

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

I, the undersigned, do hereby state that I am a duly enrolled voter of the \_\_\_\_\_ (Dem or Rep) PARTY and entitled to vote at the next primary election of such party, to be held on June 24<sup>th</sup>, 2025. 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 <small>(Include district number, if applicable)</small>	PLACE OF RESIDENCE <small>(ALSO post-office address if not identical)</small>
(Your full name as it would appear on the ballot)	( For example; Town Supervisor, Highway Supervisor, Town Clerk/Tax Collector, Councilmember, etc.)	(Your PHYSICAL address and your post-office mailing address if used)

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

(This is not required)

**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.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Complete 1) or 2) of the following

**1) STATEMENT OF WITNESS**

I, (name of witness) Name of person who carried petition state: I am a duly qualified voter of the State of New York and am an enrolled voter of the \_\_\_\_\_ Dem or Rep PARTY. I now reside at (residence address) \_\_\_\_\_ address. Each of the individuals whose names are subscribed to this petition sheet containing (fill in number) \_\_\_\_\_ total signatures, subscribed the same in my presence on the dates above indicated and identified himself 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.

Signature of person who carried petition for signatures

Date Signature of Witness

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 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, said that the foregoing statement made and subscribed by him, was true.

Date Signature and Official Title of Officer Administering Oath

Sheet No: