



**County of Dauphin
Board of Elections**

WAIVER OF EXPENSE ACCOUNT REPORTING AFFIDAVIT

**COMMONWEALTH OF PENNSYLVANIA } SS:
COUNTY OF DAUPHIN**

Before me, the undersigned authority in and for the said State and County, personally appeared the undersigned, who, being duly sworn according to law, did depose and say that as a candidate for local office, he or she does not intend to form a political committee or to receive contributions or make expenditures in excess of Two Hundred Fifty Dollars (\$250.00) during any reporting period; that, as a candidate, he or she will keep records of contributions and expenditures as required by law; and that, as a candidate, he or she will file reports as required by law if contributions or expenditures exceed Two Hundred Fifty Dollars (\$250.00). (Act No. 1980-127) 25 P.S § 3246.1.

Sworn (or affirmed) and subscribed before me this

_____ day of _____, 20_____.

(Signature of Notary Public)

My Commission Expires _____

Signature of Candidate

Printed Name of Candidate

Street Address/Post Office/Zip Code

City/Borough/Township County

Election District of Candidate
(Municipality, Ward and/or Precinct where YOU vote)

Telephone Number

**DAUPHIN COUNTY BOARD OF ELECTIONS
UNSWORN DECLARATION IN LIEU OF
WAIVER OF EXPENSE ACCOUNT REPORTING AFFIDAVIT**

**To be attached to WAIVER OF EXPENSE ACCOUNT REPORTING AFFIDAVIT
in lieu of notarization**

Note: Per Act 2020-15 of 2020, if the Commonwealth requires use of a sworn declaration, an unsworn declaration can be used in its place. If you are unable to have the Waiver of Expense Account Reporting Affidavit notarized, you may complete and sign this unsworn declaration to submit with your petition materials.

I do not intend to form a political committee or to receive contributions or make expenditures in excess of Two Hundred Fifty Dollars (\$250) during any reporting period. As a candidate, I will keep records of contributions and expenditures as required by law. As a candidate, I will file reports as required by law if contributions or expenditures exceed Two Hundred Fifty Dollars (\$250). (Act No. 1980-127)

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing is true and correct.

Signature

Date (DD/MM/YYYY)

Printed Name

Location (City/Borough/Township, County,
State, Country)

Party

Street Address/Post Office

Election District of Candidate
(District Where Registered to Vote)

Office/District

Daytime Phone Number

E-mail Address