Democratic Party
Designating Petition

To the Board of Elections:
I, the undersigned, do hereby state that I am a duly enrolled voter of the Democratic Party and entitled to vote at the next primary election of such party, to be held on September 13, 2018; that my place of residence is truly stated opposite my signature hereto, and I do hereby designate the following named person (or persons) as a candidate (or candidates) for the nomination of such party for public office or for election to a party position of such party.

NAME(S) OF CANDIDATE(S)	PUBLIC OFFICE(S)	PLACE(S) OF RESIDENCE
CYNTHIA E. NIXON	Governor of the State of New York	10 Bleecker Street New York, NY

I DO HEREBY APPOINT - NAMES	ADDRESSES
Zakiyah Ansari	260 East 93rd Street, Brooklyn, NY 11212
Judith A. Enck	156 Big Toad Road, Poestenkill, NY 12140
Carlos Menchaca	110 King Street, Brooklyn, NY 11231
Maurice Brown	530 Buckingham Avenue, Syracuse, NY 13210
Lydia Rodriguez	90 G Ramona Park, Rochester, NY 14615

all of whom are enrolled voters of the Democratic Party 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 Signature Required (printed name may be added)	Residence	Town or City (except in the City of New York, the county)
1. , ... Printed Name ➔		....., New York	
2. , ... Printed Name ➔		....., New York	
3. , ... Printed Name ➔		....., New York	
4. , ... Printed Name ➔		....., New York	
5. , ... Printed Name ➔		....., New York	

STATEMENT OF WITNESS

I, ... state: I am a duly qualified voter of the State of New York
(Name of Witness)

and am an enrolled voter of the Democratic Party. I now reside at ..... New York.
(Residence address, also post office if not identical)

Each of the individuals whose names are subscribed to this petition sheet containing [ ] signatures, subscribed the same in
(Fill in Number)

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 .....

P18-74
NY Prints 646-502-7330

SHEET NO. _____