

Independent Nominating Petition Sec. 6-140, Election Law

I, the undersigned, do hereby state that I am a 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 for the following named person (or persons) as a candidate (or candidates) for election to public office (or offices) to be voted 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 or Party Position (include district number, if applicable)	Place of Residence (also Post-Office Address if not identical)

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 (Signature required)	Residence	Enter Town or City
1.			
Print Name			
2.			
Print Name			
3.			
Print Name			
4.			
Print Name			
5.			
Print Name			
6.			
Print Name			
7.			
Print Name			
8.			
Print Name			
9.			
Print Name			
10.			
Print Name			

Complete ONE of the Following

1) STATEMENT OF WITNESS

I, (name of witness) _____ state: I am a duly qualified voter in 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 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 penalties as if I had been duly sworn.

Dated _____ 20____

Signature of Witness

WITNESS IDENTIFICATION INFORMATION: The following information for the witness named above must be completed **prior** to filing with the board of election in order for this petition to be valid.

Town or City where witness resides _____ County where witness resides Oswego

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.

Dated _____

Signature and Official Title of Officer Administering Oath

Sheet No. _____