Gregory S. Hayes H1O-3

Block \# 13
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Commonwealth of Pennsylvania DEPARTMENT OF STATE

ATTENTION:
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NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY
DISTRICT NUMBER: 3rd Legislative District
YEAR OF PRIMARY: 2020
CANDIDATE'S NAME(PRINT OR TYPE NAME): Greg Hayes
OCCUPATION: Educator
RESIDENTIAL STREET ADDRESS: 5755 Gibson Hill Rd.
CITY, BOROUGH OR TWP.: Washington Twp.
COUNTY OF SIGNERS: ERIE 25
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.



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I state that I am a qualified elector of the Commonwealth; that I am 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.
Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. $\$ 4904$ (relating to unsworn falsification to authorities).


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NAME OF OFFICE: RERRESEMTATMX息IN THE GENERAL ASSEMBLY
DISTRICT NUMBER: 3rd Legislative District
YEAR OF PRIMARY: 2020
CANDIDATE'S NAME(PRINT OR TYPE NAME): Cicely
OCCUPATION: Educator
RESIDENTIAL STREET ADDRESS: 5755 Gibson Hill Rd.
CITY, BOROUGH OR TWP.: Washington Twp.
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OCCUPATION: Educator
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ADDRESS WHERE REGISTERED AND ENROLLED


STATEMENT OF CIRCULATOR

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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. |  |
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| STATEMENT OF CIRCULATOR $\quad$CIRCULATOR SHOULD COMPLETE <br> $1-5$ BELOW |  |  |  |  |  |  |

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SIGNATURE OF ELECTOR


## Commonwealth of Pennsylvania

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|  | printed name OF ELECTOR | ADDRESS WHERE REGITERED AND ENROLLED |  |  |  |
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|  |  | House No. | Street or Road | City, Boro or Twp.: |  |
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NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY
DISTRICT NUMBER: 3rd Legislative District
YEAR OF PRIMARY: 2020

## CANDIDATE'S NAME(PRINT OR TYPE NAME): Greg Hayes

## OCCUPATION: Educator

RESIDENTIAL STREET ADDRESS: 5755 Gibson Hill Rd.
CITY, BOROUGH OR TWP.: Washington Twp.

## COUNTY OF SIGNERS: ERIE 25

PARTY OF SIGNERS: Republican

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|  | SIGNATURE OF ELECTOR | PRINTED NAME <br> OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  | Side |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |
|  |  |  | House No. | Street or Road | City, Boro or Twp. |  |
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| STATEMENT OF CIRCULATOR |  |  |  |  |  |  |
| I state that I am a qualified elector of the Commonwealth; that I am 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 jnowledge 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. |  |  |  |  |  |  |
| Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities). |  |  |  |  |  |  |
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| 5 City, Borough or Twp. $\qquad$ |  |  |  |  |  |  |
| note: this statement must be completed after all signatures have been obtained. |  |  |  |  |  |  |

ATTENTION!
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NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY
DISTRICT NUMBER: 3rd Legislative District
YEAR OF PRIMARY: 2020
CANDIDATE'S NAME(PRINT OR TYPE NAME): Greg Hayes
OCCUPATION: Educator
RESIDENTIAL STREET ADDRESS: 5755 Gibson Hill Rd.
CITY, BOROUGH OR TWP.: Washington Twp.
COUNTY OF SIGNERS: ERIE 25

## 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.



## Commonwealth of Pennsylvania

DEPARTMENT OF STATE

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| SIGNATURE OF ELECTOR | PRINTED NAME OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  |  |
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## SIGNATURE OF ELECTOR

PRINTED NAME OF ELECTOR

ATTENTION！
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name of office：REPRESENTATIVE IN THE GENERAL ASSEMBLY
DISTRICT NUMBER：3rd Legislative District
YEAR OF PRIMARY： 2020
CANDIDATE＇S NAME（PRINT OR TYPE NAME）：Greg Hayes
OCCUPATION：Educator
RESIDENTIAL STREET ADDRESS： 5755 Gibson Hill Rd．
CITY，BOROUGH OR TWP．：Washington Twp．

## COUNTY OF SIGNERS：ERIE 25

## PARTY OF SIGNERS：Republican

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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．

| 國哏岛 | PRINTED NAME OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED |  |  | DATE OF SIGNING |
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|  | SIGNATURE OF ELECTOR | PRINTED NAME OF ELECTOR |  |  |  | $\alpha$ Side |
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| STATEMENT OF CIRCULATOR |  |  |  |  | CIRCULATOR SHOULD COMPLETE 1-5 BELOW |  |
| 1 state that I am a qualified elector of the Commonwealth; that I am 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. <br> Further, I state the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. $\$ 4904$ (relating to unsworn falsification to authorities). |  |  |  |  |  |  |
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| 1 County of Petition-Signers' Residence $\qquad$ Fire |  |  |  |  |  |  |
| 2 Printed Name of Circulator $\qquad$$\qquad$ aregary S thayer 3 Signature of Circulator 3 |  |  |  |  |  |  |
| 4 Number and Street of Circu |  |  |  |  |  |  |
| 5 City, Borough or Twp. |  |  |  |  |  |  |
| NOTE: THIS STATEMENT MUST BE COMPleted after all signatures have been obtained. |  |  |  |  |  |  |

## CANDIDATES SUPPLEMENTAL PETITION FORM

(COMPLETE ALL APPLICABLE AREAS)
Year: 1020

Candidate Number:

## 202000617

Candidate Name: $\qquad$
Office:

| President of the United States | Representative in the General Assembly |
| :--- | :--- |
| United States Senator | Justice of the Supreme Court |
| Governor | Judge of the Superior Court |
| Lieutenant Governor | Judge of the Commonwealth Court |
| Attorney General | Judge of the Court of Common Pleas |
| Auditor General | Judge of the Municipal Court |
| State Treasurer | Delegate to the National Convention |
| Representative in Congress | Alternate Delegate to the National Convention |
| Senator in the General Assembly | Member of State Committee |

District: $\qquad$
Political Party: Democratic Republican . Other: Number of Supplemental Pages Submitted:


1 hereby certify that the above information is true and correct.
Submitted by: $\qquad$ Date: $\qquad$ Phone: $\qquad$

## OFFICE USE ONLY

Number of supplemental pages submitted: $\qquad$ Received by Mail

Sequence of pages submitted: From $\qquad$ to $\qquad$
Processed by: $\qquad$ Timestamp:

## Commonwealth of Pennsylvania DEPARTMENT OF STATE

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RESIDENTIAL STREET ADDRESS: 5755 Gibson Hill Rd.
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COUNTY OF SIGNERS: ERIE 25

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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. |  |
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# Commonwealth of Pennsylvania DEPARTMENT OF STATE 

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|  | PRINTED NAME of Elector | ADDRESS WHERE REGITTRED AND ENROLLED |  |  |  |
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