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.
 Party and

 Name(s) of Candidate(s)
 Public Office or Party Position
 Place of Residence (also Post Office address if not identical)

I do hereby appoint (here insert the names and addresses of at least three persons, all of whom shall be enrolled voters of said party),

as a committee to fill vacancies in accordance with the provisions of the election law.

IN WITNESS WHEREOF, I have hereunto set my hand, the day and year placed opposite my signature.

| Date | Name of Signer (signature required) (printed name may be added) | Residence | Enter Town or City Except in NYC enter County |
|-----------------------------------|--|-----------|---|
| 1. / / Printed Name | - | | |
| 2. / / Printed Name | - | | |
| 3. / / Printed Name | - | | |
| 4. / / Printed Name | - | | |
| 5. / / Printed Name | - | | |
| 6. / / Printed Name | - | | |
| 7. / / Printed Name | - | | |
| 8. / / Printed Name | - | | |
| 9. / / Printed Name | - | | |
| 10. / / Printed Name | | | |

(You may use fewer or more signature lines - this is only to show format.)

Complete ONE of the following

1) <u>STATEMENT OF WITNESS</u>

and am an enrolled voter of the

I (name of witness)

_ state: I am a duly qualified voter of the State of New York 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 of Witness | |
|---|--|--|
| WITNESS IDENTIFICATION INFORMATION: The following information for the witness named above must be completed prior | | |
| 4 . C'1! | here all a final states for an all the state of the state of the state of the state of the states of | |

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.