### IN THE COMMONWEALTH COURT OF PENNSYLVANIA

In re:	:	
Nomination Petition of Michael Puskaric	:	<b>Election Matter</b>
as Republican Candidate for State	:	
Representative from the 39 <sup>th</sup>	:	MD 2022
Legislative District	:	<del></del>

## PETITION TO SET ASIDE NOMINATION PETITION

Madeline J. Gruzs, Petitioner-Objector, by and through undersigned counsel, respectfully avers that:

### **Jurisdiction**

1. This Court has original jurisdiction in cases relating to election challenges for candidate for State Representative. *See* 42 Pa.C.S. § 764(1); 25 P.S. § 2937.

## **Background**

- 2. Madeline J. Gruzs is a registered Republican residing in the 39<sup>th</sup> Legislative District at 314 4<sup>th</sup> Street in Washington County, Pennsylvania.
- 3. On or about March 28, 2022, Michael Puskaric ("Candidate") filed a 39-page nomination petition seeking the Republican nomination for State Representative from the 39<sup>th</sup> Legislative District.
- 4. A copy of Candidate's nominating petition (the "Nominating Petition") is attached hereto as Exhibit A.

5. The Nominating Petition contains information on 406 lines as follows:

Page	Last Completed Line	Page	Last Completed Line
1	29	22	9
2	30	23	7
3	30	24	10
4	1	25	3
5	4	26	2
6	6	27	5
7	20	28	8
8	12	29	2
9	30	30	7
10	30	31	13
11	11	32	11
12	4	33	5
13	14	34	8
14	1	35	1
15	11	36	2
16	7	37	7
17	28	38	3
18	11	39	8
19	6		
20	9		
21	1	Total	406

- 6. Candidates for State Representative are required to file nominating petitions with 300 valid signature lines. 25 P.S. § 2872.1(14).
- 7. However, the Candidate's Nominating Petition contains only 222 valid lines.

  The remaining 184 lines are invalid, for the reasons set forth on the spreadsheet attached hereto as Exhibit B.
- 8. Petitioner respectfully reserves the right to add such additional objections as are appropriate under applicable law at the time of the hearing.

9. Because it does not contain the required 300 valid signature lines, the Nomination Petition fails to conform to the requirements of the Election Code, 25 P.S. § 2867 et seq., and must be set aside.

WHEREFORE, Petitioner prays this Honorable Court to set aside the Nomination Petition and order that Michael Puskaric not appear on the 2022 ballot for nomination in the 39<sup>th</sup> Legislative District.

Greenberg Traurig, LLP

Kar Shung

Dated: April 4, 2022

Kevin Greenberg, Attorney Number 82311 1717 Arch Street, Suite 400

Philadelphia, Pennsylvania 19103

(215) 988-7818

greenbergk@gtlaw.com

Attorney for Petitioner-Objector

# Exhibit A – Candidate's Petition

OFFICIAL USE ONLY

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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

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

CITY, BOROUGH OR TWP .: Union Township

COUNTY OF SIGNERS: ALLEGHENY 02

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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wiedge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated his petition, and that they are residents in the County specified in number one below.

ther, 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 ject to the penalties of 18 Pa.C.S. § 4904 (rejating to unsworm falsification to authorities).

ounty of Petition-Signers' Residence AUEGUANT
rinted Name of Circulator Polyna M. Rushauc.
ignature of Circulator
umber and Street of Circulator 5 Cocker on Place
ity, Borough or Twp. Elizasan Township zip Code 15135

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



OFFICIAL USE ONLY

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ATTENTION! ion may be used to submit for Nomination the Nam

B. Please refer to	nay ne used to submit for Nomination the Name of One Candidate for One Office Only,
this form.	the Instruction page provided with this petition for detailed information about completion

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER; 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

CITY, BOROUGH OR TWP.: Union Township

COUNTY OF SIGNERS: ALLEGHENY 02

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	ADDRESS WHERE REGISTERED AND ENROLLED			
	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
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tate 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 miniation 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 ereof; 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 lowledge and bellef, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated this petition, and that they are residents in the County specified in number one below.

Irther, 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 bject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

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Printed Name of Circulator 1004

Signature of Circulator

Number and Street of Circulator

City, Borough or Twp.

Southfort zip-code 15/2



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

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

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COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

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sy, Borough or Twp. ELIERS OTH TOWN Ship Zip Code 15/35



OFFICIAL USE ONLY

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	This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
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IAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

ISTRICT NUMBER: 39th Legislative District

EAR OF PRIMARY: 2022

ANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

CCUPATION: State Representative

ESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

ITY, BOROUGH OR TWP .: Union Township

OUNTY OF SIGNERS: WASHINGTON 63

PARTY OF SIGNERS: Republican

o 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 inth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent erewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as t forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot said Party, for the Year and Office set forth above.

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STATEMENT OF CIRCULATOR				CIRCULATOR SHOULD COMPLET	

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County of Petition-Signers' Residence

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CANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

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RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

CITY, BOROUGH OR TWP.: Unton Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

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nty of Petition-Signers' Residence	AllEchant	
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'rinted Name of Circulator

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



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B. Please refer to the instruction page provided with this petition for detailed information about completion of

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME(PRINT OR TYPE NAME); Mike Puskaric

OCCUPATION: State Representative

RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

CITY, BOROUGH OR TWP.: Union Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

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E1210		OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
1. 1.	They H Cuss	Greg H. Criss	1211	Station	South Park	3/9/22
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總統	1	PRINTED NAME	ADDRE	ADDRESS WHERE REGISTERED AND ENROLLED			
		OF ELECTOR	House No.	Street or Road	City, Baro or Twp.	DATE O	
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STATEMENT OF CIRCULATOR					CIRCULATOR SHOULD COMPLETE		

positions 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 (rejating to unsworn faisification to authorities).

1 County of Petition-Signers' Residence





**ATTENTION**1

A. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.

8. Please refer to the instruction page provided with this petition for detailed information about completion of this form.

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

CITY, BOROUGH OR TWP .: Union Township

COUNTY OF SIGNERS: WASHINGTON 63

PARTY OF SIGNERS: Republican

OFFICIAL USE ONLY

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 orth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent of the dover, that we are registered and entitled members of the rotated rarry set four above, and have agreed in perturbil members in the remaining of the rem of said Party, for the Year and Office set forth above.

鼝	SIGNATURE OF ELECTOR	PRINTED NAME	ADDRESS WHERE REGISTERED AND ENROLLED			
	1	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
	fothers-	Scott J. CRISS	1358	4TH ST.	MONONGAHELA	3/19/22
. 6	Imy & Cress	Amy L. Criss	1358	4th 5t.	Monongahela	3/19/12
- 6	20 Jan 2 mgs	Rafael Reyes	11	force LN.	Brioll township	3/19/22
X	Mark W Criss	Mark W. Criss	7		Carroll Township	
.Ul	udia Criso	AUDRA CUSS		odessi R.	Carroll Townships	3-19-22
: E	5U Bak	Blake Boy's	428	Williams	Monongarela	3-19-22
12	etts soyel	Beth Boyo	423		Monongahel	_
1	4/13	Dovald Breize	J593	Cebshigtorper	Fre Lyville	1,9/22
18	und Brein	Harold Breining	44		KniON TWD	3/19/22
).	anyfación	Navay BREMICY	44	0' 1	UNION Two.	3/19/42
1.00	one Crisa	Donnes CR 158	6303		UNID U TWG	3/19/2
1	Jugh-	DEAN CRUS	6303		DUION TER	2/4/22
	135 -	DAVOE BREINIG	U438	Varen Avo	Union Twp	3/1/22
1	ally Brunis	Sally Breinis	638	UnionAve	Union TWP	3/19/22
經	DSBE-SQT2/19) WASHINGTON 63	Department of State		HARA TANAHAN KATANAN ANDA	Page_7_5i	ide 1 🖳 🗒 🗎

SIGNATURE OF ELECTOR	PRINTED NAME	ADDR	Side			
	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF	
Xisa Mc Cornich	Lisa McCornick	3474	try Hill Ln	Union Twp.	3/19	
Jeng He kment	LYND McCoemick	3474		Union Twp	3/19	
74	CHRISTOPHER CARKOL	906	SUCAMORE		3/201	
70 Maso	KIMBERLY M CARROLL	906	SYCAMORE	NEW EAGLE	3-20	
angle Carelle	Amoray Carroll	900	Sycamore	New Eagle	3/20/	
altern)	David Coiss	1358		Monengahela	3/20/	
					1007.	
					_	
that I am a qualified elector of the Cor ation petition; that my residence is as s	STATEMENT OF CIRCULA			CIRCULATOR SHOULD COM	- 1	

this petition, and that they are residents in the County specified in number one below.

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ounty of Petition-Signers' Residence All Economy
rinted Name of Circulator Share Wh. Postage
gnature of Circulator
umber and Street of Circulator & Easth Jean Place
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OFFICIAL USE ONLY

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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

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

CITY, BOROUGH OR TWP .: Union Township

COUNTY OF SIGNERS: ALLEGHENY 02

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	ADDRI	ADDRESS WHERE REGISTERED AND ENROLLED			
		OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING	
0	lent teller,	LAWRENCE HETTLER	523	OBERDICK	ENZTUP	3/19/2	
2. /	Sucheel Clell	Michael Coldwill	526	Oberdick	E/12 Tup	3/18/22	
91	landi Caldwell	Mandi Caldwell	526	Oberdick	Eliz Twp.	3/19/22	
. 2	of lipeland	Kip Coleland	543		Eliz. TwP.	3-19-22	
	43-	Jeff Leezer	17	Conini	Eliz. TWP	3-19-22	
()	an Joleson	Darie Leezer	12	Colonial	Eliz Twp.	3/19/2	
X.	300	Gan Smit	1074	Old Hills	Elnto	3/./20	
. Cf	rankotte Valecher	Charlotte Valecko	504	Friendship	ECTZ. Tivnsh	3/20/22	
Co	word R. Valecho	Edward R Valecko		,	Fliz-Twp	3/20/22	
0.	Solo Chochen	Robin Anderson	809	Pixrest	ELIC TWP	3/20/2	
Hason	main Faskaria	ROSEMARY RUSKARIC	3201	Greeno AK Bueva Vista	Eliz. TWD	3/20/22	
2,	16 \ 0 (0)	FANNIE PUSKARIC		Greenock	Eliz, Two	3/20/22	
3						7 - 1	
4.							
Ja⊡ D	SBE-SC(12/19) ALLEGHENY 02	Department of State	III DANIAN KATANTU	I NOVE ENDINGOVE HEVE (MICO)	William Page & S	ide 1 PEP	

SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	DATE OF		
	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF
				<u>:</u>	
				· · ·	
	STATEMENT OF CIR	CULATOR		CIRCULATOR SHOULD CO	DMPLETE W

mination 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 reof; 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 wiledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated his petition, and that they are residents in the County specified in number one below.

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County of Petition-Signers' Resider

'rinted Name of Circulator

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OFFICIAL USE ONLY

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ATTENTION

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NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

CITY, BOROUGH OR TWP.: Union Township

COUNTY OF SIGNERS: ALLEGHENY 02

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	ADDR	ESS WHERE REGISTE	ERED AND ENROLLED	
71		OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
1. Nich	land Olla	Kichard Albitz	2486	Bonnie	South BARK	3-19-22
Ko	Typy O	RON ZIPAY	2414	BONNIEDELL	SOUTH PARK	3-18.23
· Hu	was arepay	Debreah A.Zipay	2414	BONNIEDEll	South PARK	3-19-22
. 4 M	Sulv ?	Ju Berlehi	2417	Binnie Dill	Sich Park	3-19-22
Dur	une berbun	Susanne Perkun	2423	Bornie Dell	South Part	3-19-25
Tiney.	Corlem/	Eric Perkun	2423	Boniebell	South Palk	3/19/22
Phu	lop forken	Philip Ferkun	2423	Bonnie Dell	South Parx	3/19/22
GU	I. B. Spitynogel	Jill B. Spitznagel	2504	BonnieDell	South Paric	3/19/22
11/4	Part	Milicel A Spiterical	2504	Busse Dell	Soull Rail	3/19/2
1- 4	Janie Deyer	Janice Boyer	986	Lindfield Dn	South Park	3-19-2:
	arkel Boyer	Rachel Gittings	986	Lindhick Dr	South, Park	3-19-2)
100	with thing	David Gittings	986	Lind Ridge	South Pick	3-41-22
· CAN	At mastilians	Cristing Enterre	1430	Amplia Ry	Suth Panc	3-10-22
. 80	De grille.	Sabermillar	1430	Amplia	Swith Park	3-2/1-26
DSBE	E-SC(12/19) ALLEGHENY 02	Department of State		HOUSE SHIP OF THE HOUSE HE HAVE HOLD IN	num O	de 1 <u>課</u> 題

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溢	SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	SS WHERE REGISTE	RED AND ENROLLED			
श्रद	JIGHATURE OF ELLOTON	OF ELECTOR	House No.	Street or Road	City, Boro or Twp,	DATE OF SIGNING		
O/h	eling Morales	Orbelina Morala	1430	Amelia.	South Park	3-20-2		
K	obit Kend	Robert Kent	1440	Amelin	South Park	3-20-2		
Mi	We Blancameter	Niele Baurandle	1487	Benjan	Youthe DYMUC	3-20-2		
Mo	runa Rellin	Maura relly	2904	Amy	3. PARK	3-20-		
9	Kelly 8	TERRY KELL	2904	AMY	S. PALI	3-20.2		
.Ge	orgallely	Georgia Kelly	2904	arriy lar	SPark	3-20-2		
10	us Mlhy &	JAMES Klygensmit	1/1928	Rigg S D	South PARK	3,208		
-	om Pyr	Tom Rysa	3100	THAPPERL	C SOUTH PARI	3-200		
1	mul Si	Lynne A. Lewis	1906	Rigg Ra	Southpark	3/20/22		
K	ryes Zin	Brandon Silevis	1904	Riggs Rd.	Sovin Park	3120122		
. ,	ARR	Scott R Lewis	1906	Rissi el	South Perk	3/20/22		
. (	and DE Mann	CANOLS. DEUSANI	0 1907	RIGGS RD	SOUTH PARK	3/20/22		
· Vos	weit Delland	VINCENT DEUSANIA	1907	Proose	SOUTH PARK	3/20/2		
. MA	influ Starry	MARYLON STASNY	1895	Riggs Rd	SOUTH-BARK	3/20/2		
. 8	If Durka	Robert Durhow	3071	AMY	South Dark	3/20/12		
ال	am Duha	Tanny Durhan	3071	Amy	South Park	3/20/27		
		CIRCULATOR SHOULD CO						
ate 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 mination 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 recof; 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 owledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated								

this petition, and that they are residents in the County specified in number one below.

irther, 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 bject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

County of Petition-Signers' Residence			
Lounty of Petition-signers Residence			
Printed Name of Circulator			
Signature of Circulator NAM ON TOWN			
Number and Street of Circulator 2848 AMY DAR			
City, Borough or Twp, South Park	Zip Code _	15/29	





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ATTEN:	TIONi	
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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

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

CITY, BOROUGH OR TWP.: Union Township

COUNTY OF SIGNERS: ALLEGHENY 02

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 erewith, do hereby petition the Secretary of the Commonwealth to have the candida whose Name, Occupation and Residence are as efforth 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	ADDRESS WHERE REGISTERED AND ENROLLED				
-	7	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING	
D.	vat fan	STOR DR. COLL	1190	STRE			
M	my fon	Sharon A. Can	190	Snee	South RIK	3/20/02	
Ty	n D. Harnin	Lyn D. Harmon	1199	Snoe	South Drynk	3/20/27	
San	x belling	Sava Pellisons	1224	Shee	South van	3/20/01	
M	Went Direcci	Amber Bonacci	1227	Snee	SouthPark	3/20/22	
- asi	one Soly	IRENE Selzer	1250	Snee	SoutHPK,	3/20/2	
10	LED FALL	Ken Sehzen	1250	Snee	SOUTH PARK	3/20/22	
10	w Septato	PAUL BECHTOLY	1264	JNET	Sour A PAPK	3/20/22	
Des	Olan E Emis	WILLIAME ENN	\$290	5人区区	Latt Peru	3/20/22	
Sta	why Centerh	STANLEY J. PENICALA	1350	SNEE	SOUTH PARK	3/20/22	
· Kly	hand Stary	Richard Stasny	1362	Smee	South Park	3/20/22	
CC	Company.	EARLRGRIM	1421	Snee	SamParic	3/20/22	
A	come some	Soawn Crimin	144	Snee	SURPARK	3/20/22	
13	2 (Ahay)	Ben Schupp	1426	Snee	Sothfark	3/20/2	
圓 'DS! 懲	BE-SC(12/19) ALLEGHENY 02	Department of State		1818 BIN 110 BIN 11810 HAVE 1181	Page 10 SI	de 1 🗵 🖫	

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SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	SS WHERE REGISTER	RED AND ENROLLED			
Signatorie di Zazzatori	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING		
le (utato)	Joe Antantis	2432	Bonnie lell	South Polk.	3-20-22		
nich Andara	Zeida Antontis	2932	Bonno Dell	South Park	3-20-		
ingh Cather	Health Antanka	2932	Bonno Idl	South Pelk	3-20-		
Joseph Book	Joseph Borky	1811	SANgate D	& South Pank	3-20.		
India bally	Ante Boen	1811	Smite D	South Pak	3-20-		
Firda M & ovald	LINDAMEDONALD	1816	SANGATODA	South Park	3-70-7		
Thomas a Me Donald	THOMAS J MCBONALD	1816	SANGARE DO	SOUTH PARK PA	3-20-25		
Rumond Smick	RAYMOND Swide	1809	SALKATE	South PAOK PA	3-20-2		
va 310	MARK ZAWASKY	1941	STRAN PRIDGE	SOUTH PARKEN	3-22-2		
Sol Can	Bob CANA	1935	Strouber la	SWE BAKA	3-22		
Lindy Colgra	Cinda Cagara	1935	(franking	GIH PAKPA	3-20-		
A MAN	Mat & Stevally	1935	Ambridge	South Parpa	3-77-9		
1,12	Doug KrEUNEN	1926	STRANBrdge	South Jun 14	3-22.22		
Wate George	MARNGEORGE	1933	5784WBP186E	Swith for A	3-22-23		
had Int	Landy Sonth	1923	Strub-icky	South Park	3,55,		
Darl My	BARBING GIVERN	1914	STRAWOULD	So. Pach	3-22-22		
STATEMENT OF CIRCULATOR				CIRCULATOR SHOULD CO			
te 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 nation 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 post; 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 ledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated is petition, and that they are residents in the County specified in number one below.							

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ounty of Petition-Signers' Residence		
rinted Name of Circulator Noch Fornacci		
ignature of Circulator DAM OTOWAS		
lumber and Street of Circulator 2818 AMY Div		
Sty. Borough or Two. South Park	Zin Code 15129	

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

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ATTENTION! . This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.

Please refer to the instruction page provided with this petition for detailed information about completion of

IAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

ISTRICT NUMBER: 39th Legislative District

'EAR OF PRIMARY: 2022

ANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

**ICCUPATION:** State Representative

ESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

ITY, BOROUGH OR TWP.: Union Township

OUNTY OF SIGNERS: WASHINGTON 63

PARTY OF SIGNERS: Republican

OFFICIAL USE ONLY

o 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 orth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent erewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as et forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot I said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	ADDRESS WHERE REGISTERED AND ENROLLED		
	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
Thomas Codons	70m CABBRIC	5018	MINAM AN	eun'ou	3/3//
Horman George	NORMAN GEORGE	5047	DON. ST.	vnjor	3/21/2
side Rudinker	LINDSAG. BROWN FR.	ANKEL	5055 /2 DI	nst Unoion	3-21-2
Mary an mg Dersh	MARY ANN Mc DONAGE	5215	LAW ST	UNION	3/21/20
Jelline Alemo	Killage Steam	5003	LEWST	alxon	3-21-20
Steener Steener	Susan L. Steiner		Lewst	Union	3/21/5
Gloriag. neoters	GLORIA J. MASTERS	6443	UNION AVE	UNION	3/21/22
Take ?	7000 Minos 41	6422	Union Ace	Union	7/2/22
Culy BEL	Donald B Esken	6406	Union Ave	Union	3-21-22
Stiskan Tolomon	StationieSdamas	6928	Springest	Union	3/3/2
Mutto Hause	Matthew Hanne	6925	Spruce	Union	3-21-2
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SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	Page Address where registered and enrolled			
	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE O	
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te that I am a qualified elector of the Commination petition; that my residence is as set foot; that their respective residences are coor; that their respective residences are could lead to signers are qualified elements in their petition, and that they are residents in the	ectly stated therein; that each	signed on the date				

County of Petition-Signers' Residence	4
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AME OF OFFIC	E. DEDDECE	NTATIVE IN TU	IE CENEDAL	ACCEMBIA

ISTRICT NUMBER: 39th Legislative District

EAR OF PRIMARY: 2022

ANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

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ESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

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SIGNATURE OF ELECTOR		PRINTED NAME	ADDRE			
		OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
1	muld Istingles	DONALD E. STIEGLER	6400	UNION AV	Union Townsan	3/21/2
B	rebara sheets	HARBADAR Sheek	6400	UnionAlt	Union Towns	103/21/22
9	While	JOHN W. MICLEN	6907	SPRUCE	unow TWP	3/21/22
B	ugel con	Brigid Gaza	(1909	Spruce	Union TWP	3 21/2
	1 00	J				
						-
,		7.50				

SIGNATURE O	F ELECTOR	PRINTED NAME ADDRESS W	NAME ADDRESS WHERE REGISTERED AND ENROLL			Page 12 Sic
		OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE O
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		STATEMENT OF CIRC	III ATOR		CIRCULATOR SHOULD COA	APLETE

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urther, 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 bject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

County of Petition-Signers' Residence Washington	20
Printed Name of Circulator Mirhael Par	SKASI C
Signature of Circulator	
Number and Street of Circulator 15 Cing We	- Terra Place
City, Borough or Twp. Union Tup	Zip Code 15 532
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OFFICIAL USE ONLY

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ATTENTION!

L. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only. I. Please refer to the instruction page provided with this petition for detailed information about completion of

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

'EAR OF PRIMARY: 2022

:ANDIOATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

)CCUPATION: State Representative

ESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

:ITY, BOROUGH OR TWP .: Union Township

COUNTY OF SIGNERS: WASHINGTON 63

PARTY OF SIGNERS: Republican

o 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 orth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent erewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as et forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot f said Party, for the Year and Office set forth above.

調 SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	ADDRESS WHERE REGISTERED AND ENROLLED		
	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
	Michael Puskaric	15	CINQUE PLACE	Union Twp	3/21/0
mm	morgan Palme	2076	Norman	Uhran	3/21/22
Mengant Decapo	Margaret Josto	5034	Norman	Union	03/21/
June Markaruson	June Hargart Larrison	5026	Norman	Union	3/21/22
Lets Rif	PETE RITZ	5035	MEADOW	UNION	3/21/22
Hormon Milligar	NORMANMILLIGHN	5022	UNIONES	UNION	3/21/2
Richolas Celle	Nicholas Collins	5055	Don St	Union	3/21/22
Ero Man	Brian Macioce	5214	Lew St.	Union	3/21/2
Buttary Maciece	Britany Maciace	5214	Lew St	Union	3/21/2
Kota Bertato	Katie Burtetto	ld31	Union	Union	371/22
. Je fly	SueSlerbeiz	6983	SPRUCE	Spruce	3/3/1/2
Ba Mas	Bilmartin	6427	Juch	Swich	3718
11/10	James Archer	6415	Union	Unron	3/21/22
. NO. 1/2	RD HOSTONILH	6075	Placsent	Union	32/02
DSBE-SC(12719) WASHINGTON 63	Department of State			17	ide 1

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			
. 4		House No.	Street or Road	City, Boro or Twp.	DAT SIG
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	STATEMENT OF CIRCUI	ATO0		CIRCULATOR SHOULD COM	PI FTE

orimation persons, that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents never 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 other petition; and that they are residents in the County specified in number one below.

Irther, 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 ibject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

ounty of	f Petition-Signers'	Residence	110
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City, Borough or Twp.

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



OFFICIAL USE ONLY

ATTENTION

١.	This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
١,	Please refer to the instruction page provided with this petition for detailed information about completion of
	this form,

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

JISTRICT NUMBER: 39th Legislative District

'EAR OF PRIMARY: 2022

:ANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

:ESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

:ITY, BOROUGH OR TWP .: Union Township

OUNTY OF SIGNERS: WASHINGTON 63

PARTY OF SIGNERS: Republican

o 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 orth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent erewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as at forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot f said Party, for the Year and Office set forth above.

	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDR			
			House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
Ko	lent O Daily	Robert # DilBY	6507	Keystone Ave	Finkywille 1332	3/22/2
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可於於 SIGNAT	URE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			
			House No.	Street or Road	City, Boro or Twp.	DATI
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		STATEMENT OF CIRC	JLATOR		CIRCULATOR SHOULD CON	PLETE

are residents in the County specified in number one below.

urther, 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 ibject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

County of Petition-Signers' Resident

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



OFFICIAL USE ONLY

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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

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

CITY, BOROUGH OR TWP.: Union Township

COUNTY OF SIGNERS: ALLEGHENY 02

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 nerewith, 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	ADDRE	SS WHERE REGISTE	RED AND ENROLLED	
- 6	) , , ,	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
	nasite	TARA KITE	1305	Bunker Hill	Elizabeth Thp	3-21-22
X	a Jan	Kristine Kite	1305	Bunka Hill	Elizabeth Twp	
In	11 B. K.D	DONNO B Kitc	1305	Bunk HI	Elyabeth Tup	3-21-2.
- Ja	Valagio	Nada J. Puskeric	190	Lincoln Hell	Elizabeth Twp.	
he	end Stefa to	THERESA A. STEVANKO		LINOCU for	ELIZABETH TOP	3/1/20
16	S S P	MARK J. STETALKO	305	(wear) Har	FLIZABETH THOP	3/21/2
R	ichant found,	RICHARD O. HOWARD	937	BUANNETRE	EMTWP	3/21-12
. 1	eager t. Howard	GRAYCEVHOWARD	937	BURNING	E42ABEth TW	3/21/22
1	2	MARGARST GARVI	NZ	Yorktown	Elizabethy	3/21/22
2		Blance M. Podacic	6	Tocktown	ELEABETH POR	3/4/2
. Du	sin & Pusharis	Susan E. Auskan	ıc 5		Elizabeth Twp.	3-21-2
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SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	SS WHERE REGISTER	RED AND ENROLLED	
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	STATEMENT OF CIR	CULATOR		CIRCULATOR SHOULD CO	

reof; 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 wiledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated his petition, and that they are residents in the County specified in number one below.

ther, 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 ject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn fajsification to authorities).

inty of Petition-Signers' Residence Washing	
nted Name of Circulator Mishael Purllar	76
nature of Circulator	
nber and Street of Circulator 15 CINULE	Terra Place
, Borough or Twp. Min TWD	71n Code 15372





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NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

CITY, BOROUGH OR TWP .: Junion Township

COUNTY OF SIGNERS: - ALLEGHENY 02

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 of said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME	ADDR	ESS WHERE REGISTE	RED AND ENROLLED	回X回 ***********************************
10 5/	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
4	Curtis Red	1844	Wallace	South Park	3/24/2
Thornda Sutahan	Rhonda Pitchard	3831	Grandview x	ve South Park	3-21-2
Young Studies	Jonas Aitchard	3831		Ave South Pari	3-21-
Mu feb	Makaler ah Patencrd	2831	^ .	Are Souppage	3-21-2
Mix Predance	Noon Pritchard	3831	Grandway	Ave Southlark	3-21-2
Eduly large	- EDWARD I PREZICIC	1533	_	& SOUTH TACK	3-21-2
Michel Dwine	MicheleTerine	304	Grouse	-ı .	3.21-2
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DSBE-SC(12/19) ALLEGHENY 02	Department of State			Page 16 Sid	le 1

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	STATEMENT OF CIRC	CULATOR -	,	CIRCULATOR SHOULD CO	OMPLETE V

tate 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 mination 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 areof; 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 owledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated this petition, and that they are residents in the Country specified in number on below.

rther, 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 bject to the penalties of 18 Pa.C.S. 5 4904 (rejating to unsworn falsification to authorities).

County of Petition-Signers' Residence

Signature of Circulator

ponish o taurica

Number and Street of Circulato

3848 HUM DUM

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

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OFFICIAL USE ONLY

ATTENTION	
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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

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

CITY, BOROUGH OR TWP.: Union Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

To the SECRETARY OF THE COMMONWEALTH:

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SIGNATURE OF ELECTOR	PRINTED NAME	ADDRI	ESS WHERE REGISTE	RED AND ENROLLED	
	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
gundung	Thomas BRUSSA	2604	Dukedr	ELizabeth	
Stephen P. Gogal	STEPHEN P. GOGOEL	601	DougeAs	ELITABET 4 TW	3-21-22
Deler Vage	VICKI VESPI	500	DOUGLAS	ELEABETH	3/2/1/2
Gaul Verni	PAUL VESPI	500		ELIZABETA	3/21/2
pore Stapey	Holly Stapley	1915	l N		3/39/12
1 km Dbs by	David Staples	1915		South Park	3/22/22
1	Tason Couss	1910	Stanbridge	Satt Tok	3/22/27
for hour h	James J Cancelni	7501	Ridge Rd	South Parking	3-22-2
Method Manyaha	Mitable Zychowski	1410	BRISPOLDE	Sarmy	3-22
A STATE OF THE STA	KATHERUS BUNKA	14to	BISDLA	South for	3-22-2
Bereil Harry	GERLARD HUNGERUM	2505	RIDGE	-0.0	3-02-22
ya the	April Hungen	2565	Ruge	C -	3-22-26
Caitlin Cancelmi	Caitlin Cancelmi	2501	A .	0 0	3-22-27
BrowDuill	Bradley Miller	2497	Ridge	South Park	3-22-20
DSBE-SC(12/19) ALLEGHENY 02	Department of State	AND DECEMBER 1991 DES DECEMBER 1991 DES DECEMBER 1991 DE 1991		DI COTTUBER 1 7	

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SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	SS WHERE REGISTE	RED AND ENROLLED	
	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
Sinda Miller	Linda Miller	2497	Ridge Rd	South Park	3/35/37
Mahala Wil	Michele Wholer	2493	Rockerd	South Beric	3.22-2
Schulela	John Whelm	2493	RIGERA	South Reic	15129
Dans Magnelle	David Mazzardla	2068	Stucecoach	SouthPank	151393
Vonder Myzale	Vonda Mazzarda	2068	Hogerad	Jarn Pork	.15125
* XX	Kam Cecotti	1402	Bristol	SulPark	15129
Drue H. Marketo	BRUCE H. HARCHET	1430	BUSTOL	South PALK	3-23-2
Laure Ystein	Laura Stein	1461	Bristol	South Panc	3-23-
Nama Prian	Laura Priano	1470	Bristol	South Park	3-23-2
1000	Dannel Prano	1470	Bishol	South Pen	3.23.8
Diecelel _	JIICPIEL	1628	Whess	504h Park	3-24-
Mark Luco	MARK LUCOT	<u> 40</u>	ROSEMARY	SOUTH ANK	3/24/22
Diana Hort Cecotti	DIANA IFFT-CECOTTI	2233	Watchfield Dr.	SouthPark	3/24/2
James M. M. Dorough	James M. Mc Donough	830	Royal Prive	South Park	3/24/22
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	STATEMENT OF CIRCUI	ATOR	. , ,	CIRCULATOR SHOULD CO	

ereof; 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 owledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated this petition, and that they are residents in the County specified in number one below.

ither, 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 bject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

County of Petition-Signers' Residence	
Printed Name of Circulator Work hornical	
A 00 0111	

Signature of Circulator \_\_\_

Zip Code





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ATTENTIONI

. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.

Please refer to the instruction page provided with this petition for detailed information about completion of

IAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

ISTRICT NUMBER: 39th Legislative District

EAR OF PRIMARY: 2022

ANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

**CCUPATION:** State Representative

ESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

ITY, BOROUGH OR TWP .: Union Township

OUNTY OF SIGNERS: WASHINGTON 63

PARTY OF SIGNERS: Republican

o the SECRETARY OF THE COMMONWEALTH:

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廻 SIGNATURE OF ELECTOR		PRINTED NAME OF ELECTOR		ADDRESS WHERE REGISTERED AND ENROLLED			
				House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
M	ichael Revetta	MICHAEL	REVETTA	6610	SHADY AVE	UNION	3/22/22
/	Brenda Du Lano	Brenda	Drazio	6606	ShadyAve	Union	3/22/22
ag	sillellic"	april S	Sullivan	6724	Highlanda	cUnion	3/22/2
9	THE			67/3	Highland a	e Union	3/22/2
	Angelian R	Angella	a Brennfle	k 6715	Highland A	ve Union	3/22/20
Ser	Jamo Dato		E DATED		HIGHLAND		1/22/23
2	und Taylor	DAUIT	1 Aylor	6829	RIDGE	Choron	3-22-6
81	olleyPerd	Shelley	Read	68241	Ridge Are	Union	3/22/2027
Kni	unn) Reed		REED	6824	RIDGE	UNION	3/22/27
	nota Clous	Linda	Clous	6810 1/2	Ridge	Union	3/22/25
Bet	ty Clous	Betty	Clous	6810.12	Ridge	Union	3/22/24
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SIGNATURE OF ELECTOR	PRINTED NAME	ADDRESS WHERE REGISTERED AND ENROLLED			
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STATEMENT OF CIRCULATOR				CIRCULATOR SHOULD COM 1 - 5 BELOW Political party designated	

this petition, and that they are residents in the County specified in number one below.

urther, I state the information set forth herein is true and correct to the best of my knowledge, information and bellef, and that this statement is made bject to the penalties of 18 Pa.C.5. 5 4904 (relating to unsworn falsification to authorities).

County of Petition-Signers' Resid

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



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ATTENTION!

.. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.

Please refer to the instruction page provided with this petition for detailed information about completion of

IAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

IISTRICT NUMBER: 39th Legislative District

'EAR OF PRIMARY: 2022

ANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

**ICCUPATION:** State Representative

ESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

ITY, BOROUGH OR TWP .: Union Township

OUNTY OF SIGNERS: WASHINGTON 63

PARTY OF SIGNERS: Republican

o the SECRETARY OF THE COMMONWEALTH:

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<b>100</b>	SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE			
isw.		OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
Pata	icial Maria Rimo	Patricia Marie Rizzo	6619	Shady Aue	union two	3/22/42
Do	icial Mario Rizzo wilry M'Donald	Dorothy M'Osnald		/ /	Union Two	3/22/2
R	best Books	Robert	6730		Union Tu	3-22
1	hoschwerter		# 13723	HICHAND	Untexture	3:25
(P	arola Schneid	JOHNSCHNEND In CAROLA SchNE	6123 10ER	HIGHLAND	UNION TWO	3-22
il	Alla.	IN : 3 MAN TUSHTOOM			LINEUN TWP	3-22-
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STATEMENT OF CIRCULATOR  ate that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of ination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the				CIRCULATOR SHOULD COMPLETE		

this petition, and that they are residents in the County specified in number one below. d enrolled members of the political party and of the political district designated

urther, 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 ibject to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

County of Petition-Signers' Residence

City, Borough or Twp. Un



OFFICIAL USE ONLY

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٩.	This Petition may	be used to submit for Nomination the Name of One Candidate for One Office Only.
В.	Please refer to the	ne instruction page provided with this petition for detailed information about completion of
	this form.	F-5- F-11-1-1 And Partition for detailed information about completion of

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

CITY, BOROUGH OR TWP.: Union Township

COUNTY OF SIGNERS: ALLEGHENY 02

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 nerewith, 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.

歌回 記述 SIGNATURE OF ELECTOR	· PRINTED NAME	ADDRI	ESS WHERE REGISTE	RED AND ENROLLED	
	OF ELECTOR	House No.	Street or Road	City, Bord or Twp.	DATE OF SIGNING
ghow don	John Trall	119	elsworth	Elizabeth	3/20/
+ Bellon /	TOM BELLAS	190	JACKTOW	ElaTro	3/22/
heril XIII body	DANIOT 11- Carola	1106	9 Sept 17202	Eliz TOP	7/80/E
Ajophath Gidess	MARSHA MOCANDLES	1106	SCHWEITZER	ELIZ TWP	3/22/
Shall	Charlesh bovens	134	Broadhun	Eliz Tup.	3/22/
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SIGNATURE OF ELECTOR	PRINTED NAME		ADDRESS WHERE REGISTERED AND ENROLLED			ADDRESS WHERE REGISTERED AND ENROLLED	
	OF ELECTOR	House No.	Street or Road	Road City, Boro or Twp.			
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of Petition-Signers' Residence	HEELENCHT						
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NOTE: THIS STATEMENT MUST BE COMPLETED AFTER ALL SIGNATURES HAVE BEEN OBTAINED.



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ATTENTION

٨.	This Petition may be used to submit for Nomination the Name of One Candidate for	r One Office Only.
в.	Please refer to the instruction page provided with this petition for detailed inform	ation about completion
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NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME (PRINT DR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

CITY, BOROUGH OR TWP.: Union Township

COUNTY OF SIGNERS: ALLEGHENY 02

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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te 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 ination 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 eof; 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 wiedge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated his petition, and that they are residents in the County specified in number one below.

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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

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

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County of Petition-Signers'	Residence	H	palmons	Υ
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ATTENTION

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	STATEMENT OF CIRCUL	ATOR		CIRCULATOR SHOULD CO	MPLETE

nination 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 reof; 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 wledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated his petition, and that they are residents in the County specified in number one below.

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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

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RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

CITY, BOROUGH OR TWP.: Union Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

OFFICIAL USE ONLY 

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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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ATTENTION!

4. This	Petition may be used to submit	for Nomination the Name of One Candidate for One Office Only.
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NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

CITY, BOROUGH OR TWP.: Union Township

COUNTY OF SIGNERS: ALLEGHENY 02

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NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

FEAR OF PRIMARY: 2022

:ANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

ESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

ITY, BOROUGH OR TWP.: Union Township

OUNTY OF SIGNERS: WASHINGTON 63

PARTY OF SIGNERS: Republican

OFFICIAL USE ONLY 

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#### STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE

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 state that i am a quarried elector of the commonwealth, that I am duly registered and enrolled as a member of the political party designated in this omination pertition; that they residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents ereof; that their respective residences are correctly stated therein; that each signed on the date of position is or her name; that to the best of my owledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated this petition, and that they are residents in the County specified in number one below.

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County of Petition-Signers' Residence WASNIAN FOR
Printed Name of Circulator Michael Paskaric
Signature of Circulator
Number and Street of Circulator 15 Cinque Terra Place
City, Borough or Twp. Union Twp Zip Code 1533





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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

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

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RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

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ぴゃ	ry - wall-	TERRY WOTKINS	47	BUR/Aly	GRRO//TWP	3-24-
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		STATEMENT OF CIRC			CIRCULATOR SHOULD COM	- 1

nowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated this petition, and that they are residents in the County specified in number one below.

urther, 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 object to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworm falsification to authorities).

County of Petition-Signers' Residen

Printed Name of Circulato

Signature of Circulator

Number and Street of Circulato





OFFICIAL USE ONLY

ATTENTION!

•	This Petition may be used to submit for Nomination the Name of One Candidate for Or	ne Office Only.	
	Please refer to the instruction page provided with this petition for detailed informatio	n about completi	on o
	this form.		

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

NSTRICT NUMBER: 39th Legislative District

'EAR OF PRIMARY: 2022

ANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

CCUPATION: State Representative

:ESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

ITY, BOROUGH OR TWP.: Union Township

OUNTY OF SIGNERS: WASHINGTON 63

PARTY OF SIGNERS: Republican

o 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 orth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent erewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as et forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot I said Party, for the Year and Office set forth above.

SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	SS WHERE REGISTE	RED AND ENROLLED	
	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
Lucille L. Jamo	Incille L. Payne	33	Fearlander	Monorgahela	3-274
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	SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	ADDRESS WHERE REGISTERED AND ENROLLED		
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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 omination 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 hereof; 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 nowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated with party and of the political district designated. this petition, and that they are residents in the County specified in number one below.

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a signification to additionities).
County of Petition-Signers' Residence Allecant
Printed Name of Circulator Share M. Ruskacic
Signature of Circulator
Number and Street of Circulator & Pockeroan Placie
City, Borough or Twp. ElizaBoth Vacanship zip Code 18135

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



OFFICIAL USE ONLY

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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

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME (PRINT OR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

CITY, BOROUGH OR TWP .: Union Township

COUNTY OF SIGNERS: ALLEGHENY 02

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	ADDRE	ESS WHERE REGISTE	RED AND ENROLLED	
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: Canald Dumin	DONALD GRIMM	2701	RINGERA	Jefferson Hills	3/24/2
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. MANUAII	Bul Shoben	2024	Country	Willedswort	3/24/2
: alypomorosshupm	Alyn Shopen	2021	langryl	Hillen port	3/24/2
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reof; 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 wiedge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated his petition, and that they are residents in the County specified in number one below.

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ounty of Petition-Signers' Residence

ignature of Circulator

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OFFICIAL USE ONLY

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ATTENTIONS

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

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

CITY, BOROUGH OR TWP.: Union Township

COUNTY OF SIGNERS: ALLEGHENY 02

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.

回文回 高級 SIGNATURE OF ELECTOR		PRINTED NAME	ADDRE			
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2. Mary	la Roce	MARILYN ROSE	249	LINCOLNHAZE	DA ELIZABETH	3/24/22
3. MI	en	MIKE MESKAPICA	243	MOHALIL	ELIZADETH	3-24-2:
4. Katt	rleen Di Saia	Kauthleen Disai	206	Drummin	Elizabeth	3/24/2:
s. MARIO	DISAIA, JR.	Mario Difaia o	206	DRUMMIN G	ELTRABETI+	3/24/22
6. Ela	men Ross	ELAINE M. ROS	305	GROUSE	ELIZABETH	3/24/5
. 1	im R. Ross	William G. Ross	305	GROUSE	ELIZABETH	3/2/2)
8. Will	780/	William Klimok	129		ell Elsabeth	3/24/15
9. 7 6	2 /2m	Daniel Klimek	179	Lincolnthy	Elizabety	3/24/122
19. An	nlepen	Lynn Wynn	d.3.	Lineda Hall	Elizabeth	3-24-22
11.	2	Joshun Roehrig	510	Ludwig Strat	Elizabeth	3-24-27
12.		JEFF ROEIM	1215	SUMMERSET	ELIZBETH Jun	3-24-26
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	STATEMENT OF CIRCULATOR			. [	CIRCULATOR SHOULD COMPLI	

thereof; that their respective residences are correctly stated thereign to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated thereign; 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 uniformation to authorities).

1 County of Petition-Signers' Resignation

3 Signature of Circulator

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

Department of State Page 31 Side 1





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Candidate for One Office Only	

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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 THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

CITY, BOROUGH OR TWP .: Union Township

COUNTY OF SIGNERS: ALLEGHENY 02

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	ADDRE			
		OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
1.00	l M. Lei	DAVID M. LA FRANKIE	423	TOURA DE	PLEASANT	3-24-22
2 Dias	ne K Latrankie	DIANE K. LAFRANKIE	423	POURA DR	PleaSANT HILLS	3/24/22
3.	D'Landelve	Jon D. Lafrankie	423	Tourabr	Pleasant Hills	3/24/2
4.	max white		425	OLD Clay	too ld JHIB	B- 3/24
5/	Thomby Thomby	NANCY PLAFRONKIE	425	OLD Clas	RA KI SHILL	3/24/
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8. Lnd	m proper	LINDSAY THER	3195	RANDOLPAD	R 15025 C	384/22
e. Ox	nD. f.f	DAVICL D. LATAMAKE	191	COOPLAND	PLEASANT HILLS	3/24/2
10. EN	rify Folher	Emily Fakner	1005	Darcyon	South Paul 29	3/24/2
11.	of The	Jonathan Fakner	1005	Darcy Dr.	South Park 15/29	3/2/12
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CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

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 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. 5 4904 (relating to unsworn falsification to authorities).

County of Petition-Signers' Residence

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3 Signature of Circulator

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ATTENTION

A.	This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
В.	Please refer to the instruction page provided with this petition for detailed information about completion of
	this form.

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

CITY, BOROUGH OR TWP.: Union Township

COUNTY OF SIGNERS: ALLEGHENY 02

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	ADDRE	SS WHERE REGISTE	RED AND ENROLLED	
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1. Mantt. Ragan	Nanetta Rayan	a33	Houll .	Elizabeth Tuy	3/25/
2. Bru Cunk	Bruce Conningh				
. John Algued W	John F. Klingersmith	520	Frencik	Elizabeth Tup	
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ate 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 innation 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 reof; 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 wiedge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated his petition, and that they are residents in the County specified in number one below.

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county of Petition-Signers' Re

'rinted Name of Circulator

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ity, Borough or Twp.



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. This Petition may be	used to submit for Nomination the	Name of One Candidate for On	e Office Only.
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this form,			

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

'EAR OF PRIMARY: 2022

:ANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

CCUPATION: State Representative

ESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

ITY, BOROUGH OR TWP .: Union Township

OUNTY OF SIGNERS: WASHINGTON 63

PARTY OF SIGNERS: Republican

o 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 orth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent erewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as at forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot f said Party, for the Year and Office set forth above.

经	SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	SS WHERE REGISTE	RED AND ENROLLED	
		OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
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12	XX	Randy Czaniecki	3	GOGEHODA	Unantup.	3/2422
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irther, 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 bject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

county of Petition-Signers' Residence VV VIVIO TOV
Printed Name of Circulator Michael Ruskaria
Signature of Circulator

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



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.. This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.

Please refer to the instruction page provided with this petition for detailed information about completion of

IAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

IISTRICT NUMBER: 39th Legislative District

'EAR OF PRIMARY: 2022

'ANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

ICCUPATION: State Representative

ESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

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OUNTY OF SIGNERS: WASHINGTON 63

PARTY OF SIGNERS: Republican

o the SECRETARY OF THE COMMONWEALTH:

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SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	SS WHERE REGISTE	RED AND ENROLLED	
Pit.	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
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	SIGNATURE OF ELECTOR	PRINTED NAME	PRINTED NAME ADDRESS WHERE REGISTERED A			35
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		STATEMENT OF CIRCI swealth; that I am duly registe rth below; that the signers to			CIRCULATOR SHOULD COM	

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County of Petition-Signers' Residence Washington	wateroracoji
Printed Name of Circulator Mi Chael Pustias	76
Signature of Circulator	
Number and Street of Circulator 15 Cinque TCTT9	Place
City, Borough or Twp. Union Twp	705-15 337





ATTENTIONI

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

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

CITY, BOROUGH OR TWP.: Union Township

COUNTY OF SIGNERS: ALLEGHENY 02

PARTY OF SIGNERS: Republican

OFFICIAL USE ONLY 

To the SECRETARY OF THE COMMONWEALTH:

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SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	SS WHERE REGISTER	RED AND ENROLLED	
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# STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE

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 omination 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 nered; 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 nowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated this petition, and that they are residents in the County specified in number one below.

urther, 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 ibject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn faisification to authorities).

nty of Petition-Signers' Residence	Wall	ing	tan	7	
1	1. 1	0	1.	1.	

! Printed Name of Circulator \_\_/N. Chue

Signature of Circulator City, Borough or Twp. <u>U/1</u>



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ic of the candidate for one office only.	

.. This Petition may be used to submit for Nomination the Nam . Please refer to the instruction page provided with this petition for de

IAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

NSTRICT NUMBER: 39th Legislative District

'EAR OF PRIMARY: 2022

'ANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

)CCUPATION: State Representative

ESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

ITY, BOROUGH OR TWP.: Union Township

OUNTY OF SIGNERS: WASHINGTON 63

PARTY OF SIGNERS: Republican

o 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 orth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent erewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as et forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot f said Party, for the Year and Office set forth above.

数	SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	SS WHERE REGISTE	RED AND ENROLLED	
	1	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
4	Shley Becker	Ashley Bedar	144	Cinque Tun	+hkyville	3/26/22
1/1	rging ticha	Virginia Rester		CINGUE TOME	wintup	3/24/20
h	PARI	ANTHONY ARDOZIA	26	Of a out two	Union Tup	3/20/2
0		Andrew Showman	129	Tiscony	Union Two	3/26/27
Will	the Myes	William Levis	18	11:1too	_ '	3.24: 0
0	athy Levis	CATHY LEVIS	28	11:1/700	UNION TWO	3.26.2
	Mary Duns	m ARY SIMS	17	Hilltop	Union Trup	3-26-2
	, (1					
				_		

SIGNATURE OF ELECTOR		ADDRE	SS WHERE REGISTER		37 s	
SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	House No. Street or Roa		City, Boro or Twp.	DATE O	
15.						
6.		1				
7.						
8.						
9.						
0.						
1.						
	:					
	STATEMENT OF CIRC	III ATOR		CIRCULATOR SHOULD COM	APLETE	

omination petition; that my residence is as set forth below; that the signers to the foregoing petition gigned the same with full knowledge of the contents never 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 owledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated this petition, and that they are residents in the County specified in number one below.

urther, 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 object to the penalties of 18 Pa.C.S. 5 4904 (relating to unsworn falsification to authorities).

County of Petition-Signers' Residence Washing fon	and the same transfer of the s
Printed Name of Circulator Michael Dus Kasic	
Signature of Circulator	
Number and Street of Circulator 15 Cinque Terra	Place
City, Borough or Twp. Unian Twp	Zip Code _/5332.





OFFICIAL USE ONLY

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l	

ATTENTION

٨.	This Petition may be used to submit for Nomination the Name of One Candidate for One Office Only.
В.	Please refer to the instruction page provided with this petition for detailed information about completion of
	this form

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

CITY, BOROUGH OR TWP .: Union Township

COUNTY OF SIGNERS: ALLEGHENY 02

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	ADDRE	SS WHERE REGISTE	RED AND ENROLLED	
	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
1. Hully Marto	Holly Martys LISA STENMILLER Gregory KLEWY	259	Toura Dr.	Plst. Hills	3/26/20-
2. Area & Sternieller	LISA STEINMILLER	301	TOURN DE	Pleasant HUS	3/26/22
3 / 2	Gregory KLEWIY	389	Tour Dr.	Please Hoto	1-6423
4.					
5.					
6.					
7.					
8,					
9.					
10.					
11.					
12.					
13.					
14.				24	

SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	SS WHERE REGISTER		38 si
35%	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE C SIGNIN
5.	_				
3.					
		1			
ı					
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# STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

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 hereof; 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 chowledge and better, the signers are qualified electors, duly registered and embers of the political party and of the political district designated in this petition, and that they are residences are country secrified 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).

County of Patition Signors' Basidones	11/1	rela	1:114	20

2 Printed Name of Circulator

3 Signature of Circulator

5 City, Borough or Twp. Mailla

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



OFFICIAL (	JSE (	DИL
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ATTENTION	
ition the Name of One Candidate for One Office (	nlv

A. This Petition may be used to submit for Nomina B. Please refer to the instruction page provided with this petition for detailed information about completion of

NAME OF OFFICE: REPRESENTATIVE IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 39th Legislative District

YEAR OF PRIMARY: 2022

CANDIDATE'S NAME(PRINT OR TYPE NAME): Mike Puskaric

OCCUPATION: State Representative

RESIDENTIAL STREET ADDRESS: 15 Cinque Terra Place

CITY, BOROUGH OR TWP.: Union Township

COUNTY OF SIGNERS: ALLEGHENY 02

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 orth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent nerewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as et 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.

<b>32</b>	SIGNATURE OF ELECTOR	PRINTED NAME	ADDRE	SS WHERE REGISTE	RED AND ENROLLED	
		OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING
<u>. Z</u>	Waidow	Lacie Lauthur	108	HOUVOL.	Measnthill	3 26/2
9	of Alice	-) area Stuper	124	Toura	Plasethil	15 3/26/
0	Merry	J. DErsey	212	Tura	Fleasant Hills	
K	HOW HORNER	K. Kurn	266	toura	Reasont Hills	3.26.22
6	eth Lucl	Beth Kiroe	322	towa	Pleasant Hels	3-26-2
1	Ruscie Cox	Laurie Coy	334	Town	1.411/5	3-26.2
5	on Capolupa,	Sam Capolupo	346	TOURA	PLEASONS HILLS	3-26-
	h & atter	Anna Cotter	416 -	Toura	Pleasant Hill	1,
0.						
1,	•					
2.						
3,						
4.						
130	DSBE-SC(12/19) ALLEGHENY 02	Department of State	HEETI MTH FITI HETI	TA INADA AND DIRANG NIGHT CHANG PE	Page 39	ide 1 BEB

SIGNATURE OF	FLECTOR	PRINTED NAME	ADDRE	SŞ WHERE REGISTER		JY Side	
	EEEETOR	OF ELECTOR	House No.	Street or Road	City, Boro or Twp.	DATE OF SIGNING	
		_					
						_	
						_	
						-	
		STATEMENT OF CIRC	CULATOR		CIRCULATOR SHOULD CO 1 - 5 BELOV	OMPLETE N	

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nty of Petition-Signers' Residence	Washington
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# Exhibit B – Line-by-Line Objections

On the attached spreadsheet, we have utilized the following notations as directed by the Court:

NR – Not Registered

NRA – Not Registered at Address

NRD – Not Registered in District

NRDS - Not Registered on Date Signed

OC – Out of County

Ill – Illegible

LIO - Line Information Omitted

DUP - Duplicate

IHA – Line Information in Hand of Another

N/I – Nickname/Initial

PRI – Printed Signature (or failure to print name)

Other – Other grounds for objection not listed above

	А	В	С	D	E	F	G	Н	Т	J	K	L	М	N	Το	Р	Q	R	S	Тт
7							1		<u> </u>	Spe	cific Grou	inds for (	Objection							1
8	Page Li	ne	County	NR	NRA	NRD	NRDS	ОС	ILL	LIO	DUP	IHA	N/I	PRI	Other	Describe Other	S/S	V/S	S/CT	V/CT
9	1		1 Allegheny									x								
10	1		2 Allegheny									х								
11	1		5 Allegheny							х						LIO - House No.; Street; City	/			
12	1	1.	4 Allegheny									х			х	Altered City				
13	1		8 Allegheny	x																
14	1		9 Allegheny									x								
15	1		0 Allegheny									x								
16	1		1 Allegheny									x								
17	1		2 Allegheny									x								
18	1		3 Allegheny									x								
19	1		4 Allegheny									х			Х	Altered City				
20	1		5 Allegheny									х								
21	1		6 Allegheny	x																
22	1		7 Allegheny	Х																
23	2		6 Allegheny												Х	Not Republican / Democrat				
24	2		8 Allegheny									x								
25	2		9 Allegheny	X								x								
26	2		0 Allegheny	x								x								
27	2		1 Allegheny									x								
28	2		9 Allegheny										x							
29	2		0 Allegheny		Х															
30	2		1 Allegheny		Х															
31	2		2 Allegheny		X															
32	2		3 Allegheny									x								
33	2		4 Allegheny									х		-						
34	2		5 Allegheny									Х								
35	2		6 Allegheny		X															
36	2		8 Allegheny	Х																
37	3		5 Allegheny									X						1		
38	3		9 Allegheny	Х								X								
39	3	1	0 Allegheny	X																
40	3		2 Allegheny									X								
41	3		5 Allegheny	Х								x								
42	3		6 Allegheny									X								
43	3	2.	5 Allegheny									Х								

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7						ı	•			Spec		nds for O				•				
8	Page Lii	ne	County	NR	NRA	NRD	NRDS	ОС	ILL	LIO	DUP	IHA	N/I	PRI	Other	Describe Other	S/S	V/S	S/CT	V/CT
44	4	1	. Washington									х			х	Altered City				
45	5		Allegheny			х														
46	6		Allegheny									х			x	Not Republican / Democrat				
47	6		Allegheny									х			x	Not Republican / Democrat				
48	7		Washington		x							х								
49	7		Washington		х															
50	7		Washington		х															
51	7		Washington									х								
52	7		Washington									х								
53	7		Washington									Х								
54	7		Washington									х								
55	8		Allegheny	x																
56	8		Allegheny	x																
57	8		Allegheny									х								
58	8		Allegheny									х								
59	9		Allegheny												X	Not Republican / Democrat				
60	9		Allegheny									х								
61	9		Allegheny									х								
62	9		Allegheny									х								
63	9		Allegheny	X																
64	9		Allegheny									х								
65	9		Allegheny		х							х								
66	9		Allegheny									х								
67	9		Allegheny									х								
68	9		Allegheny									х								
69	9		Allegheny											х						
70	9		Allegheny									х			Х	Altered House No.				
71	9		Allegheny	х																
72	9		Allegheny									х								
73	9		Allegheny									х								
74	9		Allegheny									х								
75	9		Allegheny									х								
76	10		Allegheny							x					x	Stricken				
77	10		Allegheny									х								
78	10	6	Allegheny									х								

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-	Page	Line	County	NR	NRA	NRD	NRDS	ОС	ILL	LIO	DUP	IHA	N/I	PRI	Other	Describe Other	S/S	V/S	S/CT	V/CT
79	10		Allegheny									х							,	
80	10		Allegheny									х								
81	10	12	Allegheny									х								
82	10	13	Allegheny									х								
83	10	15	Allegheny									х								
84	10	16	Allegheny									x								
85	10		Allegheny									x								
86	10		Allegheny									x								
87	10		Allegheny									х								
88	10		Allegheny									х								
89	10		Allegheny									x								
90	10		Allegheny												X	Not Republican				
91	11		Washington												X	Not Republican				
92	13		Washington												X	Not Republican / Democ	rat			
93	13		Washington									Х								
94	13		Washington									Х								
95	13		Washington									х								
96	13		Washington	х																
97	13		Washington												X	Not Republican / Democ	rat			
98	13		Washington	Х									Х							
99	15		Allegheny									Х								
100	15		Allegheny									X								
101	15		Allegheny									Х								
102	15		Allegheny									Х								
103	15		Allegheny									Х								
104	15		Allegheny									Х								
105	16		Allegheny									X								
106	16		Allegheny									Х								
107	16		Allegheny									Х								
108	16		Allegheny	Х								Х				6. 1 14.				
109	16		Allegheny												Х	Signature Mismatch				
110	17		Allegheny									Х								
111	17		Allegheny									Х								
112	17		Allegheny		-							X								
113	17	10	Allegheny									Х								

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7										Spec		nds for O	bjection	1		•			-	
8	Page Lir	ne	County	NR	NRA	NRD	NRDS	ОС	ILL	LIO	DUP	IHA	N/I	PRI	Other	Describe Other	S/S	V/S	S/CT	V/CT
114	17	11	Allegheny									х								
115	17	12	Allegheny									х								
116	17	14	Allegheny												х	Not Republican				
117	17	15	Allegheny												х	Not Republican				
118	17	16	Allegheny	x																
119	17		Allegheny							х		х			x	Altered Date				
120	17	18	Allegheny							х		х			x	Altered Date				
121	17		Allegheny							x		х			x	Altered Date				
122	17		Allegheny							х		х			х	Altered Date				
123	17		Allegheny									х			х	Altered House No.				
124	17		Allegheny	х																
125	18		Washington	х																
126	18		Washington	х																
127	18		Washington									х								
128	18		Washington									х								
129	18		Washington									х								
130	18		Washington									х								
131	19		Washington									х								
132	19		Washington							х		х			X	LIO- Printed Name / Altered	l Date			
133	19		Washington									х				Altered Date				
134	20		Allegheny												х	Not Republican				
135	20		Allegheny							х		х	x			Date				
136	20		Allegheny										x							
137	20		Allegheny									х								
138	21		Allegheny												Х	False Circulator Statement (	County)			
139	22		Allegheny									Х								
140	22		Allegheny									х								
141	22		Allegheny									х		Х						
142	24		Allegheny	x																
143	25		Allegheny									Х								1
144	25		Allegheny									Х								
145	25		Allegheny									х								
146	26		Washington	X																
147	27		Allegheny	х																
148	28	3	Washington		Х	Х														

	А	В	С	D	E	F	G	Н	П	J	К	L	М	N	0	Р	Q	R	S	Т
7					Specific Grounds for Objection										•					
8	Page Lii	ne	County	NR	NRA	NRD	NRDS	ОС	ILL	LIO	DUP	IHA	N/I	PRI	Other	Describe Other	S/S	V/S	S/CT	V/CT
149	28	4	Washington									х								
150	28	5	Washington							х		х								
151	28	6	Washington												x	Stricken				
152	28	8	Washington	x					x					x						
153	29	2	Washington	x								x			x	Altered City				
154	30		Allegheny									х								
155	30	4	Allegheny									x								
156	30		Allegheny									x								
157	30		Allegheny									x								
158	30		Allegheny			x														
159	31		Allegheny									х								
160	31		Allegheny									х								
161	31		Allegheny									x								
162	31		Allegheny										x							
163	32		Allegheny									х								
164	32		Allegheny									х								
165	32		Allegheny									х								
166	32		Allegheny									х								
167	32		Allegheny		Х															
168	32		Allegheny							Х		х			Х	Altered Date				
169	32		Allegheny									Х								
170	32		. Allegheny									х								
171	33		. Allegheny	x	х															
172	33		Allegheny												X	Not Republican / Democrat				
173	34		Washington	х																
174	34		Washington	х																
175	34		Washington	х																
176	34		Washington									x								
177	34		Washington									x								
178	36		Allegheny												X	False Circulator Statement (				
179	36		Allegheny												х	False Circulator Statement (	County),	Not Rep	ublican /	Democrat
180	37		Washington									x								
181	37		Washington	х								х								
182	38		Allegheny					х							X	False Circulator Statement (		/ Not Rep	oublican /	Democra
183	38	2	Allegheny					Х							X	False Circulator Statement (	County)			

	А	В	С	D	Е	F	G	Н	T	J	K	L	М	N	0	Р	Q	R	S	Т
7										Spec	ific Gro	unds for O	bjection							
8	Page	Line	County	NR	NRA	NRD	NRDS	ОС	ILL	LIO	DUP	IHA	N/I	PRI	Other	Describe Other	S/S	V/S	S/CT	V/CT
184	38	;	3 Allegheny		x			x							x	False Circulator Statement	(County)			
185	39		1 Allegheny		x										X	False Circulator Statement	(County)			
186	39		2 Allegheny												х	False Circulator Statement	(County)			
187	39		3 Allegheny										х		х	False Circulator Statement	(County)			
188	39	4	4 Allegheny										х		х	False Circulator Statement	(County)			
189	39	!	5 Allegheny												х	False Circulator Statement	(County)			
190	39		6 Allegheny												х	False Circulator Statement	(County)			
191	39	•	7 Allegheny												х	False Circulator Statement	(County)			
192	39		8 Allegheny												х	False Circulator Statement	(County)	/ Not Re	publican	

# **VERIFICATION**

I, Made ine Torreshereby verify that the facts contained in the within Petition regarding the nomination petition of Michael J Poskariare true and correct to the best of my knowledge or information and belief. I understand that the foregoing statement is made subject to the provisions of 18 Pa. C.S. § 4904 relation to unsworn falsification to authorities.

Date: