**Commonwealth of Pennsylvania**
DEPARTMENT OF STATE

OFFICIAL USE ONLY

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

**NAME OF OFFICE:** JUDGE OF THE COMMONWEALTH COURT

**DISTRICT NUMBER:** Statewide

**YEAR OF PRIMARY:** 2025

**CANDIDATE'S NAME(PRINT OR TYPE NAME):** Josh Prince

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 789 Delong Road

**CITY, BOROUGH OR TWP.:** District Township

**COUNTY OF SIGNERS:** BUCKS 09 **PARTY OF SIGNERS:** Republican

**To the SECRETARY OF THE COMMONWEALTH:**

We, the undersigned, all of whom severally declare that we are qualified electors of the County and of the political district set forth above, that we are registered and enrolled members of the Political Party set forth above, and have signed no petition inconsistent herewith, do hereby petition the Secretary of the Commonwealth to have the candidate whose Name, Occupation and Residence are as set forth above, certified to the County Board of Elections of said County or Counties in said District, to be printed on the Primary Ballot of said Party, for the Year and Office set forth above.

| SIGNATURE OF ELECTOR | PRINTED NAME OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED | | | DATE OF SIGNING |
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| SIGNATURE OF ELECTOR | PRINTED NAME OF ELECTOR | ADDRESS WHERE REGISTERED AND ENROLLED | | | DATE OF SIGNING |
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## STATEMENT OF CIRCULATOR

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, unless said petition relates to the nomination of a candidate for Judge of a Court of Common Pleas or the Philadelphia Municipal Court or the office of magisterial district judge; 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 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).

1 County of Petition-Signers' Residence BUCKS

2 Printed Name of Circulator _____

3 Signature of Circulator _____Date _____

4 Number and Street of Circulator _____

5 City, Borough or Twp. _____ Zip Code _____

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