

# 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 6<sup>th</sup> 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)
<b>Richard Bell</b>	<b>New York State Assembly, 61<sup>st</sup> District</b>	38 Bement Ave., Staten Island, NY 10310

I do hereby appoint: Dominic D'Arrigo    812 Metropolitan Ave., Staten Island, NY 10310 Daniel T. Creighton    40 Bement Ave., Staten Island, NY 10310  
Dorothy P. Fiedler    40 Bement Ave., Staten Island, NY 10310

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
<b>1</b>	/ /18 <b>X</b>			
	printed name:			
<b>2</b>	/ /18 <b>X</b>			
	printed name:			
<b>3</b>	/ /18 <b>X</b>			
	printed name:			
<b>4</b>	/ /18 <b>X</b>			
	printed name:			
<b>5</b>	/ /18 <b>X</b>			
	printed name:			
<b>6</b>	/ /18 <b>X</b>			
	printed name:			
<b>7</b>	/ /18 <b>X</b>			
	printed name:			
<b>8</b>	/ /18 <b>X</b>			
	printed name:			
<b>9</b>	/ /18 <b>X</b>			
	printed name:			
<b>10</b>	/ /18 <b>X</b>			
	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: \_\_\_\_\_