

**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:** SENATOR IN THE GENERAL ASSEMBLY

**DISTRICT NUMBER:** 17th Senatorial District

**YEAR OF PRIMARY:** 2020

**CANDIDATE'S NAME(PRINT OR TYPE NAME):** Amanda M Cappelletti

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 412 Stony Way

**CITY, BOROUGH OR TWP.:** East Norriton Township

**COUNTY OF SIGNERS:** MONTGOMERY 46

**PARTY OF SIGNERS:** Democratic

**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
		House No.	Street or Road	City, Boro or Twp.	
	June Colera	203	Delmont	Lower Merion	1/30/20
	June Colera	203	Delmont	Lower Merion	1/30/20
<del></del>	<del>DENNIS COCHRAN</del>	<del>140</del>	<del>W Park</del>	<del>Conshohocken</del>	<del>1/30/20</del>
<del></del>	<del>Elizabeth McKinstry</del>	<del>7985</del>	<del>Park Ave</del>	<del>Chatterbox</del>	<del>PA 19062</del>
	MARY BERESFORD	36	SIMPSON	LOWMEAD	1/30/20
	Troy Dow	2	Kornar	Plymouth	1/30/20
	Frances Matthews	67	Street Dr	East Norriton	1/30/20
	Gregory Dolisy	1260	Ching Horse RD	Lower Merion	1/30/20
	Susan Feltz	9	Wiltshire Rd	L.M	1/30/20



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; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

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

1 County of Petition-Signers' Residence Montgomery

2 Printed Name of Circulator Amanda Suppelleth

3 Signature of Circulator Amanda Cappelletti

4 Number and Street of Circulator 412 Stony Day

5 City, Borough or Twp. East Norriton Zip Code 19403

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



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**NAME OF OFFICE:** SENATOR IN THE GENERAL ASSEMBLY

**DISTRICT NUMBER:** 17th Senatorial District

**YEAR OF PRIMARY:** 2020

**CANDIDATE'S NAME(PRINT OR TYPE NAME):** Amanda M Cappelletti

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 412 Stony Way

**CITY, BOROUGH OR TWP.:** East Norriton Township

**COUNTY OF SIGNERS:** DELAWARE23

**PARTY OF SIGNERS:** Democratic

**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
		House No.	Street or Road	City, Boro or Twp.	
	Bianca Swift	627	Walnut Ln.	Haverford	2/4/2020
	JOHN LUFF	2942	Berkley	Haverford	2/4/2020
	Michelle Appalico	702	Aubrey	Haverford	2.4.20
	Jonathan Harris	2168	Landover	Radnor	2/14/20
	Guerdolyn Deaver	122	Lancaster	Radnor	2/14/20
	<del>Andrew Sage</del> ALEXANDRA FREEDMAN	206	Trianon	Radnor	2/14/20



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1 - 5 BELOW

STATEMENT OF CIRCULATOR

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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 Delaware County
- 2 Printed Name of Circulator Amanda Cappellotti
- 3 Signature of Circulator Amanda Cappellotti
- 4 Number and Street of Circulator 412 Stony Hill
- 5 City, Borough or Twp. East North Zip Code 19403

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



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**NAME OF OFFICE:** SENATOR IN THE GENERAL ASSEMBLY

**DISTRICT NUMBER:** 17th Senatorial District

**YEAR OF PRIMARY:** 2020

**CANDIDATE'S NAME(PRINT OR TYPE NAME):** Amanda M Cappelletti

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 412 Stony Way

**CITY, BOROUGH OR TWP.:** East Norriton Township

**COUNTY OF SIGNERS:** MONTGOMERY 46

**PARTY OF SIGNERS:** Democratic

**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
			House No.	Street or Road	City, Borough or Twp.	
1.		Dawn T Conroy	3104	Shirley Rd	East Norriton	1/30/20
2.		Edward T. Cavanagh Jr.	3104	Shirley Rd.	East Norriton	1/30/2020
3.		JANE MURRAY	1102	<del>HO</del>	<del>NORRITON</del>	
4.		JANE MURRAY	110	HOLLAND AVE	Lower Merion	1-30-20
5.		Kyle Shenk	15	E Rancho	Bridgeport	1/30/20
6.		AMY CLARK GERRY	232	Springwood	Lower Merion	1/30/20
7.		Ashley Best-Raiten	421	Conshohocken State Rd	Lower Merion	1/30/20
8.		Conie Rysan	200	Ross Rd	Upper Merion	1/30/20
9.		Catherine C McMillan	152	Serenity C	East Norriton	1.30.20
10.		Kent Conway	1795	W. Troy Blvd	W/ Norriton	1/30/20
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- 1 County of Petition-Signers' Residence Montgomery
- 2 Printed Name of Circulator Amanda Cappelleth
- 3 Signature of Circulator Amanda Cappelleth
- 4 Number and Street of Circulator 412 Stony Way
- 5 City, Borough or Twp. Elmorton Zip Code 19403

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**YEAR OF PRIMARY:** 2020

**CANDIDATE'S NAME(PRINT OR TYPE NAME):** Amanda M Cappelletti

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 412 Stony Way

**CITY, BOROUGH OR TWP.:** East Norriton Township

**COUNTY OF SIGNERS:** MONTGOMERY 46

**PARTY OF SIGNERS:** Democratic

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	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
1.		Elliot Menschuk	624	Medford Rd	Lower Merion	2/4/2020
2.		Louis Brothers	500	Stony Way	East Norriton	2/4/2020
3.		Mitchell Metz	411	Golpin Rd	Lower Merion	2/4/2020
4.		Tabora Rosubawm	116	Granville Way	Lower Merion	2/4/2020
5.		Dennis DeSantis	107	Stony Way	East Norriton	2/5/2020
6.		CATHERINE EMANUEL	113	STONYWAY	EAST NORRITON	2-5-2020
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- 1 County of Petition-Signers' Residence Montgomery
- 2 Printed Name of Circulator Amanda Cappelletti
- 3 Signature of Circulator Amanda Cappelletti
- 4 Number and Street of Circulator 412 Stony Way
- 5 City, Borough or Twp. E Norriton Zip Code 19403

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**DISTRICT NUMBER:** 17th Senatorial District

**YEAR OF PRIMARY:** 2020

**CANDIDATE'S NAME(PRINT OR TYPE NAME):** Amanda M Cappelletti

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 412 Stony Way

**CITY, BOROUGH OR TWP.:** East Norriton Township

**COUNTY OF SIGNERS:** MONTGOMERY 46

**PARTY OF SIGNERS:** Democratic

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	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
1.		Adam Potawitz-Thomus	1012	Michelson Rd	Lower Merion	2/1/20
2.		JONATHAN HARPER	414	PENN RD	LOWER MERION	2-1-2020
3.		Ilise Shapiro	414	Ann Rd	Lower Merion	2/1/20
4.		HEIDI G. COOKE	1221	ROSE OAK ROAD	LOWER MERION	2/1/2020
5.		Stephen Potawitz-Thomus	1012	Michelson Rd	Lower Merion	2/1/2020
6.		Imogene Leitch	973	Remington	Lower Merion	1/1/20
7.		Muna Elshakhs	109	Conway Ave	Narberth	2/1/2020
8.		DANIEL A. SUTTON	441	ATHENS	Lower Merion	2/1/2020
9.		Sean K. Wolf	114	St. Pauls	Lower Merion	2/1/2020
10.		Maria K Wolf	114	St. Pauls	Lower Merion	2/1/2020
11.		Scott Beoroney	932	Clare Hill	Lower Merion	2/1/2020
12.		JAMES M. BASSMAN	214	Edgemont Ave	Lower Merion	2/1/2020
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- 1 County of Petition-Signers' Residence Montgomery
- 2 Printed Name of Circulator Amanda Cappelle
- 3 Signature of Circulator Amanda Cappelle
- 4 Number and Street of Circulator 412 Stony Way
- 5 City, Borough or Twp. East Norriton Zip Code 19403

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

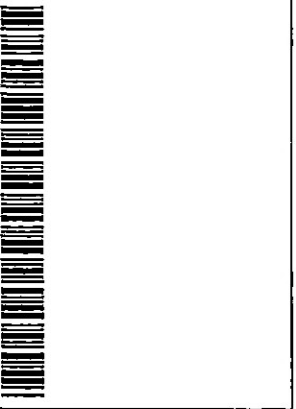


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**NAME OF OFFICE:** SENATOR IN THE GENERAL ASSEMBLY

**DISTRICT NUMBER:** 17th Senatorial District

**YEAR OF PRIMARY:** 2020

**CANDIDATE'S NAME(PRINT OR TYPE NAME):** Amanda M Cappelletti

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 412 Stony Way

**CITY, BOROUGH OR TWP.:** East Norriton Township

**COUNTY OF SIGNERS:** DELAWARE23

**PARTY OF SIGNERS:** Democratic

**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
		House No.	Street or Road	City, Boro or Twp.	
	Caitlin Ulmer-Long	739	PRESTON AVE	Haverford	2/11/2020
	Paul Gail J	721	Aubrey	Haverford	2/11/2020
	Claudia Wynn	2990	Normandy	Haverford	2/11/2020
	Jacqueline Phillips	2729	Oakford	Haverford	2/11/2020
	WMT CATALAN	804	CLAUDET	Haverford	2/11/2020
	Elizabeth Washburn	200	Polo	Ambord	2/14/2020
	Frances Longe	112	Carl Hill	Haverford	2/14/2020

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- 1 County of Petition-Signers' Residence Delaware
- 2 Printed Name of Circulator Sara Atkins
- 3 Signature of Circulator Sara Atkins
- 4 Number and Street of Circulator 145 Rock Glen Rd
- 5 City, Borough or Twp. Lower Merion Zip Code 19696

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**DISTRICT NUMBER:** 17th Senatorial District

**YEAR OF PRIMARY:** 2020

**CANDIDATE'S NAME(PRINT OR TYPE NAME):** Amanda M Cappelletti

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 412 Stony Way

**CITY, BOROUGH OR TWP.:** East Norriton Township

**COUNTY OF SIGNERS:** MONTGOMERY 46

**PARTY OF SIGNERS:** Democratic

**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
			House No.	Street or Road	City, Boro or Twp.	
1.	<i>Jody-Ann Whitlock</i>	Jody-Ann Whitlock	339	W Spring	Lower Merion	02/15/20
2.	<i>Lutie Bender</i>	Lutie Bender	341	W Spring	Lower Merion	2/19/20
3.	<i>Non King</i>	NAT BENDER	341	W Spring	Lower Merion	2/15/20
4.	<i>Andrew Bailey</i>	Andrew Bailey	362	W Spring	Lower Merion	2/15/20
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- 1 County of Petition-Signers' Residence Montgomery
- 2 Printed Name of Circulator Julie A. Coffey
- 3 Signature of Circulator Julie A. Coffey
- 4 Number and Street of Circulator 2301 Yale Ave #917
- 5 City, Borough or Twp. Swantonmore, PA Zip Code 19081

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



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DISTRICT NUMBER: 17th Senatorial District

YEAR OF PRIMARY: 2020

CANDIDATE'S NAME(PRINT OR TYPE NAME): Amanda M Cappelletti

OCCUPATION: Attorney

RESIDENTIAL STREET ADDRESS: 412 Stony Way

CITY, BOROUGH OR TWP.: East Norriton Township

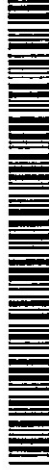
COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Democratic

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
		House No.	Street or Road	City, Boro or Twp.	
	Robert F. Piccolo	13	Wilkins	Lower Merion	2/9/2020
	Joseph Stefan	211	Rock 66th	Lower Merion	2/9/2020
	Rachel Marwata	244	Rock 66th	Lower Merion	2/9/2020
	Barbara Lerman	200	Wymonds	Lower Merion	2/9/20
	John Galons	200	N. Wymonds	Lower Merion	2/9/20
	Susan S. Endy	1501	Surrey Ln	Lower Merion	2-9-2020
	Terence L. Sanchez	1503	Shuffield	Lower Merion	02-9-2020
	Nancy Gilheol	1408	Surrey Ln	Lower Merion	2-9-2020
	VINCENT GILHOOL	1408	SURREY LN	Lower Merion	2-9-20
	MERINDA M. KATZ	1214	REWINSON	LOWER MERION	2-9-20
	EDWARD K. KOG	1214	REWINSON	LOWER MERION	2-9-20
	Rita Nickl	1100	Beverly	Lower Merion	2-9-20
	Sarah Rosenbaum	1455	Arrest Lane	Lower Merion	2-9-20
	MARK FASANO	1423	Tronck	LM	2-9-20



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED		DATE OF SIGNING
		House No.	Street or Road	
	Katherine Ziemba	1409	Dorset Ln	2/9/20
	Michael Goldberg	1400	Dorset Ln	2/9/20
	CAREY GOLDBERG	1400	DORSET LN	2/9/20
	Sue Goldberg	2503	Butler Pk.	2/9/2020
	PHIL GOLDBERG	2503	BUTLER PK	2/9/2020
	Laura Silvestro	1402	Dorset Ln	2/9/2020
	Michael Silvestro	1402	Dorset Ln	2/9/2020
	Daniel Atkins	145	Rock Glen Rd	2/9/2020
	Goy Feldman	1650	oakwood Tr	2/10/20
	Audrey Casper-Gil	33	Free Ave	2/10/20
	KATHYAN CONTAMINIK	411	Grove Plaza	2/10/20
	Scott Daniels	910	Lakeyefield	2/10/20
	Dylan Houston	517	VALLEY VIEW	2/10/20
	Katherine Mishkin	106	Dudley Ave	2/10/20
	David L. Buchbinder	202	Woolbire	2/10/20
	James McIntyre	300	Nessay	2/10/20

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

STATEMENT OF CIRCULATOR

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- 1 County of Petition-Signers' Residence Montgomery
- 2 Printed Name of Circulator Sara Atkins
- 3 Signature of Circulator Sara Atkins
- 4 Number and Street of Circulator 145 Rock Glen Rd
- 5 City, Borough or Twp. Lower Merion Zip Code 19096

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





Commonwealth of Pennsylvania  
DEPARTMENT OF STATE

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NAME OF OFFICE: SENATOR IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 17th Senatorial District

YEAR OF PRIMARY: 2020

CANDIDATE'S NAME(PRINT OR TYPE NAME): Amanda M Cappelletti

OCCUPATION: Attorney

RESIDENTIAL STREET ADDRESS: 412 Stony Way

CITY, BOROUGH OR TWP.: East Norriton Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Democratic

To the SECRETARY OF THE COMMONWEALTH:

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	SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
			House No.	Street or Road	City, Boro or Twp.	
1.		Karen Gelman	#2	Forrest Ave	Narberth	2/10/20
2.		Peter Snyder	520	Monroe	Lower Merion	2/8/20
3.		Daniel Gioire	246	Henley	Lower Merion	2/10/20
4.		Bob Holton	109	Elmwood	Narberth	2/10/20
5.		Jennifer Schell	30	Narberth Park	Narberth	2/10/20
6.		Anne C. Holland	115	Essex Ave	Narberth	2/10/20
7.		Grace Paik	109	Winchester	Edmeston	2/10/20
8.		MICHAEL REY	506	Melwyn Rd	Narberth	2/10/20
9.		JAMES K. MILLINS	119	Woodside	Narberth	2/10/20
10.		LES SCHWARTZ	200	Wynwood	Lower Merion	2/10/20
11.		Waverly K. Schmid	17	Elmwood Ave	Narberth	2/10/20
12.		Brian Heller	395	Montgomery Ave	Lower Merion	2/10/20
13.		Melissa Aluth	106	Lone	Narberth	2/10/20



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	MARGARET VANCE	132	WICHESTEER	LOWER MERION	2/11/20
	Sara Stone	108	Elmwood	Norberta	2/11/20
	Lauren Liebert	11	Trent Rd	Lower Merion	2/11/20
	ROBIN ZAITER	133	HENRY RD	LOWER MERION	2/11/20
	Robert Ryan	778	MORRIS	Lower Merion	2/11/20
	Hil Leonard	103	MONTGOMERY	LOWER MERION	2/11/20
	GRACE McDONNELL	126	E ADAMS AVE	LOWER MERION	2/11/20
	Jeremy Meyer	715	Greystone	Lower Merion	2/11/20
	Theresa Wilkin	130	Elm. Ave	Lower Merion	2/11/20
	Winne Komorosky	23	SUNICATER	LOWER MERION	2-11-20
	Chri bryker	130	Livwood	Lower Merion	2-11-20
	Jennifer Maddox	115	115 West Oak	Lower Merion	2-11-20
	John Kulp	116	E. Montgomery Ave	Lower Merion	2-11-20
	Dawn Lebowic	102	Schedloska	Lower Merion	2-11-20
	Michael Banks	708	John Barry	Lower Merion	2/11/20
	Kai Thuygen	126	Argyle Rd	Lower Merion	2/11/20

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- 2 Printed Name of Circulator Sara Atkins
- 3 Signature of Circulator Sara Atkins
- 4 Number and Street of Circulator 145 Rock Glen Rd
- 5 City, Borough or Twp. Lower Merion Zip Code 19046

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Commonwealth of Pennsylvania  
DEPARTMENT OF STATE

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NAME OF OFFICE: SENATOR IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 17th Senatorial District

YEAR OF PRIMARY: 2020

CANDIDATE'S NAME(PRINT OR TYPE NAME): Amanda M Cappelletti

OCCUPATION: Attorney

RESIDENTIAL STREET ADDRESS: 412 Stony Way

CITY, BOROUGH OR TWP.: East Norriton Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Democratic

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
		House No.	Street or Road	City, Boro or Twp.	
	Jordan Landau	11	Wiltshire	Lower Merion	2/7/2020
	Edward Clinton	6	Wiltshire Rd.	Lower Merion	2/8/2020
	Carla Castaneda	6	Wiltshire Rd	Lower Merion	2/8/20
	Kimberly Hamilton	4	Wiltshire Rd	Lower Merion	2/8/20
	Luzel R. Moses	3	Wiltshire Rd	Lower Merion	2/8/20
	Claire Morales	5	Wiltshire Rd	Lower Merion	2/8/20
	Catherine Bantz	10	Wiltshire Rd	Lower Merion	2/8/20
	Raphael Bantz	10	Wiltshire Rd	Lower Merion	2/8/20
	Amy Kurland	17	Wiltshire Rd	Lower Merion	2/8/20
	Tom Castagna	18	Wiltshire Rd	Lower Merion	2/8/20
	Ellen Landau	1400	Greywall	Lower Merion	2/8/20
	DANIEL KURLAND	17	WILTSHIRE	Lower Merion	2/8/20
	Rachel Mennell	14	Wiltshire	Lower Merion	2/8/20
	Elyssa Goldmen	11	Wiltshire	Lower Merion	2/8/20



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Joe Conicelli	533	Empirewood	Lower Merion	10 Feb 20
	Kara Ferguson	417	Artillery Rd	Lower Merion	2/10/20
	Lila Lapides	903	NORTH ST	Narberth, PA	2/10/20
	Steven Morris	522	Mercer	Merion	2/10/20
	Andrew Hill	232	N. NARBERTH	NARBERTH	2/10/20
	CRAVE ROSEN	1420	Centennial	Narberth	2/10/20
	Joel Hartkin	471	Warich	Lower Merion	2-10-20
	KYLE BIRG	503	S. NARBERTH	LOWER MERION NARBERTH STATION	2-10-20
	Debra Seidenman	221	Conway	Lower Merion	2-10-20
	Josh Robinson	401	Dudley	Narberth-UM	2-10-20
	Conrad Cho	509	Conway	Narberth	2-10-20
	Blake Shotton	280	Hawford	Lower Merion	2/10/20
	Robert A. Silverman	510	Sprague	Lower Merion	2/10/20
	Beth Baum	24	Pike Ave	Narberth	2/10/20
	Thomas DBoyle	207	NESS	Narberth	2/10/20

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

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- 3 Signature of Circulator Sara Atkins
- 4 Number and Street of Circulator 145 Rock Glen Rd
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NAME OF OFFICE: SENATOR IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 17th Senatorial District

YEAR OF PRIMARY: 2020

CANDIDATE'S NAME(PRINT OR TYPE NAME): Amanda M Cappelletti

OCCUPATION: Attorney

RESIDENTIAL STREET ADDRESS: 412 Stony Way

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SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Peter Reere	219	Yard Rd	Lower Merion	2/12/20
	Nate Stenger	325	Penn Rd	Lower Merion	2/12/20
	Brad Glessner	614	Woolbean	LMT	2/14/20
	Michelle Henning	412	Robntrier	Upper Merion	2/14/20
	Michael Kuzer	154	PENNSYLVANIA	LOWER MERION	2/14/20
	Justine Shiflet	101	Merion Ave	Lower Merion	2/14/2020
	Kathryn Connolly	876	Lancaster Ave	Lower Merion	2/14/2020
	William Heston	901	Montgomeryville	Lower Merion	2/14/20
	Sara Fry	858	Summit Hill	Lower Merion	2-14-20
	Anthony Brnick	1403	Lafayette Blvd	Lower Merion	2/14/20
	Isaac Craig	113	Walnut	Lower Merion	2/14/2020



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.					
16.					
17.					
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21.					
22.					
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25.					
26.					
27.					
28.					
29.					
30.					

CIRCULATOR SHOULD COMPLETE  
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**NAME OF OFFICE:** SENATOR IN THE GENERAL ASSEMBLY

**DISTRICT NUMBER:** 17th Senatorial District

**YEAR OF PRIMARY:** 2020

**CANDIDATE'S NAME(PRINT OR TYPE NAME):** Amanda M Cappelletti

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 412 Stony Way

**CITY, BOROUGH OR TWP.:** East Norriton Township

**COUNTY OF SIGNERS:** MONTGOMERY 46

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		House No.	Street or Road	City, Boro or Twp.	
	Sonja Greenwood	505	E. Wynwood	Lower Merion	2/10/2020
	Melanie Schwartsberg	200	N Wynwood	Lower Merion	2/10/2020
	Rex Chambers	247	N Wynwood	Narberth	2/10/2020
	Eric Darsenput	111	Irona	Narberth	2/10/2020
	Katie Orak	131	Arnold	Narberth	2/10/2020
	Jenna Miltra	25	Windsor	Narberth	2/10/2020
	Katharine Hartman	4	Cleveland	Lower Merion	2/10/2020
	Lexi Ticeci	224	Britmore	Lower Merion	2/10/2020
	Justin Collins	108	W. Spang Ave	Lower Merion	2/11/2020
	Simon Stager	27	Holland Ave	Lower Merion	2/11/2020
	Valerie Matteo	400	Brentwood	Haverford	2/11/2020
	Maren Doley	2318	Belmont	Lower Merion	2/11/2020
	Kaye Ann Fabrik	140	ELM	LANT	2/11/2020
	Phyllis Shaw	119	Willow	Lower Merion	2/11/2020





SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Jacqueline Morris	24	CRICKET AVE	LOWER MERION	2/11/2020
	Jonathan Gassen	445	ATHENS AVE	LOWER MERION	2/11/20
	Sereniyah Addis	205	Edgemoor Ave	LOWER MERION	2/11/20
	Greg Boles	286	Merion Sq Rd	Lower Merion	2/11/20
	John Iskrent	111	St George	Lower Merion	2/11/20
	ELAINE FOREST	109	Doublyne	LM	2/11/20
	Jason Fickens	2229	Elcandyfield	Lower Merion	2/11/20
	PAM HAFF	1209	W. WYNNEWOOD	LOWER MERION	2/12/20
	Robert Ben	420	Ballymore	Lower Merion	2/12/20
	Richard Cully	206	WYNNEWOOD	LOWER MERION	2/12/20
	Joanne Meyers	17	Lampart	Lower Merion	2/12/20
	Will Harold	150	E Wynnewood Rd	Lower Merion	2/12/20
	Joseph Romano	305	Penn Road	Lower Merion	2/12/20
	Katie Calabrese	1217	Knock Rd	Lower Merion	2/12/20
	Michael Lippas	525	W. S. S. Rd	Lower Merion	2/12/20

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

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			House No.	Street or Road	City, Boro or Twp.	
1.		George NIEWISCH	137	Cryket Ave	Lower Merion	2/11/20
2.		Jackie Robins	347	Trevor Lane	Lower Merion	2/11/2020
3.		Stacy Lewicki	430	Williams Rd	Lower Merion	2/11/2020
4.		Jonathan Lewicki	430	Williams Rd	Lower Merion	2/11/2020
5.		Nimisha Lada	426	Williams	Lower Merion	2/11/2020
6.		DAVID STEINWAND	426	Williams	Lower Merion	2/11/2020
7.		Steven Maniloff	1124	Morris	Lower Merion	2/12/2020
8.		Betsy Maniloff	1124	Morris	Lower Merion	2/12/2020
9.		Janet Paul	1002	Aikens	Lower Merion	2/12/20
10.		Terri Schwartz	6	NARWYN LN	NARBETH	2/12/20
11.		James Kuchard	927	Woodbine	Lower Merion	2/12/20
12.		Deping Chai	632	Greythorned	Lower Merion	2/12/20
13.		Iva Vasarova	585	9. Sprengel	Lower Merion	2/12/20
14.		Rebecca	868	Delmont Dr	Lower Merion	2-12-20



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Sarah Couper	347	Montgomery Lane	Lower Merion	2/12/20
	Cassandra Saylor	625	Lancaster Ave	Lower Merion	2/12/2020
	Sr. Blankens	308	Penn Rd	Lower Merion	2/12/20
	Budy Pruckson	221	Hemogate Rd	Lower Merion	2/12/20
	Charles Helfinistine	615	Sussex Rd	Lower Merion	2/12/20
	DAVID Pudlin	318	Millbank Rd	Lower Merion	2/14/20
	Paul Edelstein	1608	Waverly	Lower Merion	2/14/20
	Gordon Fowler	750	Falcon Perry	Lower Merion	2/14/20

**STATEMENT OF CIRCULATOR**

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2 Printed Name of Circulator Sara Atkins

3 Signature of Circulator Sara Atkins

4 Number and Street of Circulator 145 Rock Glen Rd

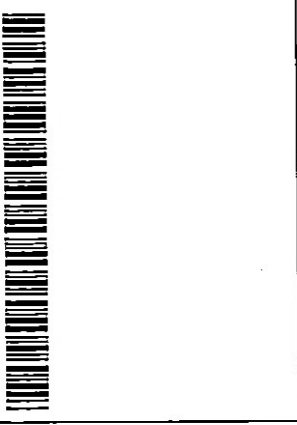
5 City, Borough or Twp. Lower Merion Zip Code 19096

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



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: SENATOR IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 17th Senatorial District

YEAR OF PRIMARY: 2020

CANDIDATE'S NAME(PRINT OR TYPE NAME): Amanda M Cappelletti

OCCUPATION: Attorney

RESIDENTIAL STREET ADDRESS: 412 Stony Way

CITY, BOROUGH OR TWP.: East Norriton Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Democratic

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

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<i>Carmen B. Schult</i>	Carmen B. Schult	36	Simpson	Lower Merion	2/9/20
<i>Ella M. Schult</i>	Ella M. Schult	36	Simpson	Lower Merion	2/9/20
<i>WIKHA SCHULT</i>	WIKHA SCHULT	36	SIMPSON	LOWER MERION	2/9/20
<i>KEVIN R STEELE</i>	KEVIN R STEELE	426	WITLEY	LOWER MERION	2/9/20
<i>Tracy L. Steele</i>	Tracy L. Steele	426	Witley	Lower Merion	2/9/2020
<i>Robert J. Fichter von M...</i>	Robert J. Fichter von M...	5	Hans Ct	Norberth	2/9/2020
<i>Sarah G. von Maly</i>	Sarah G. von Maly	5	Hans Ct	Norberth	2/9/2020
<i>MELISSA R. GILBERT</i>	MELISSA R. GILBERT	5	Hans Ct	Norberth	2/9/2020

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
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CIRCULATOR SHOULD COMPLETE  
1 - 5 BELOW

STATEMENT OF CIRCULATOR

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

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

- 1 County of Petition-Signers' Residence Montgomery
- 2 Printed Name of Circulator Maria L. Beresford
- 3 Signature of Circulator (Signature)
- 4 Number and Street of Circulator 36 Simpson Rd.
- 5 City, Borough or Twp. Lower Merion Zip Code 19003

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



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: SENATOR IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 17th Senatorial District

YEAR OF PRIMARY: 2020

CANDIDATE'S NAME(PRINT OR TYPE NAME): Amanda M Cappelletti

OCCUPATION: Attorney

RESIDENTIAL STREET ADDRESS: 412 Stony Way

CITY, BOROUGH OR TWP.: East Norriton Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Democratic

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
		House No.	Street or Road	City, Boro or Twp.	
<i>A. B. Cole</i>	ANNE WHITE	609	N. Essex	NARBERTH	2/9/20
<i>D. C. Cole</i>	Dominic P. Stasio	609	N. Essex	Narberth	2/9/20
<i>Colleen B.</i>	CARLO STUCCIO	609	J. Essex	NARBERTH	2/9/20
<i>Colleen B.</i>	Colleen Stavnas	<del>609</del> 102	E. Appen	Lower Merion	2/13/20
<i>Gregory Tsarnai</i>	Gregory Tsarnai	102	E. Appen	Lower Merion	2/13/20
<i>Christine Woodard</i>	Christine Woodard	117	Simpson Rd	Lower Merion	2/13/20
<i>Ivan Haskell</i>	Ivan Haskell	117	Simpson Rd	Lower Merion	2/13/20
<i>Susan Hunt</i>	Susan Hunt	112	Simpson Rd	Lower Merion	2/13/20
<i>Anthony Clifford</i>	Anthony Clifford	112	Simpson Rd	Lower Merion	2/13/20



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
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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 Montgomery
- 2 Printed Name of Circulator MARIE BRESFORD
- 3 Signature of Circulator (Signature)
- 4 Number and Street of Circulator 36 Simpson Rd
- 5 City, Borough or Twp. Lower Merion Zip Code 19003

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



**Commonwealth of Pennsylvania**  
DEPARTMENT OF STATE

OFFICIAL USE ONLY



**ATTENTION!**

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**NAME OF OFFICE:** SENATOR IN THE GENERAL ASSEMBLY

**DISTRICT NUMBER:** 17th Senatorial District

**YEAR OF PRIMARY:** 2020

**CANDIDATE'S NAME(PRINT OR TYPE NAME):** Amanda M. Cappelletti

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 412 Stony Way

**CITY, BOROUGH OR TWP.:** East Norriton Township

**COUNTY OF SIGNERS:** MONTGOMERY 46

**PARTY OF SIGNERS:** Democratic

**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
			House No.	Street or Road	City, Boro or Twp.	
1.	<i>Amanda M. Cappelletti</i>	Hallie Lightbelle	250	Kent Rd	Lower Merion	2/8/20
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SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
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CIRCULATOR SHOULD COMPLETE  
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STATEMENT OF CIRCULATOR

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

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

- 1 County of Petition-Signers' Residence Montgomery
- 2 Printed Name of Circulator James Kennedy
- 3 Signature of Circulator James Kennedy
- 4 Number and Street of Circulator 6346 Sherwood Rd. 19151
- 5 City, Borough or Twp. Philadelphia, PA Zip Code 19151

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





**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:** SENATOR IN THE GENERAL ASSEMBLY

**DISTRICT NUMBER:** 17th Senatorial District

**YEAR OF PRIMARY:** 2020

**CANDIDATE'S NAME(PRINT OR TYPE NAME):** Amanda M. Cappelletti

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 412 Stony Way

**CITY, BOROUGH OR TWP.:** East Norriton Township

**COUNTY OF SIGNERS:** MONTGOMERY 46

**PARTY OF SIGNERS:** Democratic

**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
		House No.	Street or Road	City, Boro or Twp.	
<i>Lillian Garfunkel</i>	Lillian Garfunkel	334	Colvert	Lower Merion	2/8/2020
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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

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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 Philadelphia Montgomery
- 2 Printed Name of Circulator James Kennedy
- 3 Signature of Circulator James Kennedy
- 4 Number and Street of Circulator 6346 Sherwood Rd.
- 5 City, Borough or Twp. Philadelphia, PA Zip Code 19151

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



**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:** SENATOR IN THE GENERAL ASSEMBLY

**DISTRICT NUMBER:** 17th Senatorial District

**YEAR OF PRIMARY:** 2020

**CANDIDATE'S NAME (PRINT OR TYPE NAME):** Amanda M Cappelletti

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 412 Stony Way

**CITY, BOROUGH OR TWP.:** East Norriton Township

**COUNTY OF SIGNERS:** DELAWARE 23

**PARTY OF SIGNERS:** Democratic

**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
			House No.	Street or Road	City, Boro or Twp.	
1.	<i>Victoria Boyd</i>	Victoria Boyd	116	South Maria	Haverford	2/7/20
2.	<i>Philip Damico</i>	Philip Damico	192	SPRANSON	Haverford	2/7/20
3.	<i>Elizabeth Flynn</i>	Elizabeth Flynn	145	S. Eagle 102	Haverford	2/7/20
4.	<i>Barbara Ryan</i>	BARBARA RYAN	117	SEAGLE	Haverford	2/7/20
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SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
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CIRCULATOR SHOULD COMPLETE  
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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 Delaware
- 2 Printed Name of Circulator James Kennedy
- 3 Signature of Circulator James Kennedy
- 4 Number and Street of Circulator 6346 Sherwood A
- 5 City, Borough or Twp. Philadelphia, PA Zip Code 19151

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



**Commonwealth of Pennsylvania  
DEPARTMENT OF STATE**

OFFICIAL USE ONLY



**ATTENTION!**

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**NAME OF OFFICE:** SENATOR IN THE GENERAL ASSEMBLY

**DISTRICT NUMBER:** 17th Senatorial District

**YEAR OF PRIMARY:** 2020

**CANDIDATE'S NAME(PRINT OR TYPE NAME):** Amanda M Cappelletti

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 412 Stony Way

**CITY, BOROUGH OR TWP.:** East Norriton Township

**COUNTY OF SIGNERS:** DELAWARE23

**PARTY OF SIGNERS:** Democratic

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
		House No.	Street or Road	City, Boro or Twp.	
1. MAUREEN HENNESSEY	Maureen Hennessey	161	Shelbourne Rd	Haverford	2/8/20
2. Imari McKoy	Imari McKoy	1410	HAVESIDE	Haverford	2/8/20
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SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
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CIRCULATOR SHOULD COMPLETE  
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STATEMENT OF CIRCULATOR

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my 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.

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- 1 County of Petition-Signers' Residence Delaware
- 2 Printed Name of Circulator James Kennedy
- 3 Signature of Circulator James Kennedy
- 4 Number and Street of Circulator 6346 Sherwood Rd.
- 5 City, Borough or Twp. Philadelphia, PA Zip Code 19151

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



**Commonwealth of Pennsylvania**  
DEPARTMENT OF STATE

OFFICIAL USE ONLY



**ATTENTION!**

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

**NAME OF OFFICE:** SENATOR IN THE GENERAL ASSEMBLY

**DISTRICT NUMBER:** 17th Senatorial District

**YEAR OF PRIMARY:** 2020

**CANDIDATE'S NAME(PRINT OR TYPE NAME):** Amanda M Cappelletti

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 412 Stony Way

**CITY, BOROUGH OR TWP.:** East Norriton Township

**COUNTY OF SIGNERS:** DELAWARE23

**PARTY OF SIGNERS:** Democratic

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
			House No.	Street or Road	City, Boro or Twp.	
1.		Paul Leggett MARISA BERLIN	2109	Bryn Mawr H CORNELL	Haverford	2/8/20
2.		MARISA BERLIN	2000	CO CORNELL	FAHNER TOWNSHIP	2/9/20
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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

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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 Delaware
- 2 Printed Name of Circulator James Kennedy
- 3 Signature of Circulator James Kennedy
- 4 Number and Street of Circulator 6346 Sherwood Rd.
- 5 City, Borough or Twp. Philadelphia, PA zip Code 19151

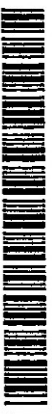
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Commonwealth of Pennsylvania  
DEPARTMENT OF STATE

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

NAME OF OFFICE: SENATOR IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 17th Senatorial District

YEAR OF PRIMARY: 2020

CANDIDATE'S NAME(PRINT OR TYPE NAME): Amanda M Cappelletti

OCCUPATION: Attorney

RESIDENTIAL STREET ADDRESS: 412 Stony Way

CITY, BOROUGH OR TWP.: East Norriton Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Democratic

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
		House No.	Street or Road	City, Boro or Twp.	
	Richard Adger	202	Simpson	Lower Merion	2/16/20
	Danielle Wynn	203	Simpson	Lower Merion	2/16/20
	Allen R. Stewart	210	Simpson	Lower Merion	2/16/20
	Linda Jackson	218	Simpson	Ardmore	2/16/20
	Shelley E. Nash	225	Simpson	Lower Merion	2/16/20
	Edward Basile	114	Elm	Lower Merion	2/16/20
	EDWARD MATTHEWS	209	SIMPSON	Lower Merion	2/16/20
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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; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

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

- 1 County of Petition-Signers' Residence Montgomery
- 2 Printed Name of Circulator Carleen Schuidt
- 3 Signature of Circulator Carleen Schuidt
- 4 Number and Street of Circulator 36 SIMPSON Rd.
- 5 City, Borough or Twp. LOWELL HILLION Zip Code 19003

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



Commonwealth of Pennsylvania  
DEPARTMENT OF STATE

OFFICIAL USE ONLY



ATTENTION:

- A. This Petition may be used to submit for Nominatation 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: SENATOR IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 17th Senatorial District

YEAR OF PRIMARY: 2020

CANDIDATE'S NAME(PRINT OR TYPE NAME): Amanda M Cappelletti

OCCUPATION: Attorney

RESIDENTIAL STREET ADDRESS: 412 Stony Way

CITY, BOROUGH OR TWP.: East Norriton Township

COUNTY OF SIGNERS: MONTGOMERY 46

PARTY OF SIGNERS: Democratic

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
			House No.	Street or Road	City, Boro or Twp.	
1.		Judy Coyle	207	Delmont	Lower Merion	2/16/20
2.		Alicia Bader	211	Delmont	LOWER MERION	2/16/20
3.		AMY EWALDS	219	Delmont	LOWER MERION	2/16/20
4.		Craig Timberlake	239	Delmont	Lower Merion	2/16/20
5.		T.J. Timberlake	239	Delmont	Lower Merion	2/16/20
6.		PENELOPE MURPHY	228	DELMONTE	LOW MERION	2/16/20
7.		Kate Greber	214	Delmont	Lower Merion	2/16/20
8.		William Charney	208	Delmont	Lower Merion	2/16/20
9.		Soanias Charney	208	Delmont	Lower Merion	2/11/20
10.		DEANNA M STAUTER	207	Edgemont	Lower Merion	2-16-2020
11.		Chris Bushingta	212	Edgemont	Lower Merion	2-16-2020
12.		Nola Campbell	209	Edgemont	Lower Merion	2/16/2020
13.		Brian Richardson	218	Edgemont	Low Merion	2/16/20
14.		Rebecca Raber	218	Edgemont	Lower Merion	2/16/20





DATE OF SIGNING

ADDRESS WHERE REGISTERED AND ENROLLED  
 House No. Street or Road City, Boro or Twp.

PRINTED NAME OF ELECTOR

SIGNATURE OF ELECTOR

15.		Sean Sinden	230	EDGEMONT	LOWER MERION	2/16/2020
16.		JESSICA HUNTS	234	Edgmont	Lower Merion	2/16/2020
17.		Linda Rappaport	234	Edgmont	Lower Merion	2/16/2020
18.		Jessica Taylor	501	Foxglove Ln	Lower Merion	2/16/2020
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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; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

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

- County of Petition-Signers' Residence Montgomery County
- Printed Name of Circulator Jessica Taylor
- Signature of Circulator
- Number and Street of Circulator 501 Foxglove Ln
- City, Borough or Twp. Lower Merion Zip Code 19096

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



**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:** SENATOR IN THE GENERAL ASSEMBLY

**DISTRICT NUMBER:** 17th Senatorial District

**YEAR OF PRIMARY:** 2020

**CANDIDATE'S NAME(PRINT OR TYPE NAME):** Amanda M Cappelletti

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 412 Stony Way

**CITY, BOROUGH OR TWP.:** East Norriton Township

**COUNTY OF SIGNERS:** MONTGOMERY 46

**PARTY OF SIGNERS:** Democratic

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
			House No.	Street or Road	City, Boro or Twp.	
1.	<i>[Signature]</i>	Vincent Gillen	1038	Singer Lane	East Norriton	1/30/20
2.	<i>[Signature]</i>	Katherine Gillen	1038	Singer Lane	East Norriton	1/30/20
3.	<i>[Signature]</i>	Jeffrey Rudnick	200	Beards Hill	Lower Merion	1/30/20
4.	<i>[Signature]</i>	Joanna Bass	524	Cambokedel	Flycatching	1-30-2020
5.	<i>[Signature]</i>	Kimberly J. Koch	121	Gillim Rd	Whitpain	1/30/2020
6.	<i>[Signature]</i>	T. L. B. Brown	1153	Brinsley Apper Merion	1/31/2020	
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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; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

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

1 County of Petition-Signers' Residence Montgomery

2 Printed Name of Circulator Amanda Cappelle

3 Signature of Circulator Amanda Cappelle

4 Number and Street of Circulator 412 Stony Way

5 City, Borough or Twp. East Norriton Zip Code 19403

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



**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:** SENATOR IN THE GENERAL ASSEMBLY

**DISTRICT NUMBER:** 17th Senatorial District

**YEAR OF PRIMARY:** 2020

**CANDIDATE'S NAME (PRINT OR TYPE NAME):** Amanda M Cappelletti

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 412 Stony Way

**CITY, BOROUGH OR TWP.:** East Norriton Township

**COUNTY OF SIGNERS:** MONTGOMERY 46

**PARTY OF SIGNERS:** Democratic

**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
			House No.	Street or Road	City, Boro or Twp.	
1.	<i>Mara Satteman</i>	Mara Satteman	937	Bauman Ave	Lower Merion	2/9/2020
2.	<i>Lisa Eldridge</i>	Lisa Eldridge	1458	Hampstead Rd	Lower Merion	2/9/20
3.	<i>David L. Eldridge</i>	David L. Eldridge	1958	Hampstead Rd	Lower Merion	2/9/20
4.	<i>Nathan Corwin</i>	Nathan Corwin	39	St Pauls Pl	Lower Merion	9 Feb 20
5.	<i>MICHAEL SU</i>	MICHAEL SU	17	W Athas Ave	Lower Merion	2/9/20
6.	<i>Evan Mackey</i>	Evan Mackey	634	Hazelhurst	Cover Merion	2/9/2020
7.	<del><i>[Signature]</i></del>	<del>[Name]</del>	<del>[House No]</del>	<del>[Street]</del>	<del>[City]</del>	<del>[Date]</del>
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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; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

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

- 1 County of Petition-Signers' Residence Monkton
- 2 Printed Name of Circulator Camen Schwedt
- 3 Signature of Circulator CAMEN SCHWEDT
- 4 Number and Street of Circulator 36 Simpson Rd
- 5 City, Borough or Twp. LOWER MERION Zip Code 19003

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





**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:** SENATOR IN THE GENERAL ASSEMBLY

**DISTRICT NUMBER:** 17th Senatorial District

**YEAR OF PRIMARY:** 2020

**CANDIDATE'S NAME(PRINT OR TYPE NAME):** Amanda M Cappelletti

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 412 Stony Way

**CITY, BOROUGH OR TWP.:** East Norriton Township

**COUNTY OF SIGNERS:** MONTGOMERY 46

**PARTY OF SIGNERS:** Democratic

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
			House No.	Street or Road	City, Boro or Twp.	
1.		Stacy Loue	86	Greenfield	Lower Merion	2-16-20
2.		Herb Holand	88	Greenfield	Lower Merion	2-16-20
3.		Henrietta Johnson	207	Park Terr.	Lourensmerion	2-16-20
4.		Carl Christenson	219	Cobblestone	Lower Merion	2-16-20
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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; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

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

- 1 County of Petition-Signers' Residence Montgomery
- 2. Printed Name of Circulator Carmen Schuidt
- 3 Signature of Circulator Carmen Aullots
- 4 Number and Street of Circulator 36 Simpson rd.
- 5 City, Borough or Twp. Lower Merion Zip Code 19003

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



**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:** SENATOR IN THE GENERAL ASSEMBLY

**DISTRICT NUMBER:** 17th Senatorial District

**YEAR OF PRIMARY:** 2020

**CANDIDATE'S NAME(PRINT OR TYPE NAME):** Amanda M Cappelletti

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 412 Stony Way

**CITY, BOROUGH OR TWP.:** East Norriton Township

**COUNTY OF SIGNERS:** MONTGOMERY 46

**PARTY OF SIGNERS:** Democratic

**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

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Jamie Ledwith	501	Enfield Rd	Springfield Twp.	2/9/20
	Joseph S Foster	348	Trevor Lane	Lower Merion	2/9/20
	Deborah A Foster	340	Trevor	Lower Merion	2/9/20
	Michael S Foster	344	Trevor	Lower Merion	2/9/20
	Rachael Reineri	212	Cypress	Bellevue	2/9/20
	Suzanne Swift	346	Meetinghouse	Norbertus	2.9.20
	Andrea Goldberg	349	Trevor Ln	Lower Merion	2/9/20
	N. FAUZA LATIF	358	Trevor Ln	Lower Merion	2/9/20
	GRAYSON BRYD	360	TREVOR	LOWER MERION	2/9/20
	Ben Adler	371	Trevor	Upper Merion	2/9/20
	Marc Strauss	346	Trevor	Lower Merion	2/9/20
	Madeline Stagg	346	Trevor	Lower Merion	2/9/20
	Samantha Magee	930	Valley	Whitpain	2/11/20




SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
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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; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my knowledge and belief, the signers are qualified electors, duly registered and enrolled members of the political party and of the political district designated in this petition, and that they are residents in the County specified in number one below.

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

- 1 County of Petition-Signers' Residence Montgomery
- 2 Printed Name of Circulator Joseph S. Foster
- 3 Signature of Circulator 
- 4 Number and Street of Circulator 1348 Trevor Lane
- 5 City, Borough or Twp. Lower Merion Zip Code 19006

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



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: SENATOR IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 17th Senatorial District

YEAR OF PRIMARY: 2020

CANDIDATE'S NAME(PRINT OR TYPE NAME): Amanda M Cappelletti

OCCUPATION: Attorney

RESIDENTIAL STREET ADDRESS: 412 Stony Way

CITY, BOROUGH OR TWP.: East Norriton Township

COUNTY OF SIGNERS: DELAWARE23

PARTY OF SIGNERS: Democratic

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
		House No.	Street or Road	City, Boro or Twp.	
	Jennifer Toof	131	E. Hathaway Lane	Haverford	1/18/2020
	Kyome Grindles	131	E. Hathaway Lane	Haverford	1/18/2020
	Jonathan Larsen	117	E. Turnbull Ave.	Haverford	1/31/2020
	Marc Duerf	136	Juniper Rd	Haverford	1/31/2020
	Talia Goerge-Karow	34	Hannum Dr	Haverford	1/31/2020
	Kevin McElroy	2436	Whithy Rd	Haverford	1/31/2020
	Carole Trebich	316	Grenbriar Ln	Haverford	1/31/2020
	Anne Wright	2450	Belmont	Haverford	1/31/2020
	Christine Seewagen	207	Hastings Rd	Haverford	1/31/2020
	GERARD T. GOLAN	67	WOOD APTS	Haverford	1-31-2020
	Ross Anderson	220	Heathemind	Haverford PA19083	
	David Febich	316	Greenbriar Ln	Haverford Pa	1/31/2020
	Pamela Magidson	629	Overturf Rd	Haverford	1/31/20



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Jason Magidson	629	Overhill Rd.	Haverford Twp	1/31/20
	Gwendolyn McElough	400	Glendare	Haverford	2/2/20
	Patricia Ryan	100	Gilmore	Haverford	2/9/20
	Andrew Convent	112	Gilmore	Haverford	2/9/20
	Michael Connors	138	Gilmore	Haverford	2/9/20
	Esther Ma Fel	346	Richland	Haverford	2/9/20
	Nenech Hennessy	476	Pickland	Haverford	2/9/20
	Francis Dobocny	143	Gilmore Rd	Haverford	2/9/20
	Guy Taha	330	Olympic	Haverford	2/9/20
	Sky Badi	309	Olympic	Haverford	2/9/20
	Sim Antonelli	315	Olympic	Haverford	2/9/20
	Michael Mack	321	Olympic	Haverford	2/9/20
	Elizabeth Pandion	120	Joanna	Haverford	2/9/20
	Michael Kelly	185	Joanna	Haverford	2-9-20
	Amy Leers	301	Steep Rd	Haverford	2-9/20
	Laura Stavke	101	M.L.G.D	Haverford	2-9/20

CIRCULATOR SHOULD COMPLETE  
1 - 5 BELOW

## STATEMENT OF CIRCULATOR

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

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

- 1 County of Petition-Signers' Residence Delaware
- 2 Printed Name of Circulator Jennifer Toof
- 3 Signature of Circulator
- 4 Number and Street of Circulator 131 E. Hathaway Ln.
- 5 City, Borough or Twp. Haverford Zip Code 19083

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



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: SENATOR IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 17th Senatorial District

YEAR OF PRIMARY: 2020

CANDIDATE'S NAME(PRINT OR TYPE NAME): Amanda M Cappelletti

OCCUPATION: Attorney

RESIDENTIAL STREET ADDRESS: 412 Stony Way

CITY, BOROUGH OR TWP.: East Norriton Township

COUNTY OF SIGNERS: DELAWARE23

PARTY OF SIGNERS: Democratic

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
			House No.	Street or Road	City, Boro or Twp.	
1.		LAUREN YERMIAN	303	Crescent Hill Dr	Haverford	2/8/20
2.		Megha Patel	352	Crescent Hill Dr	Haverford	2/8/20
3.		Louis Corsi	312	GREEN BR	HAVEFORD	2/8/20
4.		Sandra Corsi	312	Green Briar	Haverford	2/8/20
5.		CHRIS Janson	302	GREENBRIAR	Haverford	2/8/20
6.		Lindsay Janson	302	Greenbriar	Haverford	2/8/20
7.		Linda Dillen	394	Crescent Hill	Haverford	2/8/20
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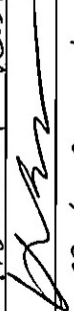
SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
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CIRCULATOR SHOULD COMPLETE  
1 - 5 BELOW

STATEMENT OF CIRCULATOR

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

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

- 1 County of Petition-Signers' Residence Delaware
- 2 Printed Name of Circulator Howard Ross
- 3 Signature of Circulator 
- 4 Number and Street of Circulator 1524 Sunnyside Lane
- 5 City, Borough or Twp. Haverford Zip Code 17083

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





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: SENATOR IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 17th Senatorial District

YEAR OF PRIMARY: 2020

CANDIDATE'S NAME (PRINT OR TYPE NAME): Amanda M Cappelletti

OCCUPATION: Attorney

RESIDENTIAL STREET ADDRESS: 412 Stony Way

CITY, BOROUGH OR TWP.: East Norriton Township

COUNTY OF SIGNERS: DELAWARE23

PARTY OF SIGNERS: Democratic

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
		House No.	Street or Road	City, Boro or Twp.	
	Graham Harrison	148	Whitemark Road	Haverford	2/11/2020
	Katharine Thompson	2224	Olcott	Haverford	2/11/2020
	Susan P. Cassanelli	426	Greenview	Haverford	2/11/2020
	James W. Brown	720	E Haver Rd	Haverford	2/11/2020
	Elaine HalbersTast	60	Everfield Rd.	Haverford	2.11.20
	Kevin Madden	20	Marsden Rd	Haverford	2/11/20
	John R. Bielecki	2953	Normandy Rd	Haverford	2/11/20
	Stephen F. Peltt	15	Cohnd	Haverford	2/11/20
	SHARYN MEAD	2720	Avon Rd	Haverford Township	2/11/20
	MITCH CROON	2928	Morris Rd	Haverford	2/11/20
	Kaitlyn Watson	2732	Haverford Rd.	Haverford	2/11/20
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SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
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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 Delaware
- 2 Printed Name of Circulator Jennifer Toop
- 3 Signature of Circulator 
- 4 Number and Street of Circulator 131 F. Hathaway Ln.
- 5 City, Borough or Twp. Haverford Zip Code 19083

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



**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:** SENATOR IN THE GENERAL ASSEMBLY

**DISTRICT NUMBER:** 17th Senatorial District

**YEAR OF PRIMARY:** 2020

**CANDIDATE'S NAME(PRINT OR TYPE NAME):** Amanda M Cappelletti

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 412 Stony Way

**CITY, BOROUGH OR TWP.:** East Norriton Township

**COUNTY OF SIGNERS:** MONTGOMERY 46

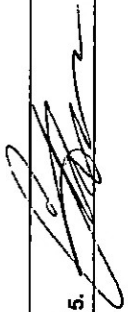
**PARTY OF SIGNERS:** Democratic

**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
		House No.	Street or Road	City, Boro or Twp.	
<i>[Signature]</i>	Laura Ebele	548	Aryle Rd	Lower Merion	07-08-20
<i>[Signature]</i>	Marie Harvey	507	Glen Arbor	Lower Merion	07/08/20
<i>[Signature]</i>	Robert Harvey	507	Glen Arbor	Lower Merion	07/08/20
<i>[Signature]</i>	Angela Freestone	511	Sten Arden	Lower Merion	2/8/20
<i>[Signature]</i>	MARINA FONTANOT	16	Rocklyn	Lower Merion	2/8/2020
<i>[Signature]</i>	ESTHER GARCIA	536	Rocklyn	Lower Merion	2/8/20
<i>[Signature]</i>	Beth S. Sheard	520	Rock Glen	Lower Merion	2/8/20
<i>[Signature]</i>	Andra Coran	534	Nack Glen	Lower Merion	2/6/20
<i>[Signature]</i>	Bill Coran	534	Nack Glen	Lower Merion	2/6/20
<i>[Signature]</i>	JOSEPH AEGINWS	543	Haverford	Lower Merion	2/9/2020
<i>[Signature]</i>	RANDY KALLEN	540	Haverford	Lower Merion	2/9/2022
<i>[Signature]</i>	RANNY F PENN	540 #7	Haverford	Lower Merion	2/4/2020
<i>[Signature]</i>	Louise M. Evans	507	Haverford	Lower Merion	2/9/2020
<i>[Signature]</i>	Rachel Nichols	701	Haverford	Lower Merion	2/9/2020



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
	Chris Williams	501	Haverhill	Lower Merion	2/2/2020
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CIRCULATOR SHOULD COMPLETE  
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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 Montgomery
- 2 Printed Name of Circulator Evan Richter
- 3 Signature of Circulator Evan Richter
- 4 Number and Street of Circulator 61-8 Drexelbrook Dr
- 5 City, Borough or Twp. Upper Darby Zip Code 19026

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



**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:** SENATOR IN THE GENERAL ASSEMBLY

**DISTRICT NUMBER:** 17th Senatorial District

**YEAR OF PRIMARY:** 2020

**CANDIDATE'S NAME (PRINT OR TYPE NAME):** Amanda M. Cappelletti

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 412 Stony Way

**CITY, BOROUGH OR TWP.:** East Norriton Township

**COUNTY OF SIGNERS:** DELAWARE23

**PARTY OF SIGNERS:** Democratic

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
		House No.	Street or Road	City, Boro or Twp.	
	TERESA ZINGER	505	Darby	Haverford Twp	2/9/2020
	MIKE MAJSON	507	Darby	Haverford	2/9/2020
	MARILYN WAXMAN	505	Darby	Haverford	2/9/2020
	Laura Masorli	20	W. 9 <sup>th</sup> LANGFLOVE	Haverford	2-9-2020
	SUSIE WILKISON	438	WANTERCH AVE	Haverford	2/9/2020
	Kathy Hecht	5	W. Mercer	Haverford	2/9/2020
	elena sanchez	21	W. MERCER	Haverford	2/9/2020
	Jatin Bose	23	Fulmer Ave	Haverford	2/9/20
	Veronica McNeish	12	West Haver	Haverford	2/9/20
	Baron Washign	16	West Mercer	Haverford	2/9/20
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SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
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- 1 County of Petition-Signers' Residence Delaware
- 2 Printed Name of Circulator Janie Haman
- 3 Signature of Circulator Janie Haman
- 4 Number and Street of Circulator 727 Stunbridge Rd
- 5 City, Borough or Twp. Upper Darby, PA Zip Code 19026

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



**Commonwealth of Pennsylvania  
DEPARTMENT OF STATE**

OFFICIAL USE ONLY

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**NAME OF OFFICE:** SENATOR IN THE GENERAL ASSEMBLY

**DISTRICT NUMBER:** 17th Senatorial District

**YEAR OF PRIMARY:** 2020

**CANDIDATE'S NAME(PRINT OR TYPE NAME):** Amanda M Cappelletti

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 412 Stony Way

**CITY, BOROUGH OR TWP.:** East Norriton Township

**COUNTY OF SIGNERS:** DELAWARE23

**PARTY OF SIGNERS:** Democratic

**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
		House No.	Street or Road	City, Boro or Twp.	
<i>Margaret A. Wright</i>	Margaret A. Wright	700 #307	Ardmore Ave	Haverford	2/3/2020
<i>Cheryl A. Moser</i>	Cheryl A. Moser	700 #300	Ardmore Ave	Haverford	2/4/2020
<i>Barbara Kane</i>	Barbara Kane	440	Ardmore Ave	Haverford	2/4/2020
<i>Helene Klisch-Cohen</i>	Helene Klisch-Cohen	700 #221	Ardmore	Haverford	2/4/2020
<i>Arlene Kramer</i>	Arlene Kramer	200 #217	Ardmore	Haverford	2/4/2020
<i>John J. Bennett</i>	John J. Bennett	300 #219	Ardmore	Haverford	2-4-20
<i>Joan Bennett</i>	Joan Bennett	700 #219	Ardmore	Haverford	2-4-2020
<i>Marcy Becker</i>	Marcy Becker	700 #414	Ardmore	Haverford	2-4-20
<i>Cheryl Carleton</i>	Cheryl Carleton	700 #412	Ardmore	Haverford	2-4-20
<i>Barbara Bailine</i>	Barbara Bailine	700 #316	Ardmore	Haverford	2/5/2020
<i>Nancy Burger</i>	Nancy Burger	700 #310	Ardmore	Haverford	2/8/2020
<i>Gillian Mbulaga</i>	GILLIAN MBULAGA	700 #311	Ardmore	Haverford	2/8/2020

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
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STATEMENT OF CIRCULATOR

CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

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- 1 County of Petition-Signers' Residence Delaware
- 2 Printed Name of Circulator Margaret A. Wright
- 3 Signature of Circulator Margaret A. Wright
- 4 Number and Street of Circulator 700 Ardmore Ave #307
- 5 City, Borough or Twp. Haverford Zip Code 19023

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





**Commonwealth of Pennsylvania**  
**DEPARTMENT OF STATE**

OFFICIAL USE ONLY



**ATTENTION!**

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

**NAME OF OFFICE:** SENATOR IN THE GENERAL ASSEMBLY

**DISTRICT NUMBER:** 17th Senatorial District

**YEAR OF PRIMARY:** 2020

**CANDIDATE'S NAME(PRINT OR TYPE NAME):** Amanda M Cappelletti

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 412 Stony Way

**CITY, BOROUGH OR TWP.:** East Norriton Township

**COUNTY OF SIGNERS:** DELAWARE23

**PARTY OF SIGNERS:** Democratic

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
		House No.	Street or Road	City, Boro or Twp.	
	Mary Sweet	700 #631	Ardmore	Haverford	2/4/20
	Gail Apfel	700 #123	Ardmore Ave	Haverford	2/5/20
	Amanda Owen	700 #125	Ardmore Ave	Haverford	2-5-20
	Terence Canell	700 #524	Ardmore	Haverford	2-5-20
	BARBARA MAY	700 #623	ARDMORE	Haverford	2-6-20
	Susan Gore	700 #616	Ardmore	Haverford	2-6-20
	Ryan Innes	700 #625	Ardmore	Haverford	2-6-20
	Alice Tribino	700 #620	Ardmore	Haverford	2-7-20
	KENETH BARNUM	700 #610	Ardmore	Haverford	2-8-20
	Suzy Danielyan	700 #614	Ardmore	Haverford	2-8-20
	LORI FANELLI	700 #511	ARDMORE	Haverford	2-8-20
	MARY ANN MULVANEY	700 #517	Ardmore	Haverford	2-8-20
	AMITY WOOD #536	700 #536	Ardmore	Haverford	2-8-2020



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
15.	ELIZABETH MRAZOVSKA	700 318	ARDMORE	Haverford	2/8/2020
16.	John FISHER	700 4607	Ardenmore	Haverford	2/8/2020
17.	Patrick C. Fighel	700 #620	Ardenmore	Haverford	2/8/20
18.	Doug Stewart	700 #105	Ardenmore	Haverford	2/8/20
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STATEMENT OF CIRCULATOR

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- 1 County of Petition-Signers' Residence Delaware
- 2 Printed Name of Circulator Mary K. Sweet
- 3 Signature of Circulator
- 4 Number and Street of Circulator 700 Ardenmore Ave #631
- 5 City, Borough or Twp. Haverford Zip Code 19003

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



Commonwealth of Pennsylvania  
DEPARTMENT OF STATE

OFFICIAL USE ONLY



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NAME OF OFFICE: SENATOR IN THE GENERAL ASSEMBLY

DISTRICT NUMBER: 17th Senatorial District

YEAR OF PRIMARY: 2020

CANDIDATE'S NAME(PRINT OR TYPE NAME): Amanda M Cappelletti

OCCUPATION: Attorney

RESIDENTIAL STREET ADDRESS: 412 Stony Way

CITY, BOROUGH OR TWP.: East Norriton Township

COUNTY OF SIGNERS: DELAWARE23

PARTY OF SIGNERS: Democratic

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
		House No.	Street or Road	City, Boro or Twp.	
	Richard Brown	403	Walnut Hill	Haverford	2/7/20
	Cheryl Burrichter	317	Greenbrier	Haverford	2/7/2020
	Joseph C. Szymanski	317	Crescent Drive	Haverford	2/7/2020



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SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
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- 1 County of Petition-Signers' Residence Delaware
- 2 Printed Name of Circulator Michael Zabel
- 3 Signature of Circulator [Signature]
- 4 Number and Street of Circulator 1212 Morgan Ave
- 5 City, Borough or Twp. Upper Darby Zip Code 19026

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



**Commonwealth of Pennsylvania  
DEPARTMENT OF STATE**

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**NAME OF OFFICE:** SENATOR IN THE GENERAL ASSEMBLY

**DISTRICT NUMBER:** 17th Senatorial District

**YEAR OF PRIMARY:** 2020

**CANDIDATE'S NAME(PRINT OR TYPE NAME):** Amanda M Cappelletti

**OCCUPATION:** Attorney

**RESIDENTIAL STREET ADDRESS:** 412 Stony Way

**CITY, BOROUGH OR TWP.:** East Norriton Township

**COUNTY OF SIGNERS:** DELAWARE 23

**PARTY OF SIGNERS:** Democratic

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

SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
<del>Peter Padine</del>	<del>Peter Padine</del>	<del>1742</del>	<del>Academy</del>	<del>Haverford</del>	<del>2/8</del>
Peter Padine	Peter Padine	174	Academy	Haverford	2/8
Judith Munk	Judith Munk	3	W. Chestnut St	Haverford	2/8/20
Lorel Dubois	Lorel Dubois	2008	Overbrook	Haverford	2.8.20.
Craig Cohen	Craig Cohen	407	Hastings	Haverford	2/9/20
Fran Gibson	Fran Gibson	1740	Subway	Haverford	2/9/20
Doreen Beck	Doreen Beck	1729	Ridgely Rd	Haverford	2/9/20
Pam Block	Pam Block	1729	R. Greenway	Haverford	2/9/20
Peter Lator	PETER LATOR	405	CRUMBLE	Haverford	2/9/20
Hannah B. Turlish	HANNAH B. TURLISH	412	MILL	Haverford	2/9/20
Erin Dolinger	Erin Dolinger	1010	Delaware Ave	Haverford	2/9/20
Peter Dolinger	Peter Dolinger	1010	Delaware	Haverford	2/9/20
Lee Pibble	Lee Pibble	1909	Winton	Haverford	2/9/2020
Judith Munk	JUDITH LALONDE	1742	Academy	Haverford	2/9/2020



SIGNATURE OF ELECTOR	PRINTED NAME OF ELECTOR	ADDRESS WHERE REGISTERED AND ENROLLED			DATE OF SIGNING
		House No.	Street or Road	City, Boro or Twp.	
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CIRCULATOR SHOULD COMPLETE 1 - 5 BELOW

STATEMENT OF CIRCULATOR

I state that I am a qualified elector of the Commonwealth; that I am duly registered and enrolled as a member of the political party designated in this nomination petition; that my residence is as set forth below; that the signers to the foregoing petition signed the same with full knowledge of the contents thereof; that their respective residences are correctly stated therein; that each signed on the date set opposite his or her name; that to the best of my 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).

- 1 County of Petition-Signers' Residence Delaware
- 2 Printed Name of Circulator JUDITH CATLOND
- 3 Signature of Circulator Judith Catlond
- 4 Number and Street of Circulator 1742 Academy Ln
- 5 City, Borough or Twp. Haverford Zip Code 19083

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

