

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.

Name(s) of Candidate(s)	Public Office or Party Position <i>(Include district number, if applicable)</i>	Residence Address <i>(Also post office address if not identical)</i>

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 enrolled voters of said party):*

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

Date	Name of Signer <i>(Signature required. Printed name may be added)</i>	Residence	Enter Town or City <i>(Except in NYC enter county)</i>
1. / / 20__			
Printed Name →			
2. / / 20__			
Printed Name →			
3. / / 20__			
Printed Name →			
4. / / 20__			
Printed Name →			
5. / / 20__			
Printed Name →			

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

Complete <u>ONE</u> of the following	
<p>1. <u>Statement of Witness:</u> I (name of witness) _____ state: I am a duly qualified voter of the State of New York and am an enrolled voter of the _____ Party.</p> <p>I now reside at (residence address) _____.</p> <p>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.</p> <p>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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p>_____</p> <p><i>Date</i></p> </div> <div style="width: 60%;"> <p>_____</p> <p><i>Signature of Witness</i></p> </div> </div> <p><u>Witness Identification Information:</u> 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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____</p> <p><i>Town or City Where Witness Resides</i></p> </div> <div style="width: 45%;"> <p>_____</p> <p><i>County Where Witness Resides</i></p> </div> </div>	
<p>2. <u>Notary Public or Commissioner of Deeds:</u> 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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p>_____</p> <p><i>Date</i></p> </div> <div style="width: 60%;"> <p>_____</p> <p><i>Signature and Official Title of Officer Administering Oath</i></p> </div> </div>	

Opportunity to Ballot Petition Sec. 6-132 and 6-166, 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, that my place of residence is truly stated opposite my signature hereto, and I do hereby request an opportunity to write in the name of an undesignated candidate or candidates, enrolled in such party, for nomination to the public office or offices or for election to the party position or positions, in the political unit or units of representation hereinafter set forth, of such party to be voted on the ____ day of _____, 20 ____.

Public Office or Party Position	Political Unit or Unit of Representation

I do hereby appoint as a committee to receive notices 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 enrolled voters of said party*):

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 →			

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

Complete <u>ONE</u> of the following	
<p>1. <u>Statement of Witness:</u> I (name of witness) _____ state: I am a duly qualified voter of the State of New York and am an enrolled voter of the _____ Party.</p> <p>I now reside at (residence address) _____.</p> <p>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.</p> <p>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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____</p> <p><i>Date</i></p> </div> <div style="width: 45%;"> <p>_____</p> <p><i>Signature of Witness</i></p> </div> </div> <p><u>Witness Identification Information:</u> 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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____</p> <p><i>Town or City Where Witness Resides</i></p> </div> <div style="width: 45%;"> <p>_____</p> <p><i>County Where Witness Resides</i></p> </div> </div>	
<p>2. <u>Notary Public or Commissioner of Deeds:</u> 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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____</p> <p><i>Date</i></p> </div> <div style="width: 45%;"> <p>_____</p> <p><i>Signature and Official Title of Officer Administering Oath</i></p> </div> </div>	

Sample Cover Sheet

Designating and Independent Petitions

[Place Name of Party or Independent Body Here]

Name of Candidate	Residence Address <i>(Also mailing address if different)</i>	Public Office or Party Position <i>(Include district number where appropriate)</i>

Total Number of Volumes in Petition	
Identification Numbers	

The petition contains the number, or in excess of the number, of valid signatures required by Election Law.

Contact Person to Correct Deficiencies:

Name _____
(Please print)

Residence Address _____
(Also mailing address if different)

Phone _____ Fax _____
(Include if notice by fax desired)

Email _____
(Include if notice by email desired)

I hereby authorize that any notice of any determination made by the Board of Elections be transmitted to the person named above.

Optional: For candidates for statewide office, Member of Assembly or State Senator only

The following website address is submitted to be published on the state board of elections website pursuant to Election Law § 4-123 for the candidate listed opposite:

Name of Candidate	Website Address

Signature of Candidate or Agent

Printed Name of Candidate or Agent

5.20.22

Sample Amended Cover Sheet

Designating and Independent Petitions

[Place Name of Party or Independent Body Here]

Name of Candidate	Residence Address (Also mailing address if different)	Public Office or Party Position (Include district number where appropriate)

Total Number of Volumes in Petition	
Identification Numbers	

The petition contains the number, or in excess of the number, of valid signatures required by Election Law.

Contact Person to Correct Deficiencies:

Name

(Please print)

**Residence
Address**

(Also mailing address if different)

Phone

Fax

(Include if notice by fax desired)

Email

(Include if notice by email desired)

I hereby authorize that any notice of any determination made by the Board of Elections be transmitted to the person named above.

Optional: For candidates for statewide office, Member of Assembly or State Senator only

The following website address is submitted to be published on the state board of elections website pursuant to Election Law § 4-123 for the candidate listed opposite:

Name of Candidate	Website Address

"This is to certify that I am authorized to file this amended cover sheet."

Signature of Candidate or Agent

Printed Name of Candidate or Agent

6.02.22

INSTRUCTIONS:

Clearly identify the original cover sheet being amended by attaching a copy of the original cover sheet or the notice of non-compliance to the amended cover sheet.

Certificate Of Acceptance By Candidates
(Sections 6-146, Election Law)

Name of Candidate/Designee/Nominee: _____

Title of Office: _____

Political Subdivision
and District (if any): _____

Party or Independent Body Making
Designation/Nomination: _____

Address of Candidate/Designee/Nominee: _____

Election Type: (select One) ☐ Primary ☐ General ☐ Special

Date of Election: _____

I, the above named Candidate/Designee/Nominee for the office identified, do ACCEPT and CONSENT to the designation/nomination, for the party or independent body identified above, at the election stated above.

Date: _____ Signature: _____

State of New York:

County of: _____ ss:

On this _____ day of _____, 20____, before me
personally appeared _____, to me known and known to me to be the
individual described therein, and who executed the foregoing instrument, and
acknowledged to me that he/she executed the same.

Notary Public

CERTIFICATE OF ACCEPTANCE
BY MEMBER OF COMMITTEE TO RECEIVE NOTICES ON
OPPORTUNITY TO BALLOT PETITION
(Sections 6-166 (3), Election Law)

Name of Member of Committee
to Receive Notices:

Title of Office/Party Position:

Political Subdivision
and District (if any):

Party of OTB Petition:

Address of Member of Committee:

Date of Primary Election:

I, the above named Member of the Committee to Receive Notices, do ACCEPT and CONSENT to such appointment by the Opportunity to Ballot Petition of the above stated Party for the office or position identified for the Primary Election above stated.

Date: _____

Signature: _____

State of New York:

County of: _____ ss:

On this _____ day of _____, 20____, before me
personally appeared _____, to me known and known to me to be the
individual described therein, and who executed the foregoing instrument, and
acknowledged to me that he/she executed the same.

Notary Public

CERTIFICATE OF AUTHORIZATION

(Section 6-120, Election Law)

We, _____ and _____
(Presiding Officer) (Secretary)

Presiding Officer and Secretary of the meeting of the _____ Party
of _____, DO HEREBY CERTIFY THAT: at a meeting of the
(Political Subdivision)

_____ Committee of the _____, Party
(Political Subdivision)

held on the _____ day of _____, 20____, a quorum being present, said committee, by
majority vote of the members present, did consent and authorize the nomination/designation of

_____ residing at _____
(Name of Candidate) (Place of Residence)

_____ for the office of _____ as

a candidate of the _____ Party for public office indicated, at the

_____ Election to be held on _____
(Special/Primary/General) (Date of Election)

Said nomination/designation is authorized pursuant to the provisions of Section 6-120 of
the New York State Election Law.

IN WITNESS WHERE OF, we have set our hands this _____ day of _____,
20____.

Presiding Officer

Secretary

On this _____ day of _____, 20____ before me personally came

_____ and _____
to me known and known to me to be the persons described in and who executed the foregoing
instrument and he/she duly acknowledged to me that he/she executed the same.

CERTIFICATE OF DECLINATION

(Section 6-146, Election Law)

I, _____, residing at
(Candidate's Name)

(Address)

having been designated/nominated by the _____
(Name of Party)

Party, as a candidate for the office of _____
(Title of Office and Political Subdivision)

_____ district, at a _____
(District Number if any) (Special/Primary/General)

election to be held on _____, 20____,

do hereby DECLINE such designation/nomination.

(Date)

(Signature of Candidate)

State of New York :

County of _____ : ss:

On this _____ day of _____, 20____, before me
personally appeared _____, to me known and known to me to be
the individual described therein, and who executed the foregoing instrument, and
acknowledged to me that he/she executed the same.

Notary Public

(Sample Prepared by State Board of Elections)

**CERTIFICATE OF SUBSTITUTION BY COMMITTEE TO FILL VACANCIES AFTER
DECLINATION, DEATH OR DISQUALIFICATION**

(Section 6-148, Election Law)

WHEREAS, there exists a vacancy in the designation/nomination for the office of _____
(title of office and political subdivision)
in the _____ district by the _____ Party caused by the
(district number if any) (name of party)
declination/death/disqualification of _____
(name of original candidate)

THEREFORE, WE, the undersigned, constituting a majority of the duly authorized Committee to Fill Vacancies, do hereby certify that we have designated/nominated the following person to fill the above mentioned vacancy:

Name of new candidate: _____

Place of residence: _____

DATE: _____

Signature of vacancy committee member

Signature of vacancy committee member

Signature of vacancy committee member

Signature of vacancy committee member

AFFIDAVIT

We, the undersigned, hereby affirm that we constituted a majority of the vacancy committee referred to in the above certificate and that the statements in such certificate are true.

Sworn to before me this _____ day of _____, 20____
Notary Public

CONSENT BY SUBSTITUTED CANDIDATE

I, _____ hereby accept the above designation/nomination of the
(Name of Substituted Candidate)

(Name of Party) Party, for the office of _____, _____
(Title of Office & Political Subdivision) (district # if any)

Signature of Candidate

On this _____ day of _____, 20____, before me personally appeared _____
to me known and known to me to be the individual described in, and who executed the foregoing instrument,
and acknowledge to me that he/she executed the same.

Notary Public

**CERTIFICATE OF SUBSTITUTION BY PARTY COMMITTEE AFTER
DECLINATION, DEATH OR DISQUALIFICATION**

(Section 6-148, Election Law)

WHEREAS, there exists a vacancy in the nomination for the office of _____
(title of office and political subdivision)
in the _____ district by the _____ Party caused by the
(district number if any) (name of party)
declination/death/disqualification of _____
(name of original candidate)

THEREFORE, WE, the undersigned, Presiding Officer and Secretary at a meeting at which there was a quorum of
the _____ Party committee members last elected in the _____ (or members of such other
(name of party) (political subdivision)
committee as the rules of the Party may provide), do hereby certify that the following named individual was nominated to fill the
above mentioned vacancy by a majority of the committee members present at said meeting:

Name of new candidate: _____

Place of residence: _____

DATE: _____

Signature of Presiding Officer

Signature of Secretary

AFFIDAVIT

We, the undersigned, hereby affirm that we were the Presiding Officer and Secretary at the committee meeting
referred to in the above certificate and that the statements in such certificate are true:

Presiding Officer

Secretary

Sworn to before me this _____
day of _____, 20____

Notary Public

CONSENT BY SUBSTITUTED CANDIDATE

I, _____ hereby accept the above nomination of the
(Name of Substituted Candidate)

_____ Party, for the office of _____
(Name of Party) (Title of Office & Political Subdivision) (district # if any)

Signature of Candidate

On this _____ day of _____, 20____, before me personally appeared _____
to me known and known to me to be the individual described in, and who executed the foregoing instrument,
and acknowledge to me that he/she executed the same.

Notary Public

GENERAL OBJECTION FORM

TO: The Board of Elections in the City of New York

OBJECTOR: Name: _____

Residence Address: _____

OBJECTOR'S CONTACT PERSON:

(Note: The Objector may name himself or herself as the contact person)

Name: _____

Mailing Address:
(May be a business address) _____

Telephone Numbers: _____

Fax Number: _____

Email Address: _____

The objector hereby objects to the _____ petition which was filed
(Designating/Independent Nominating)

with the Board of Elections which purports to name the following as a candidate in the

_____ Election to be held on _____, 20 ____
(Primary/General/Special)

for the office indicated:

Name: _____

Residence Address: _____

Public Office or
Party Position: _____

District: _____

Political Party: _____

Objector's Signature

Specifications of Objection Form

TO: The Board of Elections in the City of New York

OBJECTOR: Name: _____
Residence Address: _____

OBJECTOR'S CONTACT PERSON:

Name: _____
Mailing Address: _____
(May be a business address)

Telephone Numbers: _____
Fax Number: _____
(Indicate if there is a different fax number used on Saturday or Sunday)
Email Address: _____

The objector submits the following specifications in support of the General Objection to the designating/nominating petition for:

CANDIDATE: Name: _____
Residence Address: _____

Public Office or Party Position: _____
District: _____

PETITION VOLUME IDENTIFICATION NUMBERS: _____

CANDIDATE'S CONTACT PERSON (from the petition cover sheet):

Name: _____
Mailing Address: _____

Telephone Numbers: _____
Fax Number: _____
Email Address: _____

TOTAL NUMBER OF SIGNATURES ON PETITION: _____

NUMBER OF INVALID SIGNATURES ON PETITION: _____

The line-by-line and any other specific objections are attached.

OBJECTOR'S SIGNATURE



BOARD OF ELECTIONS
IN
THE CITY OF NEW YORK

PETITION HEARINGS
NOTICE OF APPEARANCE

Date: _____

County: _____

Specification No(s): _____

Petition No(s): _____

Objector: _____

Candidate: _____

I hereby appear in the proceedings before the Board of Elections in the City of New York with respect to the specification of objections indicated above.

I appear as the _____ representative of the _____ Objector

(check if applicable) _____ Candidate

Name: _____

Firm (if any): _____

Address: _____

Tel. No.: _____ **Fax No.:** _____

If the representative is not an attorney, a notice of authorization signed by the candidate or objector must also be filed with this notice of appearance.

NOTICE OF AUTHORIZATION

I hereby authorize the person listed above to represent me at hearings at the Board of Elections.

Signature of Candidate or Objector

Date

PART A										PART B										PART C										PART D										PART E									
FOR USE BY OBJECTOR ONLY										BOARD OF ELECTIONS USE ONLY										COURT APPOINTED REFEREE USE ONLY										ATTORNEY STIPULATIONS										DECISION & ORDER OF SUPREME COURT									
SPECIFICATIONS OF OBJECTIONS TO SIGNATURES										AS NAS NJ RTB COMMENT										AFF OVR W/L REASON OR COMMENT EXC										IN OUT										AFF OVR W/L									
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										NJ																																							
										RTB																																							
										NAS/NJ RTB																																							
										JASA JASS, NJS & RTBs JDeno- JASS, NAS, NJS & RTBs Simultaneously																																							
										NAME(S) OF CANDIDATE(S)																																							
										AS																																							
										NAEN/J																																							

Specifications of Objections to Witness Statement and Witness Identification Information

Number of Signatures CLAIMED Number of INVALID Signatures VALID Signatures	Number of Signatures Filed Invalid In Signature Area Invalid Witness Statement Total VALID Signatures NJ RTB
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BOE IDENTIFICATION #
SHEET #