

Independent Nominating Petition



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 the following named person as a candidate for election to public office to be voted for at the election to be held on the 6th day of November, 2018, and that I select the name Libertarian Party as the name of the independent body making the nomination and the image to the right as the emblem of such body.

<u>Name of Candidate</u>	<u>Public Office</u>	<u>Place of Residence</u> (also Post Office address if not identical)
Robert Porter	New York State Assembly, 109th District	564 Park Ave., Albany, NY 12208

I do hereby appoint: William P. McMillen 94 Cherry Ave., Delmar, NY 12054 Peter K. Hadley 2 Mill Rd., Delmar, NY 12054
 Michael D. Moriarty 564 Park Ave., Albany, NY 12208

as a committee to fill vacancies in accordance with the provisions of the election law.

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

	Date	Name of Signer (printed name may be added)	Residence	Town or City Except in NYC, County
1	/ /18 X			
	printed name:			
2	/ /18 X			
	printed name:			
3	/ /18 X			
	printed name:			
4	/ /18 X			
	printed name:			
5	/ /18 X			
	printed name:			
6	/ /18 X			
	printed name:			
7	/ /18 X			
	printed name:			
8	/ /18 X			
	printed name:			
9	/ /18 X			
	printed name:			
10	/ /18 X			
	printed name:			

STATEMENT OF WITNESS

I, _____ (name of witness) state: I am a duly qualified voter of the State of New York and 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 must be completed prior to filing with the board of elections in order for this petition sheet to be valid.

Town or City: _____ County: _____