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

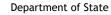
COUNTY OF SIGNERS: FRANKLIN 28 PARTY OF SIGNERS: Democratic

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			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

温	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			
\$9 6 5			House No.	Street or Road	City, Boro or Twp.	DATE O SIGNIN
i.						
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		CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW				
nination ereof; tha owledge a	petition; that my residence is as se It their respective residences are c and belief, the signers are qualified	nmonwealth; that I am duly register of forth below; that the signers to the orrectly stated therein; that each s I electors, duly registered and enro the County specified in number one	he foregoing pe igned on the da lled members o	etition signed the sa ate set opposite his	me with full knowledge of or her name; that to the be	the conter est of my
		n is true and correct to the best of relating to unsworn falsification to a		, information and be	elief, and that this stateme	nt is made
County of	Petition-Signers' Residence					
rinted N	ame of Circulator					

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

4 Number and Street of Circulator _____

5 City, Borough or Twp. _____ Zip Code _____





