# **Designating Petition – Sec. 6-132. ELECTION LAW**

I, the undersigned, do hereby state that I am a duly enrolled voter of the \_\_\_\_\_\_ PARTY and entitled to vote at the next primary election of such party, to be held on \_\_\_\_\_\_. That my place of residence is truly stated opposite my signature hereto, and I do hereby designate the following named person (or persons) as a candidate (or candidates) for the nomination of such party for public office or for election to a party position of such party.

NAME(S) OF CANDIDATE(S)	PUBLIC OFFICE OR PARTY POSITION	PLACE OF RESIDENCE
	(Include district number, if applicable)	(ALSO POST OFFICE ADDRESS IF NOT IDENTICAL)

I do hereby appoint as a comittee to fill vacancies in accordance with the provisions of election law. (here insert the names and addresses of at least three persons, all of whom shall be enrolled voters of said party)

### In witness whereof, I have hereunto set my hand, the day and year placed opposite my signature.

DATE	SIGNATURE	PRINTED NAME OF SIGNER & RESIDENCE	TOWN OR CITY
1.			
2.			
3.			
4.			
5.			
6.			
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7.			
0			-
8.			
9.			
9.			
10.			
10.			
11.			
11.			
12.			
13.			
14.			
15.			

# Complete 1 OR 2 below 1) STATEMENT OF WITNESS

I, (name of witness) _	state: I am	a duly qualified voter of the State of New York and am an enrolled voter of the
	PARTY I now reside at (residence address)	Each of the individuals
whose names are subsc	ribed to this petition sheet containing (fill in number)	signatures, subscribed the same in my presence on the dates above indicated
and identified himself t	o be the individual who signed this sheet.	

I understand that this statement will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

#### Date

#### **Signature of Witness**

WITNESS IDENTIFICATION INFORMATION: The following information for the witness names above must be completed prior to filing with the board of elections in order for this petition to be valid.

#### Town or City Where Witness Resides

County Where Witness Resides

## 2) NOTARY PUBLIC OR COMMISSIONER OF DEEDS

Date

Signature and Official Title of Officer Administering Oath

Sheet No: