## 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: ATTORNEY GENERAL

**DISTRICT NUMBER:** Statewide

YEAR OF PRIMARY: 2024

CANDIDATE'S NAME(PRINT OR TYPE NAME): Eugene DePasquale

OCCUPATION: Attorney/Adjunct Professor

RESIDENTIAL STREET ADDRESS: 1655 5th Ave, Apt 604

CITY, BOROUGH OR TWP.: Pittsburgh

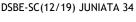
**COUNTY OF SIGNERS: JUNIATA 34** PARTY OF SIGNERS: Democratic

## 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.

回於代 255.5% 回答回	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			回》(日 代35万) 日文先
			House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
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OFFICIAL USE ONLY

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			House No.	Street or Road	City, Boro or Twp.	DATE OF
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STATEMENT OF CIRCULATOR					CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW	
mination ereof; the owledge	t I am a qualified elector of the Cor n petition; that my residence is as s nat their respective residences are o a and belief, the signers are qualifie ition, and that they are residents in	et forth below; that the signers to correctly stated therein; that each d electors, duly registered and er	o the foregoing pe n signed on the da prolled members o	etition signed the sa ate set opposite his	me with full knowledge of or her name; that to the b	the conte
	state the information set forth here the penalties of 18 Pa.C.S. § 4904 (			, information and be	elief, and that this stateme	ent is made
County	of Petition-Signers' Residence					

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

3 Signature of Circulator \_\_\_\_\_

5 City, Borough or Twp. \_\_\_\_\_ Zip Code \_\_\_\_\_

4 Number and Street of Circulator \_\_\_\_\_





