Independent Nominating Petition Sec 6-140, ELECTION LAW

I, the undersigned, do hereby state that I am registered voter of the political unit for which a nomination fro public office is hereby being made, that my present place of residence is truly state opposite my signature hereto, and that I do hereby nominate the following named person (or persons) as a candidate (or candidates) for election to public office (or public offices) to be voted for at the election to be held on the _____day of_____, 20_____, and that I select the name PEACE PARTY 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	Place of Residence (also post offices address if not identical)
Sallie O. Elkordy	Governor	68-36 Fleet Street, Forest Hills, NY 11375
Maryanne Donnelly	Lieutenant Governor	1 Jutland Road, Binghamton, NY 13903

I do hereby appoint (*here insert the names and addresses of at least three persons, all of whom shall be registered voters with said political unit*

Louie Rueda	116 Pinehurst Avenue, New York, NY 10033
Mary Elizabeth Elkordy	68-36 Fleet Street, Forest Hills, NY 11375
Jennifer Sanchez	68-11 Alderton Street, Rego Park, NY 11374

as a committee to fill vacancies in accordance with the provision s 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	Residence	Enter Town or City (except NYC enter county)
1. / / Printed Name			
2. / / Printed Name			
3. / / Printed Name			
4. / / Printed Name			
5. / / Printed Name			

Complete One of the Following

1) STATEMENT OF WITNESS

I (name of witness)_____state: am a duly qualified voter of 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 or herself to be the individuals 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 for the witness named above must be completed prior to filing with the board of elections in order for this petition to be valid.

Town or City _____ County _____

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 andwho, being by me duly sworn, each for himself or herself, said that the foregoing statement made and subscribed by him or her was true.

_____ _____
Date Signature and Official Title of Officer Administering Oath

Es 27a (12/11009 Sheet No. _____