

TOWN OR CITY

Sheet #

COUNTY

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.

Date _____, 2022

Signature of Witness

I, _____ state: I am a duly qualified voter of the State of New York, and am an enrolled voter of the Democrat Party. I now reside at _____ (residence address). Each of the individuals whose names are subscribed to this petition sheet containing _____ 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.

STATEMENT OF WITNESS

1. / / 22

IN WITNESS WHEREOF, I have hereunto set my hand, the day and year placed opposite my signature

Name of Candidate: Michael Parietti
Public Office: U.S. House of Representatives
Place of Residence: 6 Spook Rock Road, Suffern, NY, 10901

DEMOCRAT PARTY DESIGNATING PETITION sec.6-132, Election Law

I, the undersigned, do hereby state that I am a duly enrolled voter of the Democrat Party and entitled to vote at the next primary election of such party, to be held on June 28, 2022; that my place of residence is truly stated opposite my signature hereto, and I do hereby designate the following named person as a candidate for the nomination of such party for public office or election to a party position of such party

Table with 3 columns: Name of Candidate, Public Office, Place of Residence. Row 1: Michael Parietti, U.S. House of Representatives, 6 Spook Rock Road, Suffern, NY, 10901, State of New York.

IN WITNESS WHEREOF, I have hereunto set my hand, the day and year placed opposite my signature

Date Signature of Voter Residence Number and Street Town

1. / / 22

STATEMENT OF WITNESS

I, _____ state: I am a duly qualified voter of State of New York, and am an enrolled voter of the Democrat Party. I now reside at _____ (residence address). Each of the individuals whose names are subscribed to this petition sheet containing _____ 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 _____, 2022

Signature of Witness

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E-Z Petition Instructions

You cannot witness your own signature. So this petition is designed specifically to make cross witnessing your signature with a fellow Democrat simple and easy.

1. Print out the petition on one piece of 8 ½ X 11 regular sized paper
2. When you look at the petition you will see that there are actually two separate petitions on the one page. Each petition is only half the size of the page so that both petitions will fit on the same page. One is right side up, and the other is upside down,
3. First, find another registered Democrat, be it a spouse, family member, friend or neighbor and get together with them.
4. Then, sitting or standing opposite each other across a table or counter top, you will both see a half page sized petition that is oriented right side up from each of your own perspectives.
5. Next, you will simultaneously sign on the signature line numbered 1., underneath the text that says "Signature of Voter", on the petition that is on your half of the sheet of paper.
6. Fill in your address and town to the right of your signature.
7. Then rotate the petition sheet 180 degrees
8. Now both of you can simultaneously sign on the line just above the words "Signature of Witness" near the bottom of the petition. To be clear, each of you are now signing the witness statement at the bottom of the petition that the other person just signed. Again, you cannot witness your own signature so just be sure that you are signing the witness statement of the petition that the other person signed, not the same petition that you signed.
9. Don't fill in the sheet number at the bottom. Just leave it blank
10. And lastly, take the completed petition sheet fold it up and place it in a regular sized envelope, put a stamp on it, and drop it in the mail to: Mike Parietti 6 Spook Rock Rd, Suffern, NY 10901