

# Working Families Designating Petition

I, the undersigned, do hereby state that I am a duly enrolled voter of the **WORKING FAMILIES 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.

<b>NAME(S) OF CANDIDATE(S)</b>	<b>PUBLIC OFFICE OR PARTY POSITION</b>	<b>PLACE OF RESIDENCE</b> (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			
2	/ /2024			
3	/ /2024			
4	/ /2024			
5	/ /2024			
6	/ /2024			
7	/ /2024			
8	/ /2024			
9	/ /2024			
10	/ /2024			
11	/ /2024			
12	/ /2024			
13	/ /2024			
14	/ /2024			
15	/ /2024			

### 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 Working Families 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: \_\_\_\_\_