

Democratic Designating Petition

I, the undersigned, do hereby state that I am a duly enrolled voter of the **DEMOCRATIC PARTY** and am entitled to vote at the next primary election of such party to be held on **June 25, 2024**; that my place of residence is truly stated opposite my signature hereto, and I do hereby designate the following named person(s) as a candidate(s) 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 (PO ADDRESS IF DIFFERENT)

Town of:

Office:

I do hereby appoint (insert the names and addresses of at least 3 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.

- 1.
- 2.
- 3.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND, THE DAY AND YEAR PLACED OPPOSITE MY SIGNATURE

	Date	Name of Signer(Signature Required) <i>Print Name may be added</i>	Residence Address	Town of
1	/ /2024			Independence
2	/ /2024			Independence
3	/ /2024			Independence
4	/ /2024			Independence
5	/ /2024			Independence
6	/ /2024			Independence
7	/ /2024			Independence
8	/ /2024			Independence
9	/ /2024			Independence
10	/ /2024			Independence
11	/ /2024			Independence
12	/ /2024			Independence
13	/ /2024			Independence
14	/ /2024			Independence
15	/ /2024			Independence

STATEMENT OF WITNESS

I, (name of witness) _____ state: I am a duly qualified voter of the State of New York and I am an enrolled voter of the Democratic 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 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 _____ 2024

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 sheet to be valid.

Town _____

County of Allegany

Sheet No: _____