

REPUBLICAN DESIGNATING PETITION

I, the undersigned, do hereby state that I am a duly enrolled voter of the **Republican Party** and entitled to vote at the next primary election of such party, to be held on _____; 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 or Party Position COMMITTEEMAN District # _____ Ward # _____ _____ of _____ County of _____ _____ State | Place of Residence (also Post Office address, if not identical) _____ _____ |
|----------------------------------|---|---|

I do hereby appoint. (Must be enrolled in the same party as candidate, three persons minimum) as a committee to fill vacancies in accordance with the provisions of the election law.

- 1.
- 2.
- 3.

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

| Date | Full Name of Signer Signature Required | Residence | Town or City |
|--------------|---|-----------|--------------|
| 1. ,2020 | | | |
| 2. ,2020 | | | |
| 3. ,2020 | | | |
| 4. ,2020 | | | |
| 5. ,2020 | | | |
| 6. ,2020 | | | |
| 7. ,2020 | | | |
| 8. ,2020 | | | |
| 9. ,2020 | | | |
| 10. ,2020 | | | |

(1) STATEMENT OF WITNESS

I, (name of witness) _____ state: I am a duly qualified voter of _____ State and am an enrolled voter of the **Republican Party**.
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 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 for the witness named above must be completed prior to filing with the Board of Elections in order for this petition sheet to be valid.

Town or city _____ County _____