

**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 \_\_\_\_\_, 20\_\_\_\_; 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 (Include Term of office in years and district number, if applicable)	RESIDENCE ADDRESS (Also Post Office address if not identical)

I do hereby appoint as a committee to fill vacancies in accordance with the provisions of the election law (here insert the names & 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	Name of Signer Signature Required	Residence	Town
1. ___/___/20__			
Printed name ➡			
2. ___/___/20__			
Printed name ➡			
3. ___/___/20__			
Printed name ➡			
4. ___/___/20__			
Printed name ➡			
5. ___/___/20__			
Printed name ➡			
6. ___/___/20__			
Printed name ➡			
7. ___/___/20__			
Printed name ➡			
8. ___/___/20__			
Printed name ➡			
9. ___/___/20__			
Printed name ➡			
10. ___/___/20__			
Printed name ➡			

**Complete ONE of the following**

**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 subscribed to this petition sheet containing (fill in number) \_\_\_\_\_ signatures, subscribed the same in my presence on the dates above indicated and identified himself or herself to 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

**Witness Identification Information:** The following information for the witness named above must be completed prior to filing with the Board of Elections in order for this petition sheet to be valid.

Town or city where witness resides \_\_\_\_\_ County where witness resides \_\_\_\_\_

**2) Notary Public or Commissioner of Deeds:** On the dates above indicated before me personally came each of the voters whose signatures appear on this petition sheet containing (fill in number) \_\_\_\_\_ signatures, who signed same in my presence and who, being by me duly sworn, each for himself or herself, said that the foregoing statement made and subscribed by him or her, was true.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature and Official Title of Officer Administering Oath