## 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: CAMERON 12

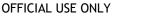
PARTY OF SIGNERS: Democratic

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.	DATE OF SIGNING
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	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			
			House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
15.						
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STATEMENT OF CIRCULATOR CIRCULATOR SHOUL 1 - 5 Bi						
nomination thereof; t knowledg	at I am a qualified elector of the Cor on petition; that my residence is as s that their respective residences are o e and belief, the signers are qualifie tition, and that they are residents in	et forth below; that the signers to t correctly stated therein; that each s d electors, duly registered and enro	the foregoing posigned on the doubled members of the second second second second second second second second se	etition signed the sa ate set opposite his	me with full knowledge of to or her name; that to the be	the contents est of my
	l state the information set forth here o the penalties of 18 Pa.C.S. § 4904 (			, information and be	elief, and that this stateme	nt is made
1 County	of Petition-Signers' Residence					
2 Printeo	Name of Circulator					
3 Signatu	ure of Circulator					

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

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

\_\_\_\_\_Zip Code \_\_\_\_\_

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





