

CANDIDATE'S AFFIDAVIT	LEHIGH COUNTY BOARD OF ELECTIONS 17 S. 7th St. Allentown, PA 18101	OFFICE USE ONLY
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Type or Print Firmly in Ink

Name: Rodriguez Erik I
Last Name First Name Middle Name or Initial Suffix

Residential Address: 444 E Mosser St
Street Address

City: Allentown State: PA Zip Code: 18109

Municipality (City, Boro, or Township): City of Allentown

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

City: _____ State: _____ Zip Code: _____

Voting Precinct Name (including Ward & Division, if applicable): City of Allentown, 14th Ward First District

Office for which you are seeking nomination: Member of Allentown City Council District Number (if applicable): _____

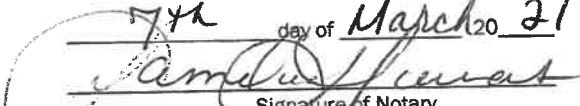
Email address: erik.milessofsmiles@gmail.com

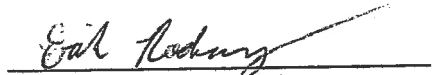
Name as it is to appear on the Ballot: Erik Rodriguez

CANDIDATE AFFIDAVIT - I do swear (or affirm) that my residence, my election district and the title of the office for which I desire to be a candidate are as specified above, that I am eligible for said office, that I will not knowingly violate any election law or any law regulating and limiting nomination and election expenses, and prohibiting corrupt practices in connection therewith; that I am aware of the provisions of Section 1626 of the Pennsylvania Election Code requiring pre-election and post-election reporting of campaign contributions and expenditures; and that unless I am a candidate for the office of school board in a district where that office is elective or the office of magisterial district judge, my name has not been presented as a candidate by nomination petitions of any other party for the same office; that I am not a candidate for an office which I already hold, the term of which is not set to expire in the same year as the office subject to this affidavit.

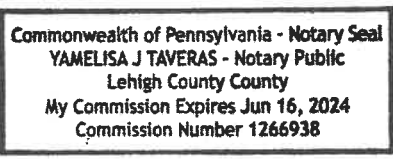
I swear (or affirm) to the above part(s) as required by the law(s) applicable to the office I am seeking.

Sworn to and subscribed before me this

7th day of March 21

 Signature of Notary


 Signature of Candidate

My commission expires 6/16/2024



484 821 7026
 Telephone Number
City of Allentown
 City, Borough or Township

SEAL

OFFICE USE ONLY			
\$ _____ AMOUNT RECEIVED			
<input type="text"/> <input type="text"/> <input type="text"/> OFFICE	<input type="text"/> <input type="text"/> <input type="text"/> DISTRICT	<input type="text"/> <input type="text"/> <input type="text"/> POLITICAL PARTY	<input type="text"/> <input type="text"/> <input type="text"/> NUMBER OF PETITIONS
COMMENTS: _____			
CHECKER	INPUT	VERIFY	Rev 2/13