## **Sample Cover Sheet**

## **Designating and Independent Petitions**

[ Place Name of Party or Independent Body Here ]

| Name of Can  | didata                  | Residence Address                   |                 | Public Office or Party Position             |  |  |  |  |
|--|-------------------------|-------------------------------------|-----------------|---|--|--|--|--|
| Name of Candidate  |                         | (Also mailing address if different) |                 | (Include district number where appropriate) |  |  |  |  |
|  |                         |                                     |                 |   |  |  |  |  |
|  |                         |                                     |                 |   |  |  |  |  |
|  |                         |                                     |                 |   |  |  |  |  |
|  |                         |                                     |                 |   |  |  |  |  |
| Volume Num   | ıber                    |                                     |                 |   |  |  |  |  |
| Total Number of Volumes in Petition  |                         |                                     |                 |   |  |  |  |  |
| The petition contains the number, or in excess of the number, of valid signatures required by Election Law.                      |                         |                                     |                 |   |  |  |  |  |
| Contact Pers   | son to Correct Defi     | ciencies:                           |                 |   |  |  |  |  |
|  |                         |                                     |                 |   |  |  |  |  |
| Name   |                         |                                     |                 |   |  |  |  |  |
|  | (Please print)          |                                     |                 |   |  |  |  |  |
| Residence  |                         |                                     |                 |   |  |  |  |  |
| Address  | (Also mailing address   | s if different)                     |                 |   |  |  |  |  |
|  |                         |                                     |                 |   |  |  |  |  |
|  |                         |                                     |                 |   |  |  |  |  |
|  |                         |                                     |                 |   |  |  |  |  |
| Phone  |                         |                                     |                 |   |  |  |  |  |
|  |                         |                                     | (include i      | if notice by fax desired)                   |  |  |  |  |
| Email  |                         |                                     |                 |   |  |  |  |  |
|  | (Include if notice by e | email desired)                      |                 |   |  |  |  |  |
| I hereby authorize that any notice of any determination made by the Board of Elections be transmitted to the person named above. |                         |                                     |                 |   |  |  |  |  |
|  |                         |                                     |                 |   |  |  |  |  |
| -  | <del>-</del>            | = =                                 | <del>-</del>    | bly 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  |                         |                                     |                 |   |  |  |  |  |

## **Sample Cover Sheet**

## Designating and Independent Petitions Filed In New York City and Counties Which Utilize Petition Identification Numbering Systems

[ Place Name of Party or Independent Body Here ]

| Name of Candidate  |                                      | Residence Address                   |                       | Public Office or Party Position             |  |  |  |  |
|--|--------------------------------------|-------------------------------------|-----------------------|---|--|--|--|--|
|  |                                      | (Also mailing address if different) |                       | (Include district number where appropriate) |  |  |  |  |
|  |                                      |                                     |                       |   |  |  |  |  |
|  |                                      |                                     |                       |   |  |  |  |  |
|  |                                      |                                     |                       |   |  |  |  |  |
| Total Number of Volumes in Petition  |                                      |                                     |                       |   |  |  |  |  |
| Identification   | n Numbers                            |                                     |                       |   |  |  |  |  |
|  |                                      |                                     |                       |   |  |  |  |  |
| The petition o   | ontains the number,                  | or in excess of the nu              | ımber, of valid signa | atures required by Election Law.            |  |  |  |  |
| Contact Person to Correct Deficiencies:  |                                      |                                     |                       |   |  |  |  |  |
| Name   |                                      |                                     |                       |   |  |  |  |  |
|  | (Please print)                       | rase print)                         |                       |   |  |  |  |  |
| Residence<br>Address   |                                      |                                     |                       |   |  |  |  |  |
| Audress  | (Also mailing address if different)  |                                     |                       |   |  |  |  |  |
|  |                                      |                                     |                       |   |  |  |  |  |
|  |                                      |                                     |                       |   |  |  |  |  |
| Phone  | none 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  |                                      |                                     |                       |   |  |  |  |  |
| Traine or canalaute  |                                      |                                     | Website Address       | ,   |  |  |  |  |
|  |                                      |                                     |                       |   |  |  |  |  |
|  |                                      |                                     |                       |   |  |  |  |  |
|  |                                      |                                     |                       |   |  |  |  |  |
|  |                                      |                                     |                       |   |  |  |  |  |
| Signature of Candidate or Agent  |                                      |                                     |                       |   |  |  |  |  |