRICT NUMBER: . 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
'OCCUPATION: : Business'
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CTTY, BOROUGH OR TWP.: Fainview Township
COUNTY OF SIGNERS: YORK 67
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.


,. . Commonweaith of Pennsylvania DEPARTMENT OF STATE
.ATTEXTIIONI
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 provlded with this petition for detailed information about completion of this form.
NAME OF OFFIĊE: REPRÉSENTATIVE IN CONĠRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024 .
CANDIDATE'S NAME(PRINT OR TYPE N'AME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive CITY, BOROUGH OR TWP.: ‘Fairview Township

COUNTY OF SIGNERS: DAUPHIN 22
PARTY OF SIGNERS: Democratic
To the SECRETARY OF THE COMMONWEALTH:-
We, the undersigned, all of whom severally declare that we arequalified 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.


Commonwealth of Pennsylvania
DEPARTMENT'OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CTTY, BOROUGH OR TWP.: • Fairvew Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.



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, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement ts made subject to the penalties of 18 Pa.C.S. 54904 (relating to unsworn falsification to authorities).
1 County of Petition-Signers' Residence
AmA NIZAM
2 Printed Name of Circulator
3 Signature of Circulator
5 City, Borough or Twp.
mechainicsburg .
zip code $\frac{17050}{\vdots}$

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

Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: , CUMBERLAND 21
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.


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 CONGRESS DISTRICT NUMBER: ‘ 10 th’Congressional District YEAR OF -PRIMARY: : 2024

 OCCUPATION: Business

RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
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.


Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.



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， 1 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． 54904 （relating to ungworn falsification to authorities）．


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

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 CONGRESS
DISTRICT NUMBER: 10 th Congressional District
' SMEAR OF PRIMARY: 2024
CANDIDATE !S NAME(PRINT OR•TYPE NAME): John Broadhurst'
OCCUPATION: ' Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP:: "Fairview Township
COUNTY OF SIGNERS: - DAUPHIN 22
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.



Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS'
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: . . 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.


. Commonwealth of Pennsylvania DEPARTMENT OF STA ATE I


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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADORES: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: - Fairview Township
COUNTY OF SIGNERS: - DAUPHIN 22
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.



Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.



Commonwealth of Peñinsylvania DEPARTMENT OOF STATE

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 CONGRESS:
DISTRICT NUMBER:' 10th Congressional. District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pirn Oak Drive
CITY, BOROUGH OR TWP.:-" Fairview Township
COUNTY OF SIGNERS: -DAUPHIN 22
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.



Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUABER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAAAE): John Broadhurst
$\qquad$
 OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fainiew Township COUNTY OF SIGNERS: DAUPHIN 22

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.

 in this petition, and that they are residents in the County specified in number one below.

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 $18 \mathrm{~Pa} . \mathrm{C} . \mathrm{S} .54904$ (relating to unsworn falsification to authorities).


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

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.



Cumberland
DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL. STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.



STATEMENT OF CIRCULATOR
CIRCULATOR SHOULD COMPLETE 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, 1 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. 94904 (relating to unswom falsification to authorities).
1 County of Petition-signers' Residence cumberland
2 Printed Name of circulator thadeel Salameh
3 Signature of Circulator $\qquad$
4 Number ans street ocrunatar 631 Heritage Ct.


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


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 CONGRESS .
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF-SIGNERS:- DAUPHIN $22^{\prime}$
-- 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 meñbers 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 Ballotof said Party, for the Year and Office set forth above.


dEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRNT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: - 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21 .
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.



Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst ,
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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:



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.



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, 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. 94904 (relating to unsworn falsification to authorities).
1 County of Petition-Signers' Residence ( $4 M B E \cap A, A W T$ ).

3 Signature of Circulator
4 Number and Street of Circulator $9031<E \cdot$ Pr.
5 City, Borough or Twp. MECATANXCSBURG
Zip Code Pa 12050

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

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL. STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
PARTY OF SIGNERS: Democratic
To the SECRETARY OF THE COMMONWEALTH:
We, the undersigned, all of whom severally deciare 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.
促

|  | SIGNATURE OF ELECTOR | PRINIED NAME OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLIED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 15. |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |
| 21. |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |
| 23. |  |  |  |  |  |  |
| 24. |  |  |  |  |  |  |
| 25. |  |  |  |  |  |  |
| 26. |  |  |  |  |  |  |
| 27. |  |  |  |  |  |  |
| 28. |  |  |  |  |  |  |
| 29. |  |  |  |  |  |  |
| 30. |  |  |  |  |  |  |
|  | $\cdots$. . | STATEMENT OF | ATOR |  | CIRCULATOR SHOULD 1-5.BEL | MPLETE |
| 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, istate the information set forth herein is true and correct to the best ôfmyikno wledge, information and belief, and that this statement is'mādé subject to the penalties of 18 Pa.C.S. $\$ 4904$ (relating to unswom falsification to authorities). |  |  |  |  |  |  |
| $\qquad$ <br>  <br> 5 City, Borough or Twp. $\qquad$ , Mechanics <br> lip Code $\qquad$ |  |  |  |  |  |  |
| ; | ." . . . NOTE: THIS STATEMENT MUST BE COMPLETED AFTER AIL SIGNATURES HAVE BEEN OBTAINED. |  |  |  |  |  |

, "


Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS.
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst OCCUPATION: Business

RESIDENTIAL STREET ADDRESS: ' 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: - Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.



Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: • Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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 OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | House No. | Street or Road | City, Boro or Twp. |  |
| $15 .$ |  | ELINA CEOWOHUR | $360{ }^{\circ}$ | Wansford | Mechanics bury | $02 / 11 / 24$ |
| 16. |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |
| 19. |  |  | , | ', | . . . |  |
| 20. |  |  |  |  |  |  |
| 21. |  |  |  |  |  |  |
| 22. |  |  |  |  |  |  |
| 23. |  |  |  |  |  |  |
| 24. | $\therefore$ |  |  | . | . ${ }^{\prime}$ |  |
| $25 .$ |  |  | , |  | " |  |
| 26. |  |  |  |  |  |  |
| 27. | $n_{0}^{0} \pi!$ | , |  | $\because$ | $\cdots$ | - |
| 28. | ${ }^{2} r_{8}$ : | . |  |  | 15 | * |
| 29. |  |  |  |  |  |  |
| 30. | . . | . ${ }^{\circ}$ |  |  | , |  |
| STATEMENT OF CIRCULATOR |  |  |  |  |  |  |
| 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 bellef, 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 residentṣ in the County specified in numbèr one below. |  |  |  |  |  |  |
| 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 penaltíes' of 18 Pa.C.S. $\$ 4904$ (relating to unsworn falsification to authorities). |  |  |  |  |  |  |
| 1 County of Petition-Signers' Résidence $\qquad$ Camberland |  |  |  |  |  |  |
| 2 Printed Name of Circulator El ENA CHOWDHEURY |  |  |  |  |  |  |
| 3 Signature of Circulator <br> 4 Number and Street of Circulator $\qquad$ 3607 Wansford Rd |  |  |  |  |  |  |
| 5 City, | ough or Twp. $\qquad$ Mechani <br> NOTE: | ATEMÉNT MUST BE COMPLETED AFTER | ip Code 17 $\qquad$ <br> ER ALL'SIGNA | 50 <br> URES HAVE BEEN | BTAINED. |  |

# Commonwealth of Pennsylvania DEPARTMENT OF STATE 

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21 PARTY OF SIGNERS: Democratic
To the SECRETARY OF THE COMMONWEALTH:


#### Abstract

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, : | F ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 15. |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |
| 21. |  |  |  |  |  |  |
| 22. |  |  |  |  |  |  |
| 23. |  |  |  |  |  |  |
| 24. |  |  |  |  | , |  |
| 25. |  |  |  |  |  |  |
| 26. |  |  |  |  |  |  |
| 27. |  |  |  |  |  |  |
| 28. |  |  |  |  |  |  |
| 29. |  |  |  |  |  |  |
| 30. |  |  |  |  |  |  |
| STATEMENT OF CIRCULATOR . CIRCULATOR SHOULD COMPLETE - |  |  |  |  |  |  |

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 therefn; that each signed on the date set opposite his or her name; that to the best of my knowledge and beliff, 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, 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 penaties of 18 Pa.C.S. 54904 (relating to unsworn falsification to authorities).


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

Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: YORK 67
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.



I state that I am a qualified elector of the Commonwealth; that 1 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, 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. 54904 (relating to unswom falsification to authorities).
i County of Petition-Signers' Residence
2 Printed Name of Circulator


3 Signature of Circulator
 kea 4 Number and Street of Circulator


5 City, Borough or Twp.
 Zip Code $\qquad$ 12320 NOTE: THIS STATEMENT MUST BE COMPLETED AFTER ALL SIGNATURES HAVE BEEN OBTAINED.

Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
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.



$\qquad$

- 'c",Commonwealth of PennsylvaniaDEPARTMENT"OF STATE

ATTENTION!
A. This Petition may be used to subrrit 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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: ${ }^{-}$i20 Pin Oak̃ Drive
CITY, BOROUGH OR TWP.: Fairview' Township
COUNTY OF SIGNERS: DAUPHIN 22
$\therefore$
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.



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 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 inn below. Further, I 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. 54904 (relating to unswom falsification to authorities).


2 Printed Name of circulator. AMM telalek
3 Signature of Circulator


4 Number and Street of Circulator
 5 city, Borough or $T \overline{w p}$. flummetest 820 or Zip Code $\qquad$ 17036

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

Commonwealth of Pennsylvania
DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
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.



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，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 $18 \mathrm{Pa.C.S}$. ． 4904 （relating to unsworn falsification to authorities）．

note：this statement must be completed after all signatures have been obtained．

## Commonwealth of Pennsylvania

 DEPARTMENT OF STATEATTENTIONI
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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
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.

|  |  | ADoress wher Eegistred Ano Ewoule |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Hose No o | Streeto forad | ctit, baroo of Tw. |  |
| 1. Monitewem | David C. Wenger | 450 | Kesentriar | Middlus Paxton | 01/28924 |
| ${ }_{2}$ ce hous | Lere Nopris | 470 | Comoters |  | 01/28/24 |
| $3 . \mathrm{drg}$ | Jemifer trant | 412 | Pie | Dagren | 1/29/24 |
| 420 | Fromk Jxkn ict | 200 | Trail in | Middten | 1-31-2 |
| ${ }^{5}$ S. Cavoln Th. Anetwo | Cardly m. Dructer | 360 | Cardiol ${ }^{\text {Pr }}$ | $S_{\text {wantora }}$ Tur. | $1-31$ |
| e.ply w. Pa |  |  | crid | ${ }_{\substack{\text { mimidet } \\ \text { Paxion }}}$ |  |
| nuccadergendion | Michelle Jandon | 4002 | Pin Ned | middle Pation | $2 / 2 \sqrt{24}$ |
| 8. Spelyat granty | SALLY Fogarty | 4a' | Frebtollew | Mipoisferrod | 212124 |
| a. Alh intm | Alden Wenger | 412 | Erie ot. | Dauphin | 2/5/24 |
| 10. Muind ctiver | Michael Fisher | 6230 | Sraing koul | Lower Patars tre. | $2 / 11 / 24$ |
| $\text { 1. }{ }^{2} \operatorname{costan}$ | Laila narív grocia | 6230 | gecine rauc ma | luark Patal | $2 \ln 124$ |
| 12. |  |  |  |  |  |
| ${ }^{13}$ |  |  |  |  |  |
| 4 |  |  |  |  |  |



Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND $2 i$
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.


|  | OF ELECTOR | House No. | Street or Road | City, Bora or Twp. |
| :--- | :--- | :--- | :--- | :--- | :--- |
| DATE OF |  |  |  |  |
| SIGNING |  |  |  |  |

## STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 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, 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. 54904 (relating to unswom falsification to authorities).

1 County of Petition-Signers' Residence
2 Printed Name of Circulator John Whiny
4 Number and Street of Circulator 133 west High s
5 city, Borough or Twp. Calicle Bo lough
Zip Code


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

Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP:: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.



STATEMENT OF CIRCULATOR
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, 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. $\$ 4904$ (retting to unswom falsification to authorities).
1 County of Petition-Signers' Residence. (COMBLRLAND
3 Number and Street of circulator 2 Printed Name of Circulator
5 City, Borough or Twp. ©ALRISLE
Zip Code $\qquad$ 17013

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

Commonwealth of Pennsylvania
DEPARTMENT OF STA ATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.



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

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. $\S 4904$ (relating to unsworn falsification to authorities).


4 Number and Street of Circulator
66122 Lu

Commonwealth of Pennsylvania DEPARTMENT OF STATE

ATTENTION!
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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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 OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 15. |  |  |  |  |  |  |
| 16. | . |  |  |  |  |  |
| 17. |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |
| 21. |  |  |  |  |  |  |
| 22. |  |  |  |  |  |  |
| 23. |  |  |  |  |  |  |
| 24. |  |  |  |  |  |  |
| 25. |  |  |  |  |  |  |
| 26. |  |  |  |  |  |  |
| 27. |  |  |  |  |  |  |
| 28. |  |  |  |  |  |  |
| 29. |  |  |  |  |  |  |
| 30. |  |  |  |  |  |  |
|  |  | STATEMENT OF | ATOR |  | CIRCULATOR SHOULD 1-5 BEL | DMPLETE |

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, 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. 54904 (relating to unswdrn falsification to authorities).


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

Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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 OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLIED |  |  | DATE OF SIGNING |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 15. |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |
| 21. |  |  |  |  |  |  |
| 22. |  |  |  |  |  | - |
| 23. |  |  |  |  |  |  |
| 24. |  |  |  |  |  |  |
| 25. |  |  |  |  |  |  |
| 26. |  |  |  |  |  |  |
| 27. |  |  |  |  |  |  |
| 28. |  |  |  |  |  |  |
| 29. |  |  |  |  |  |  |
| 30. |  |  |  |  |  |  |
|  |  | STATEMENT OF | ATOR |  | CIRCULATOR SHOULD 1-5 BEL | MPLETE |
| 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 pettion, and that they are residents in the County specified in number one below. |  |  |  |  |  |  |
| Further, I state the infomation 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. 54904 (relating to unswom falsification to authorities). |  |  |  |  |  |  |
| 1 County of Petition-Signers' Residence $\qquad$ Cumberland |  |  |  |  |  |  |
| $\qquad$ |  |  |  |  |  |  |
| 4 Number and Street of Circulator 108 E. Maplewor Aue.$\qquad$ 5 City, Borough or Twp. Mechanicsturg Zip Code $\qquad$ 7055 |  |  |  |  |  |  |

Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
ATTENTION:

OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
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.



DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUABER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S MAME(PRNT OR TYPE NAAE): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
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.



Commonwealth of Pennsylvania DEPARTMENT OF STATE
A. This Petition may be used to submit for Nomination ATJENTIONI
B. Please refer to the instruction page provided with the Name of One Candidate for One Office Only. this form.

NAME OF OFFICE: REPRESENTATIVE IN CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
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.



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, 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 ungworn falsification to authorities).


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


Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
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.



## Commonwealth of Pennsylvania DEPARTMENT OF STATE

## 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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhuirst
OCCUPATION: : Business
RESIDENTIAL STREET ADDRESS: 120 pin Oak Drive
CITY; BOROUGH OR TWP.: Fäirview Township
COUNTY OF SIGNERS: DAUPHIN 22 - - . .- •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 eitector | $\begin{aligned} & \text { PRINTED NAME } \\ & \text { OF ELECTOR } \end{aligned}$ | ... ADDRESS WHERE REGITTiRRED AND ENROLLED . .- |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No. | Street or Road | city, Boro or Twp. |  |
| 1. Cous outs | Samila Mussa | 2208 | Contisiental | $\mathcal{R} \text { Harrisbu't }$ | $1-27.209$ |
| 2 obich e... | Fotouma-Eshal | 6105 | Macarth | ar Hbala | 1-27-2 |
| 3. | Ameen Ratiman. | 1505. | Mentfort or | Harrsbury PA | 2-2-24 |
| 4. | Tadiv: Padimion | 1505: | Montfort D | :Harrishiring PA | 2-3-24: |
|  | Sihed Rahu | 2505 | Mn"oita |  | Q $\div 3$ |
| 6. | ABD. Mussam. | 2208 | Contirentali | Anarrisburg | $2-7-20.2 .4$ |
| 7. fomilllune | Samer Mussá | 2008 | Continental | Herrisburg | $2-7-2024$ |
| 8. Moupromodnuees | Muhammad Mussa | 2208 | $\text { Continentel } 10$ | Harnishuig | $2.7-2024$ |
| 9. |  |  | . $\cdot \cdot$ | -. ... .... | - |
| 10. |  |  |  | $\cdots$ |  |
| 11. |  |  |  |  |  |
| $12 \cdots$ |  | 1.a! |  | : |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
|  |  |  |  |  |  |



Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMAER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S N'AME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: : Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: "Fairview Tōwñship"
COUNTY -OF SIGNERS: DAUPHIN 22 $\qquad$
$\qquad$
To the SECRETÁRY 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.


: Commonwealth of Pennsylvania DEPARTMENT OF STATE


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 CONGRESS $\qquad$
$\qquad$
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business

CITY, BOROUGH OR TWP:: Fairview Township
COUNTY OF-SIGNERS:--..DAUPHIN 22 $\qquad$
$\qquad$ 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.



Commonwealth of Pennsylvania
DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fainview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.



I state that，$\hat{I}$ am a qualified elector of the Commonwealth；that 1 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，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． 94904 （relating to unswom falsification to authorities）．
1 County of Petition－Signers＇Residence York
2 Printed Name of Circulator－Adown kteally－Isallcsor
3 Signature of Circulator


4 Number and Street of Circulator
 swell ATe

5 City，Borough or Twp． $\qquad$ Zip Code 12370

NOTE：THIS STATEMENT MUST BE COMPLETED AFTER ALL．SIGNATURES HAVE BEEN OBTAINED．
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 CONGRESS
DISTRICT NUMBER: 10th.Congressional District.
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst OCCUPATION: Business

RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Faïrview Tōnnship
COUNTY OF SIGNERS: YORK 67
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 aböve, certified to the County Board of Elections of satd 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 <br> OF ELECTOR | ADDRESS WHERE REGISTRED AND ENROLID |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No. | Street or.Road | City, Boro or Twp... |  |
| Aerasing eruri | Lora-zynn Kahler | 2655 |  | tork PA mancterd | 21034 |
| 2. Menal לolmerah | Miwit C Edmondso | -329 | Princoss 5 | yoik PA | 2-10-24 |
| 3. (ad hilu d | Richord Wiguon | 1/11: | ABPA AT Dr | mechonies bary | $210-31$ |
|  <br> 4. | Melissa CiMánnim | 1133 | Applepr | Mechanicsboring | $2-10-2024$ |
| 5. | Brivel | $892$ | bimore | but | PA2\% |
| 6. i) - | Dominic Dell: 6 | $2481$ | 5 Wha | Dollastorn | $2-10-29^{\circ}$ |
| 7. Rabin Lhan | Rabrya Khan | 248 | S. Wainut | Dallastorn pa | 2-18-24 |
| R. Rosaluz Catterall | Rosaluz alterall | 415 | haughicel) | York, PH | 2-10-24 |
| 9. GotmpNor | - Johin PNaylor | 53 | N, frastran | YonkPA. | 2-10-24 |
| 10, ${ }^{\circ}$ |  |  | - .....- |  |  |
| 11. |  |  |  |  |  |
| 12 | $\cdots$. ${ }^{\text {- }}$ | $\bigcirc$ | : |  |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |



Commonwealth of Pennsylvania DEPARTMENT OF STATE.

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 CONGRESS.
DISTRICT NUMBER: . 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY; BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
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.



## Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRNT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive

## CITY, BOROUGH OR TWP.: Fairview Township

COUNTY OF SIGNERS: DAUPHIN 22

## 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.



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, 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. 54904 (relating to unsworn falsification to authorities).


1 County of Petition-Signers' Residence 2 Printed Name of Circulator
3 Signature of Circulator
 4 Number and street of Circulator 120 Pan an Ane 5 City, Borough or Twp.
 Zip Code


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

## Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDEATIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22

## PARTY OF SIGNERS: Democratic

## To the SECRETARY OF THE COMMONWEALTH:

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


|  | SIGNATURE OF ELECTOR | PRINTED NAME OF ELECTOR | $\text { Page } 6^{2} \text { side } 2$ |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | ADDRESS WHERE REGSTERED AND ENROLIED |  |  |  |
|  |  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 15. |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |
| 21. |  |  |  |  |  |  |
| 22. |  |  |  |  |  |  |
| 23. |  |  |  |  |  |  |
| 24. |  |  |  |  |  |  |
| 25. |  |  |  |  |  |  |
| 26. |  |  |  |  |  |  |
| 27. |  |  |  |  |  |  |
| 28. |  |  |  |  |  |  |
| 29. |  |  |  |  |  |  |
| 30. |  |  |  |  |  |  |
| STATEMENT OF CIRCULATOR $\quad$CIRCULATOR SHOULD COMPLEIE <br> $1-5$ BELOW |  |  |  |  |  |  |
| state that $l$ am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this lomination 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 hereof; 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 unowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated $n$ this petition, and that they are residents in the County specified in number one below. |  |  |  |  |  |  |
| :urther, 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 iubject to the penalties of 18 Pa.C.S. 54904 (relating to unsworn falsification to authorities). |  |  |  |  |  |  |
| 2 Printed Name of circulator $\sqrt{\circ}$ hw |  |  |  |  |  |  |
| ANumber andstreet ot crucuator 120 fin al Duin |  |  |  |  |  |  |
| 5 City, Borough or Twp. $\qquad$ Tairveve tousody zip code $1707-1$ |  |  |  |  |  |  |

Commonwealth of Pennsylvania
DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
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.



## 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 CONGRESS
DISTRICT NUMBER： 10 th Congressional District
YEAR OF PRIMARY： 2024
CANDIDATE＇S NAME（PRINT OR TYPE NAME）：John Broadhurst
OCCUPATION：Business
RESIDENTIAL STREET ADDRESS： 120 Pin Oak Drive
CITY，BOROUGH OR TWP．：Fairview Township
COUNTY OF SIGNERS：DAUPHIN 22

## 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．

|  | PRINTED NAME of ELECTOR | ADDRESS Where reaitrred An Envolled |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No． | Street or Road | city，Baro or Twp． |  |
| 1．Khatija P．Satyaswenn |  |  | $\begin{aligned} & \text { wosodilewid } \\ & \text { the } \end{aligned}$ | Herthery 1 | $1 \mid 2712024$ |
| 2．Nabeel ¢ | Nabeel Ringoonwan | 653 | Springhe so | Huminesta | （127） |
| 3．Aubune Quezi | Rukeene Qurai | 653 | sprughense | nummelstane | 1／27124 |
| 4．dusan jaing | Susan Lang | 41 | Woodland | Hershey | 1－31－2024 |
| Sai. Mel | Samit MaCiL2－ | 403 | LKW\％of | Mrecranico | \12t2 |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
| 旦迴 DSBEESC（12／19）PAUPHIN 22維 | Department of State｜｜IIIIII | ｜｜｜｜｜｜｜｜｜ | ｜｜｜｜｜｜｜｜｜｜｜｜｜｜｜｜｜｜ | ｜｜｜｜｜｜｜｜｜｜｜Page 64 |  |


|  |  |  |  |  | Page | $\mathcal{4}_{5} \text { side } 2$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | SIGNATURE OF ELECTOR | PRINTED NAME OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
|  |  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 15. |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |
| 21. |  |  |  |  |  |  |
| 22. |  |  |  |  |  |  |
| 23. |  |  |  |  |  |  |
| 24. |  |  |  |  |  |  |
| 25. |  |  |  |  |  |  |
| 26. |  |  |  |  |  |  |
| 27. |  |  |  |  |  |  |
| 28. |  |  |  |  |  |  |
| 29. |  |  |  |  |  |  |
| 30. |  |  |  |  |  |  |
| STATEMENT OF CIRCULATOR CIRCULATOR SHOULD COMPLETE <br> $1-5$ 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 signied 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, 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. 54904 (relating to unsworn falsification to authorities). |  |  |  |  |  |  |
| 1 County of Petition-Signers' Residence Cumberland$\qquad$ |  |  |  |  |  |  |
| 2 Printed Name of Circulator $\qquad$ Samia Malik. |  |  |  |  |  |  |
| 4 Number and Street of Circulator 903 KENT Dr.$\qquad$ 5 city, Borugh or Twp. Hfch awics BurG $\qquad$ Zip Code 19,7050 |  |  |  |  |  |  |

Commonwealth of Pennsylvania
DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
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.



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, 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. $\S 4904$ (relating to unsworn falsification to authorities).
1 County of Petition-Signers' Residence Danu him 2 Printed Name of Circulator It erg han;
3 Signature of Circulator
 193 University Manor East (UME)
4 Number and Street of Circulator 193 University zip code 17033

NOTE: THIS STATEMENT MUST BE COMPLETED AFTER ALL SIGNATURES HAVE BEEN OBTAINED.
$\therefore \quad \therefore \quad \therefore$ 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: RERRESENTATIVE IN CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE N̦AME): John Broadhurst
OCCUPATION: Business
RESIDENTIAZ STREETADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.:- Fairview Township
COUNTY OF-SIGNERS: --DAUPHIN 22 $\qquad$
$\qquad$ 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.f.s. forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no peetition 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.



Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
PÁRTY 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.


|  |  |  |  |  |  | 7 Side 2 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | SIGNATURE OF ELECTOR | PRINTED NAME OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  | DATE OF SIGNING |
|  |  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 15. |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |
| 21. |  |  |  |  |  |  |
| 22. |  |  |  |  |  |  |
| 23. |  |  |  |  |  |  |
| 24. |  |  |  |  |  | ; |
| 25. |  |  |  |  |  |  |
| 26. |  |  |  |  |  |  |
| 27. |  |  |  |  |  |  |
| 28. |  |  |  |  |  |  |
| 29. |  |  |  |  |  |  |
| 30. |  |  |  |  |  |  |
| STATEMENT OF CIRCULATOR $\quad$ CIRCULATOR SHOULD COMPLETE |  |  |  |  |  |  |
| 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, 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). |  |  |  |  |  |  |
| $\qquad$ |  |  |  |  |  |  |
| 2 Printed Name of Circulator $\qquad$ Asia Siddique 3 Signature of Circulator $\qquad$ <br> 4 Number and Street of Circulator $\qquad$ 42 Bella vista dr |  |  |  |  |  |  |
| 5 City, Borough or Twp. M$\qquad$ echanics buyg, Siluer spiningzocose 17050$\qquad$ |  |  |  |  |  |  |

Comonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: .. 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: ' Business
RESIDENTIAL STREET ADDRESS: - 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: "Fairview Township
COUNTY OF SIGNERS: - DAUPHIN 22- $\qquad$
$\qquad$
$\qquad$
-PARTY OF SIGNERS: - Democratic
To the SECRETARY OF THE COMMONWEALTH: $\qquad$
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.



Commonwealth of Pennsylvania -
DEPARTMENT OF STATE

ATTENTIONI
A. This Petition may be used to submit for Nominatión 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 CONGṘESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: YORK 67
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.



Commonweaith of Pennsylvania
DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.



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, 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. $\S 4904$ (relating to unsworn falsification to authorities).
 2 Printed Name of Circulator SAMiAn ACid
 5 City, Borough or Twp. Mra Antics BGRG_ zip code Pa 17050

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

ATIENTIONI
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 detalled information about completion of this form.

NAME OF OFFICE: REPRESENTATIVE IN CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: ' 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP: •Fairvew Township
COUNTY OF SIGNERS:- CUMBERLAND 24.


To the SECRETARY OF THE COMHONWEALTH:
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 pettion 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 Countles in satd District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.


A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only. this form.

NAME OF OFFICE:--REPRESENTATIVE IN CONGRESS
DISTRICT NUMBER: 10th Congressionial District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
residential street address: 120 Pin Öak drive
CITY, BOROUĞH OR TWP.: Fairview. Township
COUNTY OF S!GNERS: CUMBERLAND. 21 .- . .- .- . .. ' 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 añ ènrolled members" of the Political Pärty set forth äbove, and have signed no petition inconsistent ${ }^{\text {" }}$ 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.


, -

## Commonwealth of Pennsylvania

 DEPARTMENT OF STATEOFFICIAL USE ONLY

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

NAME OF OFFICE: REPRESENTATIVE IN CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21 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.



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, 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 County of Petition-Signers' Residence Cumberland Valley
2 Printed Name of circulator SHAHD HIJJAWI
3 Signature of Circulator - 8thechel zurho

4 Number and Street of Circulator
113 Warm street way
5 City, Borough or Twp. $\qquad$ Mechanicsbury Zip code 17050

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

# Commonwealth of Pennsylvania DEPARTMENT OF STATE 

## 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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
occupation: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Faiview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.


|  |  |  | $\text { Page } 74 \text { side } 2$ |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | SIGNATURE OF ELECTOR | PRINTED NAME OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
|  |  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 15. |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |
| 21. |  |  |  |  |  |  |
| 22. |  |  |  |  |  |  |
| 23. |  |  |  |  |  |  |
| 24. |  |  |  |  |  |  |
| 25. |  | ; |  |  |  | $\bigcirc$ |
| 26. |  |  |  |  |  |  |
| 27. | $\cdots$ 为 | . ${ }^{\text {a }}$ |  | - |  |  |
| $28 .$ | $A^{+r_{1}}$ |  |  | $\cdots$, | \% |  |
| 29. |  |  |  |  |  |  |
| 30. |  |  |  |  |  |  |
| STATEMENT OF CIRCULATOR (IRCULATOR SHOULD COMPLETE |  |  |  |  |  |  |
| I state that I am a qualified elector of the Commonweath; 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 pettion, and that they are residents in the County specified in number one below. |  |  |  |  |  |  |
| Further, 1 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 county of pettiton-signers' Restdence Cumberland County <br> 2 Prnnted Name of circulator SALEH AtinA ED MALSK |  |  |  |  |  |  |
| 3 Sign <br> 4 Num <br> 5 City, | of Circulator $\qquad$ and Street of Circulator $\qquad$ ough or Twp. Mecha |  | ip Code | $70.50$ |  |  |

## Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22 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.



Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
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.



## STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
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，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． 54904 （relating to unsworn falsification to authorities）．


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

## OFFICIAL USE ONLY

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

NAME OF OFFICE: REPRESENTATIVE IN CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22 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.



## Átiention

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 CONGRESS -
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: "DAUPHIN 22
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 OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 15. |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |
| 21. |  |  |  |  |  |  |
| 22. |  |  |  |  |  |  |
| 23. |  |  |  |  |  |  |
| 24. |  | -. | . . |  |  |  |
| 25. | . | . . | $\cdots$ | : |  |  |
| 26. |  |  |  |  |  |  |
| 27. |  |  |  |  |  |  |
| 28. |  | - . |  |  |  | -- |
|  |  |  |  |  |  |  |
| STATEMENT OF CIRCULATOR $\|$CIRCULATOR SHOULD COMPLETE <br> $1-5$ BELOW |  |  |  |  |  |  |
| state that I am a qualified elector of the Commonwealth; that lam duly registered and enrolled as a member of the political party designated in this iomination 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 hereof; 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 unowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated $n$ this petition, and that they are residents in the County specified in number one below. |  |  |  |  |  |  |
| :urthe iubjec <br> 1 Coun <br> 2 Prin | ate the information set forth he penalties of 18 Pa.C.S. 5 <br> Petition-Signers' Residence <br> ame of Circulator | and correct to the o unsworn falsifica $\qquad$ $B P O A D$ | my knowledge thorities). | information and | f, and that this statem | it is made |
| 3 Sign <br> 4 Num <br> 5 City, | of Circulator and Street of Circulator $\qquad$ ugh or Twp. Fair |  | ruex <br> ip Code | $7-y_{7}$ |  |  |
| $\Gamma^{-}$ | NOTE: | T MUST BE COMPLE - THus i cit ivitit는 | R ALL SIGNA | res have beeño |  |  |

Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUABER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
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 OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  | DATE OF SIGNING |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | House No． | Street or Road | City，Boro or Twp． |  |
| 15. |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |
| 21. |  |  |  |  |  |  |
| 22. |  |  |  |  |  |  |
| 23. |  |  |  |  |  |  |
| 24. |  |  |  |  |  |  |
| 25. |  |  |  |  |  |  |
| 26. |  |  |  |  |  |  |
| 27. |  |  |  |  |  |  |
| 28. |  |  |  |  |  |  |
| 29. |  |  |  |  |  |  |
| 30. |  |  |  |  |  |  |
|  |  | STATEMENT O | ATOR | ． | CIRCULATOR SHOULD 1-5 BEL | MPLETE |
| 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，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 unswom falsification to authorities）． |  |  |  |  |  |  |
| 1 County of Petition－Signers＇Residence york $\qquad$ |  |  |  |  |  |  |
| 2 Prin <br> 3 Sign <br> 4 Nurn <br> 5 City | 3 Signature of Circulator pober Elelley otsancsor－ $\qquad$ <br> 4 Number and Street of Circulator 120 of allsviees Auee |  |  |  |  |  |

 DEPARTMENT OF STATE

DEPARTMENT OF STATE.

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 CONGRESS
DISTRICT NUMBER: , _10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fäiview Township
COUNTY OF SIGNERS:- - CUMBERLAND 21 $\square$ -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.



# Commonwealth of Pennsylvania DEPARTMENT OF STATE 

## ATIENTION！

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

## name of Office：REPRESENTATIVE in CONGRESS

DISTRICT NUMBER：10th Congressional District
YEAR OF PRIMARY： 2024
CANDIDATE＇S NAME（PRINT OR TYPE NAME）：John Broadhurst
OCCUPATION：Business
RESIDENTIAL STREET ADDRESS： 120 Pin Oak Drive
CITY，BOROUGH OR TWP．：Fairview Township
COUNTY OF SIGNERS：CUMBERLAND 21 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 Baard 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．

| 或畐可 | PRINTED NAME OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLIED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 4 |  | House No． | Street or Road | City，Boro or Twp． |  |
| 1. | Nathan V．Smim | 262 | W．North 5 － | Carlibe Bore | 1－25 |
| 2. | seffrey Alfarns | 137 | Fst | arlible Boro | $1-25$ |
| 3. $12 \infty 6$ | dohn Werner | 133 | West High st | Carisle Boro | $1-25$ |
| 4. | Erik Smith | 407 | Archst． | Carlisle Doro | $1 / 25 / 24$ |
| 5. t2ułl | Robert MitchellShies | 624 | W.Louther | CarlisleBoro | $1 / 25 / 29$ |
| 6. Etios lcra мel | Elias $\leq$ radel | 250 | mooteland | carlisleba | $1 / 25 / 24$ |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  | $1:$ |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
| DSBE－SC（12／19）CUMBERLAND 21 | Department of State |  | ｜｜ $\mid$｜｜｜｜｜｜｜｜｜｜｜｜｜｜｜｜｜ | $\\|\\|\\|\\|\\|\\| \text { Page } 8 /$ |  |


|  |  |  |  |  |  | $\text { Y/ Side } 2$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | SIGNATURE OF ELECTOR | PRINTED NAME of ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
|  |  |  | House No． | Street or Road | City，Boro or Twp． |  |
| 15. |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |
| 21. |  |  |  |  |  |  |
| 22. |  |  |  |  |  |  |
| 23. |  |  |  |  |  |  |
| 24. |  |  |  |  |  |  |
| 25. |  |  |  |  |  |  |
| 26. |  |  |  |  |  |  |
| 27. |  |  |  |  |  |  |
| 28． |  |  |  |  |  |  |
| 29. |  |  |  |  |  |  |
| 30. |  |  |  |  |  |  |
| STATEMENT OF CIRCULATOR $\quad$ CIRCULATOR SHOULD COMPLFTE |  |  |  |  |  |  |
| 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，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 unswom falsification to authorities）． |  |  |  |  |  |  |
| 1 County of Petition－Signers＇Residence CuMBERLANO$\qquad$ |  |  |  |  |  |  |
| $\qquad$ |  |  |  |  |  |  |

[^0]Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.


|  |  |  |  |  |  | －side |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | SIGNATURE OF ELECTOR | PRINTED NAME OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
|  |  |  | House No． | Street or Road | City，Boro or Twp． |  |
| 15. |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |
| 21. |  |  |  |  |  |  |
| 22. |  |  |  |  |  |  |
| 23. |  |  |  |  |  |  |
| 24. |  |  |  |  |  |  |
| 25. |  |  |  |  |  |  |
| 26. |  |  |  |  |  |  |
| 27. |  |  |  |  |  |  |
| 28. |  |  |  |  |  |  |
| 29. |  |  |  |  |  |  |
| 30. |  |  |  |  |  |  |
| istate nomina thereo knowle in this Furthe subjec 1 Count 2 Prin 3 Sign 4 Num 5 City | I am a qualified elector of th petition；that my residence is at their respective residences and belief，the signers are quals tion，and that they are reside <br> tate the information set forth the penalties of $18 \mathrm{~Pa} . \mathrm{C} .5$ ． 5 <br> Petition－Signers＇Residence Name of Circulator of Circulator and Street of Circulaty ough or Twp． $\qquad$ | STATEMËNT O <br> alth；that I am duly below；that the sig stated therein；tha s，duly registered ty specified in num <br> and correct to the to unsworn falsific <br> BERLAND KRIEGER reeger W．Bont <br> TT MUST BE COMPL | ATOR <br> ed and enrolle foregoing $p$ gned on the led members below． <br> my knowledge authorities）． <br> ER ALL SIGNA | as a member of the tition signed the $s$ te set opposite his the political party <br> information and $\square$ $\qquad$ $2013$ <br> URES HAVE BEEN | CIRCULATOR SHOULD 1－5 BEL <br> political party designa e with full knowledge her name；that to the and of the political dist <br> ef，and that this stater <br> AINED． | MPLETE <br> in this <br> he contents st of my． designated <br> t is made |

## 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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst

## OCCUPATION: Business

RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: " Faiiviéw Township
COUNTY OF-SIGNERS:- •DAUPHIN 22
-- 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 Parity 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.

|  | printed name OF ELECTOR | -. ADDRESS.WHERE REGSTERED.AND. ENROLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No. | Street or Road | city, Boro or Twp. |  |
| 1. Sisa Bender | Lisa D' bender | 504 | Marcel D | $\begin{aligned} & \text { Harrobur } \\ & \text { Susq Two } \end{aligned}$ | $1 / 27 / 24$ |
|  | Hilary Holmes: | 3527 | N0.4thst | HACR ISBDRC sus queharaña | 1/28124. |
| 3. Warbardi Oaxceicia | Barhara Janecko: | 809: | Squire Rd | Swatara Twp | 1/28/24 |
| 4. Ruáldikevirion. | DONAFLD. Refoner | 101. | Fdilimuosl | Sunquihom Tm | 1/28/24 |
| 5. Mofuri jenecko | "RobertiJ Saneeko | 809. | Gure Rd. | Swatocatcup | $\therefore 128124$ |
|  |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  | - . | - .. | . | : |
| 10. |  | -.. |  |  |  |
| 11. |  |  |  |  |  |
| 12. | 米: . - , !n |  |  | N: |  |
| 13. | - - |  |  | - - - |  |
| 14. |  |  |  |  |  |
|  | Department of Staté. | $\|\|\|\|\|\|\|\|\|\|\|\|\|\mid$ |  | $\text { \\|I\\|\\|\|\|\| Page. } 83$ |  |



## 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 defer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: REPRESENTATIVE IN CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRNT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22 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.



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, 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. 54904 (relating to unsworn falsification to authorities).
1 County of Petition-Signers' Residence - CVMBERLAND

5 City, Borough or Twp. MCCHANICSBVRG $\qquad$ 17050

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

Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.



## Commonwealth of Pennsylvania

 DEPARTMENT OF STATEATTENTION!
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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22

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



Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.



## STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 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, 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. 54904 (relating to unsworn falsification to authorities).
1 county of Petition-Signers' Residence CuMBERLAND'
2 Printed Name of Circulator
SAMIA
3 Signature of Circulator


4 Number and street of circulator 900 . (naT) Dr, 5 city, Borough or Twp. NIEEANICS BURCL Zip Code $\qquad$

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

## Commonwealth of Pennsylvania

 DEPARTMENT OF STATEOFFICIAL USE ONLY

ATTENTION!
A. This Petition may be used to submil 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 $\mathbb{N}$ CONGRESS
DISTRICT NUMBER: 10 th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fainview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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 OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No. | Street or Road | City, Boro or Twp. |  |
|  | MAGAMPOU ISSí1 |  | $229 \text { stath }$ | Meduamiestars | 02102124 |
| 2. | SUHAL SHAFI | 22 | Tarern Has | Mechanics 5 | Feb 3 d ${ }^{2} 24$ |
| 3. <br>  $\square$ $-$ $\qquad$ | Coaid Chaudly | 4804 | Briaukd Anechanjesto Gallonn rechansuspisiso |  | $169 / 2 / 24$ |
| 4. Ahmied Rested | Afrimed Pashee | 6127 |  |  | 217124 |
| 5. | Amanathillat mphamol |  | Drgwood LN ENTOAT Pill 1705 |  |  |
| 6. $\qquad$ | ARSR Anstifa | $49$ | Pote Aly | Medraictorn | 021 |
| $7 .$ |  |  | ) |  |  |
| 8. | - |  |  |  |  |
| 9. |  |  | c |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
| DSBE-SC(12/19) CUMBERLAND 21 | Department of State $\square$ Page side 1 <br>  |  |  |  |  |


|  |  |  |  |  |  | $8_{\text {Side } 2}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | SIGNATURE OF ELECTOR | PRINTED NAME of ELECTOR | 'ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
|  |  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 15. |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |
| 17. |  |  |  |  |  | . |
| 18. |  |  |  |  |  |  |
| 19. |  |  | 4, | , $\because$, | *** |  |
| 20. |  |  |  |  |  |  |
| 21. |  |  |  |  |  |  |
| 22. |  |  |  |  |  |  |
| 23. |  |  |  |  |  |  |
| 24. : |  |  |  |  |  |  |
| 25. |  | T | , |  | 「6! | , ${ }^{\prime}$ |
| 26. |  |  |  |  |  |  |
| 27. | $\text { . } 1+3+m$ | $\ldots$ |  | ~". | $\cdots$ | $\cdots$ |
| 28. | $+7.040$ | $\therefore$ | , | $\cdots!$ | \% 9 | $\square$ |
| 29. |  |  |  |  |  |  |
| 30. |  |  |  |  |  |  |
| STATEMENT OF CIRCULATOR <br> CIRCULATOR SHOULD COMPLETE 1-5 BELOW <br> 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 residènts in the County specified in numbere one below. <br> 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). |  |  |  |  |  |  |

Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: YORK 67
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 OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  | DATE OF SIGNING |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 1. | $19 \rightarrow 4 \operatorname{cotan}$ | W4a0accucos | $206$ | hoartous l | bel lork pA | $2 / 10 / 24$ |
| 2. |  | Jeffisulisan | $311$ |  | $\text { ket } \text { querk fa }^{\text {fa }}$ | $2 \int 19 / 24$ |
|  |  | Milpisse Oost | $36$ |  | $\operatorname{lop}_{1} O A$ | $210 / 2 c$ |
| $4.7$ |  | Connicsue (am | 1205 | Cranberyle | Whit yorkPA | $2 / 10 / 2024$ |
| 6. |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |
| 8. |  |  | , | , | $\checkmark$ |  |
| 9. |  | . |  |  | , |  |
| 10. |  | , . |  |  | . |  |
| 11. |  |  |  |  |  |  |
| 12. | . $\quad$ \% |  |  | , |  |  |
| 13. |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |



## STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
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, 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 $18 \mathrm{~Pa} . \mathrm{C} . \mathrm{S}$. $\$ 4904$ (relating to unsworn falsification to authorities).
1 County of Petition-Signers' Residence $\qquad$
2 Printed Name of Circulator
 Mealy $=$ Isaacson
3 Signature of Circulator
 1 ave dey oraacoor 4 Number and Street of Circulator 120 stalls wow Aves 5 City, Borough or Twp. York Fallen_ Ballora zip code 17370

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

## Commonwealth of Pennsylvania

 DEPARTMENT OF STATEATTENTION!
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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Oak Pin Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: YORK 67
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.



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, 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 County of Petition-Signers' Residence
York COVNTY
2 Printed Name of circulator Nicolette By en
3 Sgenaureor cricuater Micolitte Byes

sit, Boocshor Twp. New berry Tap_ -ip code 17319

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

## Commonwealth of Pennsylvania

 DEPARTMENT OF STATEATTENTION!
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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: YORK 67
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.



## STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
1-5 BELOW
I state that I am a qualified elector of the Commonwealth; that 1 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, 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. $\S 4904$ (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence


2 Printed Name of Circulator Layla yaghnam
3 Signature of Circulator
4 Number and Street of Circulator


5 City, Borough or Twp. $\qquad$ Zip Code


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

## Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township

## COUNTY OF SIGNERS: DAUPHIN 22 <br> 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.



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, 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).


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

## Commonwealth of Pennsylvania <br> 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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
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.

|  | PRINTED NAME OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 1. Uspette Civena | ANNETE RIVERA | $1$ | $\begin{aligned} & 900-1.3 T t \\ & \text { ST. } \end{aligned}$ | HACRESBUR | $6^{2} 110 / 24$ |
| 2. | Michtue tocis | $1$ | $915 S(S Q)=$ | $\begin{aligned} & \text { ANA } \\ & \text { HAREISRuRes } \end{aligned}$ | $2110124$ |
| 3. $\longrightarrow$ — <br> n | RACHIRL PRRREGO | 1 | $913 \text { SUSQREN }$ | NK + MARREBURA | $2 / 10 / 24$ |
| 4. sel Moud <br> 5. | Sarah Ruhland | $901$ | Capistel | tarvishug | $2110104$ |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| $13 .$ |  |  |  |  |  |
| 14. |  |  |  |  |  |
| DSBE-SC(12/19) DAUPHIN 22 | Department of State \||||||| |  |  | Pagef3 |  |


|  | SIGNATURE OF ELECTOR | PRINTED NAME OF EleCTOR | ADDRESS WHERE REGISTERED AND ENROLLLED |  |  | DATE OF SIGNING |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 15. |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |
| 21. |  |  |  |  |  |  |
| 22. |  |  |  |  |  |  |
| 23. |  |  |  |  |  |  |
| 24. |  |  |  |  |  |  |
| 25. |  |  |  |  |  |  |
| 26. |  |  |  |  |  |  |
| 27. |  |  |  |  |  |  |
| 28. |  |  |  |  |  |  |
| 29. |  |  |  |  |  |  |
| 30. |  |  |  |  |  |  |
| STATEMENT OF CIRCULATOR CIRCULATOR SHOULD COMPLETE <br> 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, 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 $18 \mathrm{~Pa} . \mathrm{C} . \mathrm{S}$. $\$ 4904$ (relating to unswom falsification to authorities). |  |  |  |  |  |  |
| 1 County of Petition-Signers' Residence $\qquad$ Dawphin 2 Printed Name of Circulator $\qquad$ Samantha Patrich |  |  |  |  |  |  |
| 3 Signature of Circulator Hamentern patnd$\qquad$ |  |  |  |  |  |  |
| 5 City, | ugh or Twp. Hamsb $\qquad$ <br> NOTE: | T MUST BE COMPL | ip Code $\qquad$ | $6109$ <br> URES HAVE BEEN | INED. |  |

## Commonwealth of Pennsylvania

DEPARTMENT OF STATE
-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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.

|  | printed name of Elector | ADDRESS WHERE REGITERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No. | Street or Road | City, Boro or Twp. |  |
|  | Stephany Arguello | 4214 | Allen Rel | Camputill | 1128 |
| 2. Tor Cobas | Jory Cobias | 940 | Grancham | Mechaniesburg | 1/28 |
| 3. Atrien RU ent | AlysenR Pintert | 922 |  | Harrisburg | 428/2024 |
| $\text { 4. } 4 \sim 2$ | Antoinette Municule: | 940 | Grantham | Mechanicsborg | 1/28/2024 |
| 5. an $3=$ | Alexander Zemaitis | 630 | Davis Dr. | New Cumberland | 1/28/2024 |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| в. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
| 目嗢 DSBE-SC(12/19) CUMBERLAND 21 <br>  | Department of State \||||l|||||| | U | \||||||||||||||||||||||||||| | Pagety |  |



## Cominonwealth of Penñsylvania

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

NAME OF OFFICE：－－REPRESENTATIVE IN CONGRESS
DISTRICT NUMBER：$\quad$ 10th Congressional District
YEAR OF PRIMÁ＇RY： 2024

## CANDIDATE＇S NAME（PRINT OR TYPE NAME）：John Broadhurst

OCCUPATION：Business
RESIDENTIAL STREET ADDRESS； 120 Pin Oak Drive
CITY，BOROUGH OR TWP．：＂Fairview Township
COUNTY OF SIGNERS：DAUPHIN 22
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．

| SIGNATUREEO Ö ELECTOTOR | PRINTED NÄME OF ELECTOR | ADDRESS WHERE REGITERED AND ENROLLED． |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No． | Street or Road | City，Boro or Twp． |  |
| 1．Clfozs． | Eyoral Thabateh | 4433 | Saybrook：LN | Hamsburg．．． | 2111 |
| 2． | Heba Thabatch | 4433 | Saybroath | Harrisburg－ | $2 / 11 / 2$ |
| 3．Altas．．． | Malek Thabateh | 4433 | S．eybrookt | Harrisburg | $2 / 11124$ |
| 4. Ifiri | Elisa Thabateh＂． | 4433 ． | Saybrodk Ln： | Harrisbung：：： | $2 / 11 / 24$ |
| 5． | $\because$ | $\cdots$ | －a |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  | $\therefore \quad$. |  |  |
| 9. | －－ |  |  |  |  |
| 10. | $\cdots ;$ |  | ！＇ |  |  |
| 11. |  |  |  |  |  |
| 12. | $\cdots$ ．$\cdot$ ． | $\cdots$ | $1 \cdot$ | ． |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
| 国运 DSEE－SC（12／19）DAUPHIN 22 <br>  | Department of State ： | ， | ｜｜｜｜｜｜｜｜｜｜｜｜｜｜｜｜ | $\text { \|\|\|\|l\|l\| Page } 75$ | de1 歌気 |



## Commonwealth of Pennsylvania DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21 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.


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；＇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． 54904 （relating to inswom falsification to authorities）．

1 County of Petition－Signers＇Residence $\qquad$ Cumberland


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

Commonwealth of Pennsylvania DEPARTMENT OF STATE

ATIENTION!
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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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 Commonweatth 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.



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, 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 unswom falsification to authorities).

1 County of Petition-Signers' Residence
Cumberland
2 Printed Name of Circulator Daniel Michael Barr
3 signature of circulator Daniel morn
4 Number and Street of Circulator 566 Brentwater Road
5 City, Borough or Twp. Camp Hill)_ Zip code (10U

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


## ATTENTION！

A．This Petition may be used to submit for Normination 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 OFEICE：－REPRESENTATIVE．IN．CONGRESS
DISTRICT NUMBER：10th Congressioṇal District
YEAR OF PRIMARY： 2024
CANDIDATE＇S NAME（PRINT OR TYPE NAME）：John Broadhurst
OCCUPATION：Business
RESIDENTIAL STREET Ád D́RĒSS： 120 Pin Öak Dive
CITY，BOROUGH OR TWP．：－Fairview Township
COUNTY OF SIGNERS：－DAUPHIN 22 ．
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 ．i 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 Commionwealth 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． |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No． | Street or Road | City，Boro or Twp． |  |
| 1．Nader Shawakhe－ | Nader Shawakha． | 2308 | Forest lane | $\begin{aligned} & \text { Harrisburg } \\ & \text { pA 17H2 } \end{aligned}$ | $1 / 28 / 2.4$ |
| 2．Nowid Haned， | Maima Homad | 1：5500 | Quall Ridge | Harrisburg PA－1711． | $1 / 28 / 2$ |
|  | Raja Rammounj | $552,2$ | Quail ：Ridge | Harrisbur 8 pA 17111 | 1／28／24 |
| 4．Hin |  | 5522 | Kuid Rigdecl | PA | $1 / 28 / \geq 4$ |
| $\text { 5. }-\int \text { S }$ | nennishotovita | $2308$ | forestitane |  | $29124$ |
| 6. Rob． Cermeni： | Lomaner Rorinsol | 752 | OLaik. Leaff | Hovisburg PA． 1711 | $\begin{aligned} & 2 \\ & 2 . \\ & 9 \end{aligned}$ |
| 7. | ＇＇atal＇ | $\cdots \cdots$ | ．．．．．．${ }^{\text {a }}$ ． | \％ 8 ＇${ }^{\prime}$ |  |
| 8. | －－－ |  | － | $\cdots$ |  |
| 9. | －． | －．－ | － | ． 1 | $\cdots$ |
| 10. |  | －－ |  |  | $\cdots$ |
| 11. | $\cdots$－． |  |  |  | m $\quad$ ． |
| 12．．「．．．l |  | 17．14： | －n！ |  |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
| 品造 DSBE－SC（12／19）DAUPHIN 22， |  |  |  |  |  |




## Commonwealth of Pennsylvania

 DEPARTMENT OF STATE
## OFFICIAL USE ONLY

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

NAME OF OFFICE: REPRESENTATIVE IN CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21

## 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.


so

## STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
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，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． 94904 （relating to unsworn falsification to authorities）．
1 county of Petition－Signers＇Residence CuMBERLAND
2 Printed Name of Circulator SAM iA
Mai
3 signature of circulator Sen ie $K$ death：－
4 Number and Street of Circulator $903<1<E N T \quad D V$ 5 City，Borough or Twp．MGeltDNiCSBMRG Zip Code


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

NOTE：THIS STATEMENT MUST BECOMPLEDAFTRALL SIGNATURE HAVE BEN OBTAIED．

## Commonwealth of Pennsylvania DEPARTMENT OF STATE

OFFICIAL USE ONLY

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

## NAME OF OFFICE：REPRESENTATIVE IN CONGRESS

DISTRICT NUMBER：10th Congressional District
YEAR OF PRIMARY： 2024
CANDIDATE＇S NAME（PRINT OR TYPE NAME）：John Broadhurst
OCCUPATION：Business
RESIDENTIAL STREET ADDRESS： 120 Pin Oak Drive
CITY，BOROUGH OR TWP．：Fairview Township
COUNTY OF SIGNERS：CUMBERLAND 21 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 OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No． | Street or Road | City，Boro or Twp． |  |
| 1．Aftotessone | Aichatou Hassane Ne． | 398 | ALISON AV | Mechaníosbury | $2 / 10 / 24$ |
| 2 x）ouncures ncona | Mounomy nat | 398 | Alconn AY | Mechancersoppy | 2lolar |
| 3．Abot y P UiTAP． | Abdou Oumar | 1109 | APPLE DR | Meehanicsharg | $2 / 1 / 3 / 24$ |
| 4．Theffactane dobrisors <br> 5. | Unoffatarge er．Pllo | 9. | A8 Herman | Lemaghe | $2[4124$ |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
| 国 DSBE－SC（12／19）CUMBERLAND 21 | Department of State $\square$ Page $00_{\text {Side } 1}$ <br> 歌㴧 |  |  |  |  |



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，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． $\mathbf{\$ 4 9 0 4}$（relating to unsworn falsification to authorities）．
1 County of Petition－Signers＇Residence＿CUMBGRLANTD
2 Printed Name of Circulator SAM IA MALLIC．
3 Signature of circulator Se si＜Ma bo，
4 Number and Street of Circulator $9123.1<E W I \quad D 1$ ．
5 city，Borough or Twp．MrcifainicsBung zip code qi， 9050

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

## Commonwealth of Pennsylvania

## DEPARTMENT OF STATE

OFFICIAL USE ONLY

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

NAME OF OFFICE: REPRESENTATIVE IN CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21 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.



## Commonwealth of Pennsyivania <br> DEPARTMENT OF STATE

OFFICIAL USE ONLY

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

NAME OF OFFICE：REPRESENTATIVE IN CONGRESS
DISTRICT NUMBER：10th Congressional District
YEAR OF PRIMARY： 2024
CANDIDATE＇S NAME（PRINT OR TYPE NAME）：John Broadhurst
OCCUPATION：Business
RESIDENTIAL STREET ADDRESS： 120 Pin Oak Drive
CITY，BOROUGH OR TWP．：Fairview Township
COUNTY OF SIGNERS：CUMBERLAND 21
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．

| 戯鳥 SIGNATURE OF ELECTOR | PRINTED NAME of Elector | ADDRESS WHERE REGIITERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No． | Street or Road | City，Boro or Twp． |  |
| 1．Tilali cegah＇ | Jilali Mezdi | 552 | 2ndst | Carlisle | $2\|9\| 24$ |
| 2．HAMT $\square^{\prime}$ | HAMTIDCHAKIR | \＄11 | wes6 | ENOLA |  |
| 3．Brahion Dhouni | Brahin Rhouni | 36 | Rooul Rivg | MechanicsBuy | 发219124 |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13. |  |  | $\checkmark$ |  |  |
| 14. |  |  | ； |  |  |
| ［equ DSEE－SC（12／19）CUMBERLAND 21 <br>  | Department of State | $\|\|\|\|\|\|\|\|\|\|\mid$ | $\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\mid$ | $\\|\\|\\|\\| \text { Page } /(02$ |  |



## STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 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, 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. 54904 (relating to unsworn falsification to authorities).


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

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21 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 OF ELECTOR | ADDRESS. WHERE REGISTERED AND ENROLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 1. | Karima El Hakrs | 200 | \$ 18 Th | Camp hill | $01.27 .202\}$ |
| 2. | Anmeth Seloli | 1506 | $\begin{aligned} & \text { vidW DR } \\ & \text { CApITOL } \end{aligned}$ | Neurcumberta | 01127/202) |
| 3. | Wh homema/ Reconesef | a 200 | S/8 | Cousy HoLL | 01.2724 |
| 4. |  |  |  |  |  |
| 5. | . |  | , |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
|  |  |  |  |  |  |



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 CONGRESS－
DISTRICT NUMBER：10th Congressional District
YEAR OF PRIMARY： 2024
CANDIDATE＇S NAME（PRINT OR TYPE NAME）：John Broadhurst
OCCUPATION：Business
RESIDENTIAL STREET ADDÉRESS： 120 Pin Oak Drive
CITY，BOROUGH OR TWP．：Fairview；Township
COUNTY OF SIGNERS：DAUPHIN 22 ：．．．．．．．．－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 i： forth above，that we are registered and enrolled member＇s 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 Baliot－ of said Party，for the Year and Office set forth above．

|  |  | ADDRESS WHERE REGITTERED AND ENROLLED ． |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No．． | Street or Road | City，Boroor Twp．： |  |
| 1． $\tan x$ <br> 1. | ACHMAD SMEBGin | $9+1$ | HETHAN | He parmy a | 22－202 |
| 2. $\qquad$ | Rabia Dawood | 900 | Sunnysiderd | Hummelstion | 02－09：－ |
| 3. bri | Ismail Dada． | 90.0 | Sunnjidere | Hummelstow $\mathrm{n}_{1}$ | 02110124 |
| 4．Souc． | Shamini Dacroodid： | ． 900 | Suningsider | d Hummelstoin． | Odrolay |
|  | $\because \because$ | $\therefore$ | $\therefore \because \therefore$ | $\ldots$ ： $1 . .1 \cdot \ldots$ |  |
| 6. |  |  | $\because \cdots$ | ： 4 ＂－4 | ＋ |
| 7. | （10）$\times \cdots$ |  | －，$\quad$ \％$\quad$ \％ |  | ＂． |
| 8. | －－．－ |  | － |  |  |
| 9. | －－－ |  | $\cdots$ | $\therefore$ | $\cdots \cdots$ |
| 10. | －． |  | －． | （ii． |  |
| 11. | －－．．．．．．．${ }^{\text {¢ }}$ |  |  |  |  |
| 12. |  | $\because$ | $\cdots$ |  |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
| 回䢙 DSBE－SC（12／19）DAUPHIN 22铝临 |  | $\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\mid$ | $\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\mid$ | $\\|\\|\\|\\|\\|\\|\\| \text { Page } / O 4$ |  |


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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDĒNTIĀL STRZEET ADDRESS: 120 Pin Oak̀ Drive
CITY, BOROUGH OR TWP::-Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22 - .... . ..... 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 OF ELECTOR | ADDRESS WHERE REGITTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House №. | Street or Road | City, Boroor Twp. |  |
| 1. $\operatorname{llc} / \mathrm{N}^{\text {f }} \ldots$. | Hammen thimad | 839 | Fawn Lhe | Hammelstown | $2<2-20824$ |
|  | SHAFIUDDIN TALUkg | 62550 | Councildor | Harorisburg | 2-2-20 |
| 3. | ALI AHM ED | 2134 | RED FOXDR | Hummers town | 2/2/2024 |
| 4. | $\cdots{ }^{\prime \prime} \times \ldots$ | $\cdots$ | $\because \therefore$ arers | , |  |
| 5. |  |  | 0 \% | O-: | $\cdots$ |
| 6. |  |  |  |  |  |
| 7. |  | $\cdots$ | 11 -min ${ }^{\text {a }}$ | - | S |
| 8. | --. - - |  | ...... | \%- | . |
| 9. | - ..... - | - - | - | -. . | , |
| 10. | $\cdots-$ |  |  | $4 \cdots$ |  |
| 11. | - |  |  |  |  |
| 12. |  | ; . . . ${ }^{2}$ | 明: $:$ : | $\cdots$ |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
|  |  |  |  |  |  |



## Commonwealth of Pennsyivania DEPARTMENT OF STATE

m

## 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 detafled information about completion of this form.

NAME OF OFFICE: REPRESENTATIVE IN CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21 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 OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  | DATE OF SIGNING |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 15. |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |
| 21. |  |  |  |  |  |  |
| 22. |  |  |  |  |  |  |
| 23. |  |  |  |  |  |  |
| 24. |  |  |  |  |  |  |
| 25. |  |  |  |  |  |  |
| 26. |  |  |  |  |  |  |
| 27. |  |  |  |  |  |  |
| 28. |  |  |  |  |  |  |
| 29. |  |  |  |  |  |  |
| 30. |  |  |  |  |  |  |
|  |  | STATEMENT O | ATOR |  | CIRCULATOR SHOULD 1-5 BEL | MPLETE |
| 1 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 politleal district designated in this petition, and that they are residents in the County specified in number one below. |  |  |  |  |  |  |
| Further, I state the information set forth herein is true and correct to the best of my knowiedge, 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 County of Petition-Signers' Residence _1/ork. $\qquad$ |  |  |  |  |  |  |
| 3 Signature of Circulator Maben xhealy-danason <br> 4 Number and Street of Circulator 120 a $a / 15 \mathrm{l} \mathrm{ew}$, Aue |  |  |  |  |  |  |
| $5 \text { City, }$ | ough or Twp. Lork $\qquad$ <br> NOTE: | IT MUST BE COMPL | Zip Code <br> ER ALL SIGN | $7378$ <br> URES HAVE BEEN | AINED. |  |

## Commonwealth of Pennssylvania

 DEPARTMENT OF STATEATTENTION!
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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21

## 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.


|  |  |  |  |  |  | 107 Side 2 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | SIGNATURE OF ELECTOR | PRINTED NAME OF ELECTOR | ADDRESS WHERE REGISTERED Ȧd ENROLLED |  |  |  |
|  |  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 15. |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |
| 18. |  |  |  |  | . | , |
| 19. |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |
| 21. |  |  |  |  |  |  |
| 22. |  |  |  |  |  |  |
| 23. |  |  |  |  |  |  |
| 24. |  |  |  |  |  |  |
| 25. |  |  | . |  | , | , |
| 26. |  |  |  |  |  |  |
| 27. |  |  |  |  |  |  |
| 28. |  | . |  | , |  |  |
| 29. |  |  |  |  |  |  |
| 30. |  |  |  |  |  |  |
| STATEMENT OF CIRCULATOR $\quad$ CIRCULATOR SHOULD COMPLETE |  |  |  |  |  |  |
| I state that I am a qualified elector of the Commonwealth; that I am duly registered and enroiled 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, 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. 54904 (relating to unswom falsification to authorities). |  |  |  |  |  |  |
| 1 County of Petition-Signers' Residence Dauphin $\qquad$ |  |  |  |  |  |  |
| 2 Print <br> 3 Signa <br> 4 Numb | ame of Circulator Dau of Circulator $\qquad$ Street of Circulator 45 $\qquad$ | $\begin{aligned} & \text { Wenger } \\ & \text { htier L } \end{aligned}$ |  |  |  |  |
| 5 City, Borough or Twp. Mrdele Paxton Twp zip code 17112 |  |  |  |  |  |  |
| NOTE: THIS STATEMENT MUST BE COMPLETED AFTER ALL SIGNATURES HAVE BEEN OBTAINED. |  |  |  |  |  |  |

## Commonwealth of Pennsylvania

 DEPARTMENT OF STATE
## attentiont

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 CONGRESS
DISTRICT NUMBER：10th Congressional District
YEAR OF PRIMARY：． 2024
CANDIDATE＇S NAME（PRINT OR TYPE NAME）：John Broadhurst
OCCUPATION：Business
RESIDENTIAL STREET ADDRESS： 120 Pin Oak Drive
CITY，BOROUGH OR TWP．：Fairview Township
COUNTY OF SIGNERS：DAUPHIN $22 \cdots$ PARTY OF SIGNERS：Democràtic
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．

| 或莳 | PRNTED NAME <br> OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| －-- |  | House No． | Street or Road－ | City，Boro or Twp．－ |  |
|  | Sara P'Eicus | $268$ | Calder | $+160$ | $217 / 24$ |
| 2. Tixund rovide | Anna Elias | 5904 | Eshenaur | H6g． | $2 / 7 / 24$ |
| 3. MMraida patmom | Myranda Piotroski | 2309 | Fix Hollow | Hbg | $02 / 10 / 24$ |
| 4. |  | ＋$\because$ | い | $\cdots \cdots$ |  |
| 5．$\quad$ ，$\quad \cdots \cdots$, |  | ： |  | 4 |  |
| $6 . \quad \cdots, \quad . \quad . \quad 1$ | $\because$ | ． 4 ， |  | $\cdots$ | ，，＋ |
| 7. |  |  |  |  |  |
| 8. | $\cdots$ | ． |  |  | ， |
| 9. | － |  |  | － |  |
| 10. |  | － | $\cdots$ |  |  |
| 11. |  |  | － |  |  |
| 12 | $\therefore$ | － |  | ，． |  |
| 13. | － |  |  |  |  |
| 14. |  |  |  |  |  |
| DSBE－SC（12／19）DAUPHIN 22 | Departiment of State |  |  | $\text { Page } 108$ |  |



## Commonwealth of Pennsylvania

DEPARTMENT OF STATE
OFFICIAL USE ONLY :.
ATIENTION!
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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: YORK 67
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.

|  | PRINTED NAME OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 1. | Lauren Schactfer | 1624 | DeversRd | York | 215124 |
| 2. chiling of Pumbun | Ashley montrella | 301 | N. Clinton | York | $2 / 10 / 24$ |
|  |  | $301$ | M.Cinion | Yort | $2-1024$ |
| 4.4 |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  | $\bullet$ |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  | . |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13. |  | \$ |  |  |  |
| 14. |  |  |  |  |  |
| DS8E-SC(12/19) YORK 67 | Department of State $\mid\\| \\|\\| \\|\\| \\|$ |  |  | $\text { Page } / 09$ |  |



## Commonwealth of Pennsylvania DEPARTMENT OF STATE

OFFICIAL USE ONLY

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

NAME OF OFFICE: REPRESENTATIVE IN CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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 OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No. | Street or Road | City, Boro or Twp. |  |
|  | SnMuLL.Wilug | 2102 | Newvillerd | Carlisu | 1274 |
| Faphm <br> 3. | Fatma Bottayeb | $2,3$ | Uplandst | Mechanicston | $127 / 2 \times 4$ |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. | $\therefore \mathrm{F}, \mathrm{r}^{\circ}$ | i | ! |  |  |
| 8. |  | $\therefore \therefore \therefore$ |  | $\because$ |  |
| 9. | $\therefore$ | - $\ddagger \leq 1$ | , i. ${ }^{\text {c }}$, | $\therefore \text { 为 }$ |  |
| 10. | ?. $\cdot:$ | $\because 6$ |  | $?$ |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
| DSBE-SC(12/19) CUMBERLAND 21 | Department of State $\square$ Page Side 1 |  |  |  |  |



# Commonwealth of Pennsylvania 'DEPARTMENT" OF STATE 

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 CONGRESS.
DISTRICT NUMBER: .10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: $12 \overline{120}$ Pin Oāā Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF -SIGNERS: - CUMBERLAND: 21
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 aṇ̃̃ enrolled members of the Political Party sect forth above, and have signed no petition inconsistēnt 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.



## Commonwealth of Pennsylvania DEPARTMENT OF STATE

ATIENTION!
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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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 OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 1. | Ayman M. Mowsour | 694 | Ashurod La. | Mechanuishure | $26 / 24$ |
| 2. | $H_{\text {tinn }} f_{\text {linaw }}$ | 12.18 | EanctcT | Mecharsbuy | 21912 |
| 4. ${ }^{\text {a }}$ |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13. |  |  |  |  |  |
| 14. | - |  |  |  |  |
| DSBE-SC(12/19) CUMBERLAND 21 | Department of State |  | $\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\|\mid$ | $\\|\\|\\|\\|\\| \text { Page//2 }$ |  |



## STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE
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, 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. 54904 (relating to unswom falsification to authorities).
1 County of Petition-Signers' Residence $C \mu M$ ME $2 L A N D$
2 Printed Name of Circulator SAMIA MASIAIC.
3 Signature of Circulator
4 Number and street of Circulator 9 Lh LEW D.


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

Commonwealth of Pennsylvania DEPARTMENT OF STATE

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

NAME OF OFFICE: REPRESENTATIVE IN CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.



## STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1-5 BELOW .

1 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 apposite 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, 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 $18 \mathrm{~Pa} . \mathrm{C} . \mathrm{S} .54904$ (relating to unsworn falsification to authorities).

1 County of Petition-Signers' Residence


2 Printed Name of Circulator SAMIA MALI,L
3 Signature of Circulator
4 Number and street of Circulator 903 KaN] DRIVG 5 City, Borough or Twp. Cu M BRO L LANT) Zip Code


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

Commonwealth of Pennsylvañia 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 pase provided with this petition for detailed information about completion of this form．

NAME OF OFFICE：REPRESENTATIVE IN CONGRESS
DISTRICT NUMBER：．10th Congressional Dístrict
YEAR OF PRIMARY： 2024
CANDIDATE＇S NAME（PRINT OR TYPE NAME）：John Broadhurst
OCCUPATION：Business
RESIDENTIAL STREET ADDRESS： 120 Pin Oak Drive
CITY，BOROUGH OR TWP．：Fairview Township

## COUNTY OF SIGNERS：－DAUPHIN 22 ．．．．．．．．PARTY OF SIGNERS：Democratic

To the SECRETARY OF THE COMAONWEALTH：
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．

|  |  | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No． | Street or Road | City，Boro or TwP．．． |  |
| 1. | MOHAMMED SIRAJ | 5696 | $\begin{gathered} \text { ABERDEEN } \\ \text { Drivie } \end{gathered}$ | HARRISBURG | $2 / 10 / 24$ |
| 2. Siclaimuninda | SYED M SiRAJ | －5696 | $\begin{aligned} & A B B R D E R N \\ & \hdashline D \gamma= \end{aligned}$ | $\begin{aligned} & \text { HARRISBURG } \\ & \text { PA }-17111 \end{aligned}$ | $2110124$ |
| 3. | $2 \%$ | ＊ | $\because$ |  |  |
| 4. | $\therefore \cdots \cdots$ | ＇$\quad 1$ | ヶ＇ |  | $\because \because$ |
| 5. |  |  | $\left.\left\lvert\, \begin{array}{llllll} \therefore & \vdots & \vdots & \ddots & \cdots \\ n_{1} & \therefore & \ddots & \vdots & i & x \end{array}\right.\right)$ |  |  |
|  |  | $\cdots$ ． |  |  | ＇$\cdot$ |
| 7. | $1 \cdot$. | L | $3 .+$＇， |  | ： |
| 8. |  |  |  | 2.10 |  |
| 9. | $\cdots$ | － | － | $\therefore$－－＇． | \％ |
| 10. | －－－－－－ | － | － | －ヶヵ．．． | ＇•＇ |
| 11. | －．．．${ }^{1}$ |  | －．${ }^{\text {an }}$ |  |  |
| 12.10 .1 |  | i． | $\cdots$ | $\because$－． |  |
| 13. | － | － | －－．－ | $\cdots$ | －－ |
| 14. |  |  |  |  |  |
|  |  |  |  |  |  |



## Commonwealth of Pennsylvania

 DEPARTMENT OF STATEATTENTIONI
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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
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.



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，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）．


## Commonwealth of Pennsylvania <br> \section*{$\cdots$＇．＇DEPARTMENT OF STATE}

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 ${ }^{4}$ this form．

NAME．OF OFFICE：－REPRESENTATIVE IN．CONGRESS
DISTTRICT NUMBER：10th Congressional District
YEAR OF PRIMARY： 2024
CANDIDATE＇S＇NAME（PRINT OR TYPE NAME）：John Broadhurst
$\qquad$ OCCUPATION：Business

CITY，BOROUGH OR TWP．：Fairview Township
COUNTY OF－SIGNERS：－…DAUPHIN 22－… ．－．－．．．．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 àbove，that we äré registered ãnd enröllēd mëmbers of the Political Party set forth äbove，änd have signed nō pētition iñconsistent herewith，do hereby petition the Secretary of the Commonwealth to have the candidate whose Name，Occupation and Residence are as set forth above，certified to the County Board of Elections of said County or－Counties in said District，to be printed on the Primary Ballot of said Party，for the Year and Office set forth above．

| SIGNATURE OF＇ELECTOR | PRINTED NAME of ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No． | Street or Road | City，Boro or Twp． |  |
| 1． 2 L ¢ Encz | David oray． | 6945 | New Oxford | Harrislara | 214124 |
| Thuiain ofeng | dulia erau | 6945 | Nen $\begin{aligned} & \text { New } \\ & 0 \times f) r d \end{aligned}$ | Hamisbasig | 214124 |
| $3 . \int$ ar | 2erre． | ，沙： |  | $\checkmark$ |  |
| 4. | $\ldots \ldots .1$ ，，， | ＇． |  |  |  |
| ジリ 1, <br> 5. |  | ${ }^{\prime \prime} \cdot 1,{ }^{\prime}$ | $\begin{array}{rrr} \because \prime & \ddots \\ \vdots \end{array}$ |  |  |
| $6 . \quad$ ，．． |  |  |  |  |  |
|  | ．$: 7.1$ |  | $\cdots$ |  |  |
|  |  |  |  | \％ 1 |  |
| 8. |  | 1 |  |  |  |
| 9. | ．．－ |  | $\because$ | ： | ．．． |
| 10. |  |  |  |  | 1 |
| 11. | －－ |  | ， |  | ＂${ }^{2}$ |
| 12．$\quad$ i－$\%$ r |  | c |  | $\stackrel{3}{4}$ |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
|  |  |  |  |  |  |




## Commonwealth of Pennsylvania

 DEPARTMENT OF STATEATTENTION!
A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
 this form.

NAME OF OFFICE: REPRESENTATIVE IN CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22 PARTY OF SIGNERS: Democratic

## To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, alt 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.

|  | PRINTED NAME OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 1. (A)w | AHSAN JAWED | 709 | WRIGLEY, | HARIRISBURG | $2 / 12 / 24$ |
| 2. | MUSHRA F JAWED | 709 | $\begin{aligned} & \text { LORIGLEY } \\ & \text { CANE } \end{aligned}$ | HARRLSBURG | $2 / 12 / 24$ |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  | , |  |  |
| 8. | , |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11.' ${ }^{\text {- }}$ |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
| (1) ${ }^{\text {可回 }}$ DSBE-SC(12/19) DAUPHIN 22 | Department of State $\mid\\| \\|\\| \\| \\|$ | \||||||||| |  | $\text { Page } / / 7$ |  |



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，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． 54904 （relating to unsworn falsification to authorities）．
 903 KENT DC． ，
4 Number and Street of Circulator $\square$ zip code


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

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.CONGRESS.
DISTRICT NUMBER: 10th Congressionial District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Brọadhurst
OCCUPATION: Business
residential street address: 12o Pin Oak Drive
CITY, BOROUGH OR TWP:: ` Fairview; Township
COUNTY OF SIGNERS:-- DAUPHIN-22
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.



## Commonwealth of Pennsylvania

 DEPARTMENT OF STATEATTENTION!
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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John̉ Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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 OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No. | Street or Road' | City, Boro or Twp. |  |
| 1. Deliakoper | Delia Roper | 10 | Ascot | Boro(carlist) | 1131 |
| 2. Patutue 2oss | Natalle Buss | 713 | Appalachain | North Middecton. | $\cdots \mid 31 / 24$ |
| 3. Wountancine | Pan Sिrumbaen | 563 | E | Bono | 25 |
| 4. | Elizabeth Porter | 531 | Pit | Bors | $4 / 5$ |
| 5. |  |  |  |  |  |
| s. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  | - |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13. | , |  |  |  |  |
| 14. |  |  |  |  |  |
| 男配 DSBE-SC(12/19) CUMBERLAND 21 <br>  | Department of State | $\|\|\|\|\|\|\|\|\|\|\|\|\|\|\mid$ |  | $\text { \|\|\|\|\|\|\|\|\|\|\|\|\| Page/ } / 9$ | e1 |



## STATEMENT OF CIRCULATOR

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，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 County of Petition－Signers＇Residence（umber land）
2 Printed Name of Circulator，John We her
3 Signature of Circulator


4 Number and Street of Circulator 133 west nigh Sheer
5 City，Borough or Twp．Collate Bo cough Zip Code 176

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

回社盽
$\qquad$

## Commonwealth of Pennsylvania

 DEPARTMENT OF STATEOFFICIAL USE ONLY

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

NAME OF OFFICE: REPRESENTATIVE IN CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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.

|  | PRINTED NAME of Elector | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 1. Frulle | Abdel-Salam Musich 3502 |  | (2/9/24 |  |  |
| 2. Amal $L$ | Ashraf Muslch | 3502* | BeechRonLN | mechanicsturg | 2/9/24 |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. | . |  |  |  |  |
| 13. |  |  |  |  |  |
| 14. | ! |  |  |  |  |
|  |  |  |  |  |  |


|  | SIGNATURE OF ELECTOR | PRINTED NAME OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 15. |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |
| 17. |  |  |  | . |  |  |
| 18. |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |
| 20. |  | . |  |  |  |  |
| 21. |  |  |  |  |  |  |
| 22. |  |  |  |  |  |  |
| 23. |  |  |  |  |  |  |
| 24. |  |  |  |  |  |  |
| 25. |  |  |  |  |  |  |
| 26. |  |  |  |  |  |  |
| 27. |  |  |  |  |  |  |
| 28. |  |  |  |  |  |  |
| 29. |  |  |  |  |  |  |
| . 30. |  |  |  |  |  |  |
| - STATEMENT OF CIRCULATOR $\quad$CiRCULATOR SHOULD COMPLETE <br> $1-5 ~ B E L O W ~$ |  |  |  |  |  |  |

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, 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 ur(sworn falsification to authorities).


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

Commonwealth of Pennsylvania
DEPARTMENT OF STATE

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
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.



# Commonwealth of Pennsylvania 

 DEPARTMENT OF STATEATTENTION!
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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22 PARTY OF SIGNERS: Democratic

## To the SECRETARY OF THE COMMONWEALTH:

We, the undersigned, all of whom severally dectare that we are quatified 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.



## STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 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, 1 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. s 4904 (relating to unsworn falsification to authorities).
1 County of Petition-Signers' Residence _Y/OLK
2 Printed Name of Circulator Robed Healy-Tsalacson-
3 Signature of Circulator


4 Number and Street of Circulator 120 azalbview Able
5 City, Borough or Twp. York ztauem Provough zip code $1731 / 0$
NOTE: THIS STATEMENT MUST BE COMPLETED AFTER ALI SIGNATURES HAVE BEEN OBTANED.

## Commonwealth of Pennsylvania

 DEPARTMENT OF STATEOFFICIAL USE ONLY
'.
ATIENTIONI
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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: YORK 67
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 OF ELECTOR | $\text { Page } 23 \text { side }$ |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
|  |  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 15. |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |
| 17. | . ${ }^{\text {- }}$ |  |  |  |  |  |
| 18. |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |
| 21. |  |  |  |  |  |  |
| 22. |  |  |  |  |  |  |
| 23. |  | 」 | . |  | * |  |
| 24. |  |  |  |  |  |  |
| 25. |  |  |  |  |  |  |
| 26. |  |  |  |  |  |  |
| 27. |  |  |  |  |  |  |
| 28. |  |  |  |  |  |  |
| 29. |  | $\cdots$ | - -- | - |  | - |
| :30. | : . . | $1: 10$ | ir | . . 7 |  | $\stackrel{+}{\square}$ |
| STATEMENT OF CIRCULATOR $\quad \begin{gathered}\text { CIRCULATOR SHOULD COMPLETE } \\ 1-5 \text { BELOW }\end{gathered}$ |  |  |  |  |  |  |
| I state that I am a qualifled elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination pettition; 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 destgnated in this petition, and that they are residents in the County specified in number one below. |  |  |  |  |  |  |
| 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 County of Petitton-Signers' Residence Dauphin |  |  |  |  |  |  |
| 4 Number and Street of $d$ frulator |  |  |  |  |  |  |
| 5 CIty, Borough or Twp. Hacrisburg $\qquad$ Zip Code $17 / 12$.$\qquad$ |  |  |  |  |  |  |
| $\therefore \quad$ NOTE: this statement must be Completed after all signatures have been obtained. |  |  |  |  |  |  |

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024

## CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst

OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: YORK 67
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 OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No. | Street or Road | City, Boro or Twp. <br> E, manchester |  |
| 1. Jumer R Aimimons | Tune RiSinmon | C 1100 | JerusalemSo | $\text { h.Rd. MA } 17347$ | 1/29/24 |
| $\text { 2. } \text { Cosid }_{0}, 0,0$ | DANIEC C. Simmons | 1100 | $\begin{aligned} & \text { उFkSSosfin } \\ & \text { SciNod RONO } \end{aligned}$ | mont wow PA. 17347 | 1/30/29 |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  | $\cdots 1$ |  |  |
| 8. |  | ' | $\because 6$ | ' ${ }^{\prime}$ |  |
| 9. | $\because$ |  | $\because \therefore$ | $\because$ |  |
| 10. | * - |  | - .- | '. ${ }^{\text {- }}$ |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
| DSBE-SC(12/19) YORK 67 | Department of State |  |  | $\|\|\|\|\|\|\|\mid ~ P a g e(24$ |  |



II 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 fnommation petition; that my residence is as set tort 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, 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 $18 \mathrm{~Pa} . \mathrm{C} . \mathrm{S}$. $\mathrm{\xi} 4904$ (relating to unsworn falsification to authorities).


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

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: YORK 67 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 OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 1. Tipril Budhathiki |  | Apmil Budhathoki 1148 |  | Valley Viewnd. Sork |  | $1,28 / 24$ |
| 2. | hu Prysen | Sohr PRot | $895113$ | $3 \text { Valley } \mathrm{Vin}_{\mathrm{i}}$ | wRd siRINGGR | $1 \% 26 / 24$ |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |
| 9. |  |  | . | . |  |  |
| 10. |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |



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，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）．

note：this statement must be completed after all signatures have been obtained．

## 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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst

## OCCUPATION: ' Business

RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP:: Fairview Township
COUNTY-OF SIGNERS:- YORK 67
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.



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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21 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.


|  |  |  |  |  |  | $2 / \text { side }$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\square$ | SIGNATURE OF ELECTOR | PRINTED NAME OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
|  |  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 15. |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |
| 21. |  |  |  |  |  |  |
| 22. |  |  |  |  |  |  |
| 23. |  |  |  |  |  |  |
| 24. |  |  |  |  |  |  |
| 25. |  |  |  |  |  |  |
| 26. |  |  |  |  |  |  |
| 27. |  |  |  |  |  |  |
| 28. |  |  |  |  |  |  |
| 29. |  |  |  |  |  |  |
| 30. |  |  |  |  |  |  |
| STATEMENT OF CIRCULATOR $\quad$ CIRCULATOR SHOULD COMPLETE |  |  |  |  |  |  |

I state that 1 am a qualified elector of the Commonwealth; that 1 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, 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. 54904 (relating to unsworn falsification to authorities).


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

## Commonwealth of Pennsylvania DEPARTMENT OF STATE

## OFFICIAL USE ONLY

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 CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
PARTY OF SIGNERS: Democratic Reblioes
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.

| 망ㅁ문 | PRINTED NAME OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No. | Street or Road | City, Boro or Twp. | dATE OF SIGNING |
| 1. | Rakig spid | $4 / 17$ | 417 Run | Mechanios burs | 2-9.24 |
|  |  |  |  | , |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  | , |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
|  | Department of State | (1/ |  | $\mathrm{Pa}$ |  |



## STATEMENT OF CIRCULATOR

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, 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. $\S 4904$ (relating to unsworn falsification to authorities).


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

# Commonwealth of Pennsyivania 

## DEPARTMENT-OF STATE

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 detaited information about completion of this form.

NAME OF OFFICE: • REPRESENTATIVE IN CONGRESS
DISTRICT NUMBER: . 10 th Congressional Distritt
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAAAE): John Broadhurst
OCCUPATION: Butiness

## RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive

CITY, BOROUGH OR TWP.: Fairview Townshlp

To the SECRETARY OF THE COMMONWEALTH:
We, the undersigned, all of whom severally declare that we are qualfied 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 sald Coünty or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.



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．CONGRESS
DISTRICT NUMBER： 10 thh Congressional District
YEAR OF PRIMARY： 2024
CANDIDATE＇S NAME（PRINT OR TYPE NAME）：John Broadhurst
oCCUPATION：Business
resideñtial street adoress：＂ízo pin Oak drive
CITY，BOROUGH OR TWP．：Fairview＇Township
COUNTY OF SIGNERS：DAUPHIN 22
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 OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No． | Street or Road | City，Boro or Twp． |  |
| 1． | Bashir Ahwad | 925 | Irougetios | Harrisburg | 670，2＂ |
| 2．．．．．－．－－．．． | －－－－－－．． | ． | －－－ | ， |  |
| 3．＇，心； | が，「 | ：$:$ | 1. |  |  |
| $4 . \quad . \quad \because$ | ．．．．$\therefore$ ，${ }^{\text {！}}$ | $\because$ | ＇tha． | 3＇ir mi．：， | 1. |
| 5. |  | － |  |  | ．． |
|  | $\cdots$ | $\ldots$ |  | ＇．．，•• ．．．．． |  |
| 7. | ， | $\cdots$ | $\therefore$ |  |  |
| 8. |  |  | － | ．＂ |  |
| 9. | －－－ | ． | － | $\cdots$ | $\square$ |
| 10. | －－－－－ | － |  | ．${ }^{\text {．}}$ ， |  |
| 11. | $\pi$ ¢， | － | －－ | － |  |
| 12. |  | －． | $\cdots+\cdots$, | $\because \cdot 1$ |  |
| 13．${ }^{\text {－}}$ |  |  |  |  |  |
| 14. |  |  |  |  |  |
| 品䢙：DSBE－SC（12／19）DAUPHIN22 ：； | 3＂；Department of State： <br> $\because, 1$ ， |  | $\\|\\|\\|\\|\\|\\|\\|\\|\\|\\|$ | $\text { Page } 30$ |  |



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 CONGRESS
DISTRICT NUMBER: 10th Congressionai Diṣtrict
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BORROUGH OR TWP.: ${ }^{*}$ Fairview Töwnship

To the SECRETARY OF.THE COAMONWEALTH:
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 äbove, 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.



## Commonwealth of Pennsylvania

## 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 CONGRESS
DISTRICT NUMBER: .10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business

## RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive

CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: ` CUMBERLAND 21
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 sald 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 | PRJNTED NAME OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 1. Fauplu Putla | THYIOR MAREN | 120 | E. Simpsan | Mechanicsburg | $217124$ |
| 2. |  |  |  |  |  |
| 3. | , |  |  |  |  |
| $4 . \quad \begin{aligned} & \text { ¢ }\end{aligned}$ | $\cdots$ |  | $\because \cdot$ | $\cdots$ |  |
| 5. $\because$ - |  | * |  | . . $=$ |  |
| $6 . \quad$ - $\cdot . \cdot$ | $\therefore$ |  |  | $\therefore \therefore \quad \therefore$ | '" |
| 7. |  |  |  |  |  |
| 8. |  |  |  | - |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12 " | $\because \quad . \quad$. |  | い.. : $:$ |  |  |
| 12. |  |  |  |  |  |
| 14. |  |  |  |  |  |
|  |  |  |  |  |  |



## Commonwealth of Pennsylvania

 DEPARTMENT OF STATE
## OFFICIAL USE ONLY

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

NAME OF OFFICE: REPRESENTATIVE IN CONGRESS
DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: DAUPHIN 22
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.



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, 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).


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

## Commonwealth of Pennsylvania

DEPARTMENT OF STATE
OFFICIAL USE ONLY

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

## NAME OF OFFICE: REPRESENTATIVE IN CONGRESS

DISTRICT NUMBER: 10th Congressional District
YEAR OF PRIMARY: 2024
CANDIDATE'S NAME(PRINT OR TYPE NAME): John Broadhurst
OCCUPATION: Business
RESIDENTIAL STREET ADDRESS: 120 Pin Oak Drive
CITY, BOROUGH OR TWP.: Fairview Township
COUNTY OF SIGNERS: CUMBERLAND 21
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 ele | PRINTED NAME OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | House No. | Street or Road | City, Boro or Twp. |  |
| 1. | SUHALLSHAFI | 22 | Taver grem $\mathrm{Hill}^{(l)}$ House | Mechanirsburg | feb 5,24 |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. | , |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. | , |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
|  | Department of State | \||||| |  | $\text { Page } / 34$ |  |



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, 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 County of Petition-Signers' Residence $Y 0 R K$

3 Signature of Circulator
4 Number and street of circulator 34S QuARRy f RQ 5 city, Borough or Twp. G)arnigton Twp

Zip Code 17365

NOTE: THIS STATEMENT MUST be COMPLETED AFTER ALL SIGNATURES HAVE BEEN ObTAINED.

## EXHIBIT "B"

Directions for completing spreadsheet.

1. For each signature line that is challenged as invalid complete the information indicated for colums A through C
2. Indicate the ground or grounds that allegedly render the signature line invalid by inserting an " $X$ " in the appropriate column (columns $D$ through $R$ ),
. Wroemanailteeof fbelobjection in the "Describe Oth
hrough W.




Page Line County 1225 Cumberland 226 Cumberland 1227 Cumberland 12
12
12
29
Cumberland $\begin{array}{ll}12 & 29 \text { Cumberland } \\ 12 & 30 \text { Cumberland }\end{array}$ 131 Cumberland $\begin{array}{ll}13 & 1 \text { Cumberland } \\ 13 & 2 \text { Cumberland }\end{array}$ 133 Cumberland 134 Cumberland 5 Cumberland 136 Cumberland 7 Cumberland
8 Cumberland 39 Cumberland $13 \quad 10$ Cumberland 11 Cumberland 11 Cumberland 1313 Cumberland 1314 Cumberland 15 Cumberland 1317 Cumberland 13
17
13
18 Cumberland 19 Cumberland 20 Cumberland 1321 Cumberland $\begin{array}{ll}13 & 22 \text { Cumberland } \\ 13 & 23 \text { Cumberland }\end{array}$ 23 Cumberland
24 Cumberland 24 Cumberland 13 25 Cumberland $\begin{array}{ll}13 & 26 \text { Cumberland } \\ & 27 \\ \text { Cumberland }\end{array}$ 28 Cumberland 1328 Cumberland $\begin{array}{rr}14 & 2 \text { Dauphin } \\ 15 \text { Dauphin }\end{array}$ 15 Dauphin 17 Dauphin
20 Dauphin 154 Cumberland $X$ $\begin{array}{ll}15 & 4 \text { Cumberland } \\ 15 & 7 \text { Cumberland }\end{array}$ 158 Cumberland $X$ 9 Cumberland $15 \quad 10$ Cumberland $\begin{array}{ll}15 & 10 \text { Cumberland } \\ 15 & 12 \text { Cumberland }\end{array}$
$x \quad x$
14 Cumberland $x$
$x \quad x$
x
$\begin{array}{llll}\text { d } & x & x & \\ d & & x\end{array}$
17 Cumberland
17 Cumberland
18 Cumberland $x$
23 Cumberland
1 Dauphin
2 Dauphin
6 Dauphin
6 Dauphin
6 Dauphin
8 Dauphin
9 Dauphin
9 Dauphin
10 Dauphin
12 Dauphin
14 Dauphin
1615 Dauphin
16 Dauphin
16 Dauphin
17 Dauphin
17 Dauphin
21 Dauphin
22 Dauphin
23 Dauphin
23 Dauphin
24 Dauphin
23 Dauphin
24 Dauphin
25 Dauphin
26 Dauphin
1626 Dauphin
$\begin{array}{ll}17 & 2 \text { York } \\ 17 & 4 \text { York }\end{array}$
$x$
$x$
$x$
$x$
$x$
x
x
x
x
x
x
x
x
x
x
x
$\begin{array}{lll}17 & \text { 2 York } & \text { X } \\ \text { 4 York } & & \text { x } \\ & & \\ & & \end{array}$




Original Statement of Circulator has been altered. New Statement attached Original Statement of Circulator has been altered. New Statement attached Original Statement of Circulator has been altered. New Statement attached
Original Statement of Circulator has been altered. New Statement attached Original Statement of Circulator has been altered. New Statement attached Original Statement of Circulator has been allered. New Statement attached Original Statement of Circulator has been altered. New Statement attached


|  | ine County | NR | NRA | NRCP NRD NRDS | OC | ILL | LIO | DUP | IHA | N/I | PR |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 33 | 11 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 33 | 12 Cumberland |  | x | $x$ |  |  |  |  |  |  |  |  |
| 33 | 13 Cumberland |  |  | x |  |  |  |  |  |  |  |  |
| 34 | 1 Cumberland |  | $x$ |  |  |  |  |  |  |  | x | x |
| 34 | 2 Cumberland |  | $x$ | x |  | x |  |  |  |  |  | x |
| 34 | 3 Cumberland |  |  |  |  |  |  |  |  |  | x |  |
| 34 | 4 Cumberland |  |  |  |  | x |  |  |  |  | x |  |
| 34 | 5 Cumberland |  |  |  |  | x |  |  |  |  | $\times$ |  |
| 34 | 6 Cumberland |  |  |  |  |  | x |  |  |  | x |  |
| 34 | 7 Cumberland |  | x |  |  |  |  |  |  |  | x |  |
| 34 | 8 Cumberland |  |  |  |  | x | x |  |  |  | x |  |
| 34 | 9 Cumberland |  |  |  |  |  |  |  |  |  | x |  |
| 34 | 10 Cumberland |  |  |  |  |  |  |  |  |  | x |  |
| 34 | 11 Cumberland |  | x |  |  | x |  |  |  |  | x |  |
| 34 | 12 Cumberland |  |  |  |  |  |  |  |  |  | x |  |
| 34 | 13 Cumberland |  |  |  |  |  |  |  |  |  | x |  |
| 34 | 14 Cumberland |  |  |  |  |  |  |  |  |  | x |  |
| 34 | 15 Cumberland |  |  | x |  |  |  |  |  |  |  |  |
| 35 | 1 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 35 | 2 Cumberland |  | x |  |  |  |  |  |  |  |  |  |
| 35 | 3 Cumberland |  | x |  |  |  |  |  |  |  |  |  |
| 35 | 4 Cumberland |  | x |  |  |  |  |  |  |  |  |  |
| 35 | 5 Cumberland |  |  | x |  |  |  |  |  |  |  | x |
| 35 | 6 Cumberland |  |  |  |  |  | x |  |  |  |  |  |
| 35 | 7 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 35 | 8 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 35 | 9 Cumberland | $x$ |  |  |  |  | x |  |  |  |  |  |
| 35 | 10 Cumberland |  |  |  | x |  | x |  |  |  |  |  |
| 35 | 11 Cumberland |  |  |  | x |  |  |  |  |  |  |  |
| 35 | 12 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 36 | 1 Cumberland |  | x |  |  |  |  |  |  |  |  |  |
| 36 | 2 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 36 | 3 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 36 | 4 Cumberland |  |  | $x$ |  |  |  |  |  |  |  |  |
| 36 | 5 Cumberland |  |  |  |  | x | x |  |  |  |  |  |
| 36 | 6 Cumberland |  |  | x |  |  |  |  |  |  |  |  |
| 36 | 7 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 36 | 8 Cumberland |  | $x$ |  |  |  |  |  |  |  |  |  |
| 36 | 9 Cumberland |  | x |  |  |  |  |  |  |  |  |  |
| 36 | 10 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 36 | 11 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 36 | 12 Cumberland |  |  | x |  |  |  |  |  |  |  |  |
| 36 | 13 Cumberland |  |  | x |  |  |  |  |  |  |  |  |
| 36 | 14 Cumberland |  | x |  |  |  |  |  |  |  |  |  |
| 37 | 1 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 37 | 2 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 37 | 3 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 37 | 4 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 37 | 5 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 37 | 6 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 37 | 7 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 37 | 8 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 37 | 9 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 37 | 10 Cumberland |  |  |  |  |  |  |  |  |  |  | x |
| 37 | 11 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 37 | 12 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 37 | 13 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 38 | 1 Cumberland |  | x |  |  |  |  |  |  |  |  |  |
| 38 | 2 Cumberland |  |  |  |  |  |  |  |  | x |  | x |
| 38 | 3 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 38 | 4 Cumberland |  |  | x |  |  |  |  |  |  |  |  |
| 38 | 5 Cumberland |  |  | x |  |  |  |  |  |  |  |  |
| 38 | 6 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 38 | 7 Cumberland | $x$ |  |  |  |  |  |  |  |  |  |  |
| 38 | 8 Cumberland | x |  |  |  |  |  |  |  |  |  |  |
| 38 | 9 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 38 | 10 Cumberland |  |  |  |  |  |  |  |  |  |  |  |
| 38 | 11 Cumberland | $x$ |  |  |  |  |  |  |  |  |  |  |
| 38 | 12 Cumberland |  |  |  |  |  |  |  |  |  |  | X |
|  | 13 Cumberland |  | x |  |  |  |  |  |  |  |  |  |

## Wrong city

Circulator is registered Independent. Statement does not include address Circulator is registered Independent. Statement does not include address Circulator is registered Independent. Statement does not include address irculator is registered Independent. Statement does not include address Circulator is registered Independent. Statement does not include address irculator is registered Independent. Statement does not include address Circulator is registered Independent. Statement does not include address irculator is registered Independent. Statement does not include address circulator is registered Independent. Statement does not include address irculator is registered Independent. Statement does not include address Circulator is registered Independent. Statement does not include address

| Page Line County |
| :--- |
| 38 |
| 38 |
| 38 | 3815 Cumberland 391 Cumberland 1 Cumberland $\begin{array}{ll}39 & 2 \text { Cumberland } \\ 39 & \text { Cumberland }\end{array}$ 3 Cumberland 395 Cumberland 396 Cumberland 397 Cumberland 8 Cumberland 399 Cumberland 39

39
11 Cumberland $\begin{array}{ll}39 & 11 \text { Cumberland } \\ 39 & 12 \text { Cumberland }\end{array}$ $\begin{array}{ll}39 & 13 \text { Cumberland } \\ 39 & 14 \text { Cumberland }\end{array}$ 3914 Cumberland $39 \quad 15$ Cumberland
40
2 Cumberland
402 Cumberland X
$\begin{array}{ll}40 & 4 \text { Cumberland } \\ 40 & 6 \text { Cumberland } \\ 40 & 7 \text { Cumberland }\end{array}$
70 Cumberland
10 York
$\begin{array}{ll}41 & 10 \text { York } \\ 41 & 13 \text { York }\end{array}$
$\begin{array}{cc}41 & 13 \text { York } \\ 42 & 2 \text { Dauphin }\end{array}$
$\begin{array}{ll}42 & 2 \text { Dauphin } \\ 43 & 1 \text { Dauphin }\end{array}$
$\begin{array}{ll}43 & 1 \text { Dauphin } \\ 44 & 1 \text { Dauphin }\end{array}$
$\begin{array}{ll}44 & 1 \text { Dauphin } \\ 44 & 2 \text { Dauphin }\end{array}$
$\begin{array}{ll}44 & \text { 1 Dauphin } \\ 44 & 2 \text { Dauphin } \\ 44 & 3 \text { Dauphin }\end{array}$
$\begin{array}{ll}44 & 3 \text { Dauphin } \\ 44 & 4 \text { Dauphin }\end{array}$
$\begin{array}{ll}44 & 4 \text { Dauphin } \\ 44 & 5 \text { Dauphin }\end{array}$
$\begin{array}{ll}44 & 5 \text { Dauphin } \\ 44 & 6 \text { Dauphin }\end{array}$
$\begin{array}{ll}44 & 6 \text { Dauphin } \\ 44 & 7 \text { Dauphin }\end{array}$

| 44 | 8 Dauphin |
| :--- | :--- |
| 44 | 9 Dauphin |

    84
    94
9 Dauphin
$44 \quad 10$ Dauphin
44 11 Dauphin
464 Cumberland
469 Cumberland
$46 \quad 10$ Cumberland
46 Cumberland
87
8 Cumberland
$\begin{array}{ll}47 & 8 \text { Cumberland } \\ 47 & 9 \text { Cumberland }\end{array}$
$\begin{array}{lr}47 & 8 \text { Cumberland } \\ 47 & 9 \text { Cumberland } \\ 47 & 10 \text { Cumberland }\end{array}$
4710 Cumberland
$\begin{array}{ll}48 & 1 \text { Cumberland } \\ 48 & 2 \text { Cumberland }\end{array}$
$\begin{array}{ll}48 & 2 \text { Cumberland } \\ 48 & 3 \text { Cumberland } \\ x\end{array}$
483 Cumberland $x$
484 Cumberland $x$


85 Cumberland
5 Cumberland
$\begin{array}{ll}48 & 6 \text { Cumberland } \\ 7 & 7 \text { Cumberland }\end{array}$
487 Cumberland
$48 \quad 8$ Cumberland
489 Cumberland
489 Cumberland
$\begin{array}{ll}49 & 1 \text { Cumberland } \\ 49 & 3 \text { Cumberland }\end{array}$
$49 \quad 3$ Cumberland
49
4 Cumberland
$49 \quad 4$ Cumberland
495 Cumberland
496 Cumberland
$\begin{array}{ll}49 & 6 \text { Cumberland } \\ 49 & 7 \text { Cumberland } \\ 49 & 8 \text { Cumberland }\end{array}$
$50 \quad 5$ Cumberland $\quad x$
$\begin{array}{ll}50 & 10 \text { Cumberland } \\ 51 & 4 \text { Dauphin }\end{array}$
$\begin{array}{ll}51 & 4 \text { Dauphin } \\ 52 & 5 \text { Dauphin }\end{array}$
$52 \quad 5$ Dauphin
$\begin{array}{rl}52 & 12 \text { Dauphin } \\ 53 & 1 \text { Dauphin }\end{array}$
534 Dauphin
4 Dauphin
535 Dauphin
$\begin{array}{ll}53 & 5 \text { Dauphin } \\ 8 & \text { Dauphin }\end{array}$
53 Dauphin
13 Dauphin
5314 Dauphin
19 Dauphin




$x$
$x$
$x$
$x$
$x$
$x$
$x$
$x$
$x$
$x$
$x$
$x$
$x$
$x$
$x$
$x$
$x$
$x$
x
x
x




$x$
$x$
$x$
$x$
$x$
$x \quad x$
$x$
$x$
x
x
$x$
$x$









## List of Potential Objections and Spreadsheet Notations for Filing Objections to Nomination Petitions

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
III - Illegible such that voter cannot be confirmed
LIO - Line Information Omitted
DUP - Duplicate
IHA - Line Information in Hand of Another (must be proven by Objector through handwriting expert or voter; Note In re Nomination in re Parkinson, 2014 Pa. Commw. Unpub. LEXIS 229, at *11 (Cmwlth. Apr. 11,2014 ) where trial court found candidate and wife persuasive that signers filled out lines but Objector's expert concluded opposite and trial court had discretion on credibility determination).

N/I - Nickname/Initial (other than normal diminutive like Bob for Robert)
PRI - Printed Signature (unless proven that voter intends as signature)
DCS - Defective Circulator Statement
SAC - Signed After Circulator's Statement Dated
Other - Any ground for objection not listed above
Additional Objections other than signature line objections:
Fatal errors of preamble information (candidate, district, etc.) on front page of petition, affidavits, or Statement of Financial Interest.

Improper county of voters listed in circulator affidavit is ok as long as the front sheet is correct because the test is whether it misleads voters. Fatal circulator affidavit is when circulator information is incorrect, not properly executed and notarized, or they did not in fact circulate.


[^0]:    NOTE：THIS STATEMENT MUST BE COMPLEIED AFTER ALL SIGNATURES HAVE BEEN OBTAINED．

