

Independent Nominating Petition Sec. 6-140, Election Law

I, the undersigned, do hereby state that I am registered voter of the political unit for which a nomination for public office is hereby being made, that my present place of residence is truly stated opposite my signature hereto, and that I do hereby nominate the following named person (or persons) as a candidate (or candidates) for election to public office (or public offices) to be voted for at the election to be held on the _____ day of _____, 20____, and that I select the name (fill in name) _____ as the name of the independent body making the nomination (or nominations) and (fill in emblem) _____ as the emblem of such body.

| Name(s) of Candidate(s) | Public Office <small>(Include district number, if applicable)</small> | Residence Address <small>(Also, post-office address if not identical)</small> |
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I do hereby appoint as a committee to fill vacancies in accordance with the provisions of the election law (here insert the names and addresses of at least three persons, all of whom shall be registered voters within said political unit):

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

| Date | Name of Signer <small>(Signature required. Printed name may be added)</small> | Residence | Enter Town or City <small>(Except in NYC enter county)</small> |
|-------------------|--|-----------|---|
| 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.

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 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