

**CANDIDATE'S
AFFIDAVIT**

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF ELECTIONS**
210 NORTH OFFICE BLDG.
HARRISBURG, PA 17120

OFFICE USE ONLY

2018003008



Name: Kats, Marina, _____
Last Name First Name Middle Name or Initial Suffix

Residential Address: 1751 Stocton Rd.
Street Address

City: Meadowbrook State: PA Zip Code: 19046

Municipality (City, Boro, or Township): Abington Gender: F ☒ M ☐

Mailing Address (if different from residential): _____
Street Address

City: _____ State: _____ Zip Code: _____

Voting Precinct Name (including Ward & Division, if applicable): Abington 1-1

Office for which you are seeking nomination: REPRESENTATIVE IN CONGRESS

District Number (if applicable): 4th Congressional District

Email address: _____

Name as it is to appear on the Ballot: Marina Kats

CANDIDATE AFFIDAVIT - I do swear (or affirm) that my residence, my election district and the title of the office for which I desire to be a candidate are as specified above, that I am eligible for said office, that I will not knowingly violate any election law or any law regulating and limiting nomination and election expenses, and prohibiting corrupt practices in connection therewith; that I am aware of the provisions of Section 1626 of the Pennsylvania Election Code requiring pre-election and post-election reporting of campaign contributions and expenditures; that unless I am a candidate for Judge of a Court of Common Pleas, the Philadelphia Municipal Court or the office of school board in a district where that office is elective or the office of magisterial district judge, my name has not been presented as a candidate by nomination petitions of any other party for the same office; that if I am a candidate for any office of a political party I am a registered and enrolled member of such party; that if I am a candidate for Committee Delegate or Alternate Delegate to the National Convention the name of the candidate to whom I am committed is as indicated on my nomination petition and that my signature on the Delegate's Statement was affixed to each page of my nomination petition prior to circulation of same; that I am not a candidate for an office which I already hold, the term of which is not set to expire on the same year as the office subject to this affidavit.

Sworn to and subscribed before me this

_____ day of _____ 20____

Signature of Officer Administering Affirmation

Official Title

My commission expires _____

I swear (or affirm) to the above part(s) as required
by the law(s) applicable to the office I am seeking.

Signature of Candidate

Telephone Number

MONTGOMERY
County of Residence

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: 4th Congressional District

YEAR OF PRIMARY: 2018

CANDIDATE'S NAME(PRINT OR TYPE NAME): Marina Kats

OCCUPATION: Attorney

RESIDENTIAL STREET ADDRESS: 1751 Stocton Rd.



CITY, BOROUGH OR TWP.: Abington

COUNTY OF SIGNERS: BERKS 06

PARTY OF SIGNERS: Republican

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	PLACE OF RESIDENCE			 DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
18.					
19.					
20.					
21.					
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28.					
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30.					

AFFIDAVIT OF CIRCULATOR

COMMONWEALTH OF PENNSYLVANIA

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

COUNTY OF _____ SS:

I do swear (or affirm) that I am a qualified elector of the Commonwealth, 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.

Sworn to and subscribed before me this _____ 1 _____
County of Petition Signers Residence

day of _____ 20 _____ 2 _____
Signature of Circulator

_____ 3 _____
Printed Name of Circulator

_____ 4 _____
(Official Title) Street

My commission expires _____ 5 _____
City, Borough or Twp. Zip Code

NOTE: THIS AFFIDAVIT MUST BE EXECUTED 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: 4th Congressional District

YEAR OF PRIMARY: 2018

CANDIDATE'S NAME(PRINT OR TYPE NAME): Marina Kats

OCCUPATION: Attorney

RESIDENTIAL STREET ADDRESS: 1751 Stocton Rd.



CITY, BOROUGH OR TWP.: Abington

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Republican

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	PLACE OF RESIDENCE			 DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
1.						
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14.						



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	PLACE OF RESIDENCE			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
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AFFIDAVIT OF CIRCULATOR

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____ SS:

CIRCULATOR SHOULD COMPLETE
1 - 5 BELOW

I do swear (or affirm) that I am a qualified elector of the Commonwealth, 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.

Sworn to and subscribed before me this _____ 1 _____
County of Petition Signers Residence

day of _____ 20 _____ 2 _____
Signature of Circulator

_____ 3 _____
Printed Name of Circulator

_____ 4 _____
(Official Title) Street

My commission expires _____ 5 _____
City, Borough or Twp. Zip Code

NOTE: THIS AFFIDAVIT MUST BE EXECUTED AFTER ALL SIGNATURES HAVE BEEN OBTAINED.



Commonwealth of Pennsylvania



DEPARTMENT OF STATE SECRETARY OF THE COMMONWEALTH

ELECTION CALENDAR*

Last day to REGISTER to vote before the Primary.....	April 16
PRIMARY ELECTION.....	May 15
NOVEMBER ELECTION.....	November 6

* All dates are subject to change without notice

INSTRUCTIONS FOR CIRCULATING NOMINATION PETITIONS – 2018

NOTICE: You may duplicate these nomination petition pages **prior to circulation** if the duplicates are **exact** copies of the originals (**8 1/2 x 11” paper, 2-sided, head to head**). You may complete all blank spaces at the top of Side 1 of the nomination petition page (see 1i and 1ii below) prior to duplication to eliminate clerical error.

1. Prior to Circulation

- i. All blank spaces which appear at the top of Side 1 of each nomination petition page must be completed before signatures are obtained.
- ii. Check to make sure the candidate's name on the nomination petition page appears **exactly** as the candidate wants it to be displayed on the ballot. A nickname is allowed only if it is a derivative of the legal name.

2. Signers

- i. Different nomination petition pages must be used for signers residing in different counties.

- ii. Each signer may sign nomination petitions only for as many candidates for each office as they are permitted to vote.
- iii. Each signer of a nomination petition must be a registered and enrolled elector of the political district and of the party referred to in the nomination petition. (Democratic electors must sign Democratic nomination petitions; Republican electors must sign Republican nomination petitions.)
- iv. Each signer must personally sign his or her name in the "Signature of Elector" column and print his or her name in the "Printed Name of Elector" column. Each signer must also insert in the "Place of Residence" column the information concerning residence listing his or her address exactly as it appears on his or her registration affidavit. In the case of an elector having a rural route number or R.D. numbers, the township should be listed. The elector must also insert the date of signing in the "Date of Signing" column, which may be expressed in words or numbers; e.g. February 13, XXXX or 2/13/XX.

3. Circulator's Affidavit

- i. The Circulator's Affidavit on each nomination petition page must be signed and notarized after each nomination petition page is circulated. Each notarization must include the date of notarization, the notary public's signature and the official rubber stamp seal. Any person who circulates this nomination petition must be a qualified registered elector of the Commonwealth and of the party referred to in the petition. ***The part of Section 909 of the Pennsylvania Election Code, 25 P.S. § 2869, that requires the circulator of a nomination petition to be a resident of the relevant political district in the petition will not be enforced pursuant to advice received from the Pennsylvania Office of Attorney General in Villa v. Aichele, No. 13-cv-06374 (E.D. Pa 2013).***
- ii. Signatures can be gathered only during the nomination petition circulation and filing period.

4. Candidate's Affidavit and Ethics Statement

- i. Candidates must sign and submit one CANDIDATE'S AFFIDAVIT per set of nomination petitions. The CANDIDATE'S AFFIDAVIT is generated as part of the PDF petition packet.
- ii. Candidates for the following offices must submit with their nomination petitions, a copy of the Statement of Financial Interests. The original must be filed in the office of the State Ethics Commission by the deadline to file nomination petitions.
 - * Governor
 - * Lt. Governor
 - * Senator in the General Assembly
 - * Representative in the General Assembly

Candidates for the office of U.S. Senate, Representative in Congress and Member of State Committee are not required to complete a Statement of Financial Interests

5. Filing Fees

- i. No nomination petition will be accepted for filing in the Office of the Secretary of the Commonwealth unless it is accompanied by the proper filing fee paid by **certified check or money order** payable to the Commonwealth of Pennsylvania.

- ii. Filing fees will not be refunded for any reason (including candidate withdrawal).

6. Filing Your Petitions

- i. Please remove all staples from the nomination petition. All nomination petition pages must be bound together when filed. Please use binder clips.
- ii. Each nomination petition page should be numbered on Side 1 and Side 2. Example: Page 1, Front Side 1/Back Side 1; Page 2, Front Side 2/Back Side 2; Page 3, Front Side 3/Back Side 3 and so on.
- iii. Nomination petitions for the offices listed below must be filed with the Bureau of Commissions, Elections and Legislation, Commonwealth Keystone Building, 400 North Street, Harrisburg, PA 17120 no later than 5:00 P.M. on the day of the deadline.

SIGNATURE REQUIREMENTS AND FILING FEES

OFFICE	SIGNATURE REQUIREMENTS	FILING FEES
UNITED STATES SENATOR	2000	\$200.00
GOVERNOR	2000 (including at least 100 from each of at least 10 Counties)	\$200.00
LIEUTENANT GOVERNOR	1000 (including at least 100 from each of at least 5 Counties)	\$200.00
REPRESENTATIVE IN CONGRESS	1000	\$150.00
SENATOR IN THE GENERAL ASSEMBLY	500	\$100.00
REPRESENTATIVE IN THE GENERAL ASSEMBLY	300	\$100.00
MEMBER OF DEMOCRATIC STATE COMMITTEE	100	\$25.00
MEMBER OF REPUBLICAN STATE COMMITTEE	100	\$25.00

NOTE: ALL DATES AND INFORMATION CONTAINED HEREIN ARE SUBJECT TO CHANGE WITHOUT NOTICE