of Wendy Caswell		for no	mination to the
(Name of Candidate – I		ila	
office of State ADUSE of Kept	<u>resentatives</u>		
To Sec. of State		(District number, when	applicable)
(County Clerk or Secretary of State, as case may b			
For the purpose of having my name placed on the official primary election ballot as a candidate for			
nomination by the <u>DemoCratic</u> Part		<u> </u>	d in KRS 118 120)
(Name of candidate in full as desired on ballot as provided in KRS 118.129) do solemnly swear that my residence is			
Louisville	T FC YCCO	ntial Address)	40203
(City, if applicable)	(County)	KY_	(Zip)
that my mailing address, if different, is	IA	KY	
(Post	Office Address)	(City)	(Zip)
and that I am a registered	voter in	MIZI	precinct;
CHACLIACION	cratic Party	, and intend to support its	principles and
12 VI JULIO 10 . 20 12	,	e office which I am seekin	-
Il is deadliness that		ept the nomination and no	
SECRETARY OF STATE reasons What the state of the 118.105(3); that I will not knowing	ly violate any election law	or any law
relating to contain and the compractice in camp	paigns or elections in this	s state, and if finally electe	ed I will qualify
for the office.		10.01	
	Wen	2 sull	
(Signature of Candidate)			
Subscribed and sworn to before me by (Name of Candidate)			
this MM day of CMM/120 1	<u> </u>)(
MAN MAN Month		GALL:	2013
(Signature of Notary/Officer)	(Title of Officer)	(Contents	sion Expiration)
We, Peter A. Howard		WA C. Noce	A Community
do solemnly swear that we are registered voters			district or
		intend no	العان
jurisdiction from which the candidate seeks nomin	nation; and that we believ	(Name of Candidate - Plea	ase Type or Print)
to be qualified to fill the office of State	ouse of Represe	Matik D-	42
01001	(Office sought)	Lou	ievill,
(Signature of Voter)	(Residenti	ial Address) (City)	(<u>40208</u> (Zip)
y CA	i, teolaemi	(Only)	(24)
(Signature of Voter)	nty) (Resident	tial Address) (City)	300 100 100 100 100 100 100 100 100 100
Subscribed and sworn to before me by	Peter A. Howa.		and
	/ / 4	of Voter) COV 1/GIV	11-17
MINION A OCH (Name ion/Voter)	this (Month	day of CI/I //(III	14,20 L &
	Notani	(12)	40019
(Signature of Notary/Officer)	(Title of Officer)	(Commis	sion Expiration)

..-.,