



## **BALLOT POSITION LOTTERY NOTICE**

### **2025 MUNICIPAL PRIMARY**

To All Candidates:

The 2025 Municipal Primary Ballot Position Lottery for the offices listed below will be held Wednesday, March 19, 2025, in Harrisburg, Pennsylvania beginning at 10:00 A.M. It is not necessary that candidates be present. A candidate may have someone draw in the candidate's place by executing a **written proxy**. Proxies must be duly signed by the candidate and notarized as required by law. In the absence of a candidate or a duly authorized proxy, the Secretary of the Commonwealth will appoint a person to draw for the candidate.

Drawings will be conducted beginning at 10:00 A.M. in the Keystone Building Atrium in the following order:

Judge of the Superior Court, Judge of the Commonwealth Court – **10:00**

Judge of the Court of Common Pleas – **Adams through Bucks Counties - 10:10**

Judge of the Court of Common Pleas – **Butler through Lackawanna Counties (including Montour) - 10:30**

Judge of the Court of Common Pleas – **Lawrence through Northumberland Counties - 10:50**

Judge of the Court of Common Pleas and Municipal Court – **Philadelphia through York Counties - 11:10**

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**LAST DAY FOR CANDIDATES WHO FILED NOMINATION PETITIONS TO WITHDRAW:  
MARCH 26, 2025**

NOTE: All petitions, affidavits and/or papers received are subject to further examination and/or interrogation before acceptance for filing.

**Sample Proxy on Back**

**SAMPLE PROXY  
FOR THE  
2025 MUNICIPAL PRIMARY BALLOT POSITION  
LOTTERY DRAWING**

I, \_\_\_\_\_, candidate for the nomination of the  
Name of Candidate  
\_\_\_\_\_ Party for the Office of  
Name of Political Party  
\_\_\_\_\_ in the \_\_\_\_\_ District hereby appoint  
Name of Office Candidate is Seeking # of District (Not applicable to Statewide Offices)  
\_\_\_\_\_ as my proxy for the sole purpose of drawing  
Name of the Candidate's Proxy  
for ballot position.

Sworn to and subscribed before me this  
\_\_\_\_\_ day of  
\_\_\_\_\_, 2025.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Office District

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Post Office/Zip Code

My Commission Expires:  
\_\_\_\_\_