## 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

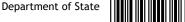
**COUNTY OF SIGNERS: SULLIVAN 57** PARTY OF SIGNERS: Democratic

## 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.

回第回 955次 回約代	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
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						







OFFICIAL USE ONLY

编 · s	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRE	ADDRESS WHERE REGISTERED AND ENROLLED		
MK 3			House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
-						
-						
•						
_						
-						
-						
-						
<u> </u>						
<u> </u>						
·						
•						
-						
-						
•						
•						
		CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW				
mination pe ereof; that to owledge and	etition; that my residence is as so their respective residences are c d belief, the signers are qualified	nmonwealth; that I am duly regis et forth below; that the signers t orrectly stated therein; that eac d electors, duly registered and en the County specified in number	o the foregoing pe h signed on the da nrolled members o	etition signed the sa ate set opposite his	me with full knowledge of or her name; that to the b	the contentest of my
		in is true and correct to the best relating to unsworn falsification		, information and be	elief, and that this stateme	ent is made
<b>.</b>	atition Cianora' Posidonas					

3 Signature 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.





