

CLERKS' REPORT

Party Democratic

New York County Date: 4/25/2025

Petition Identification Numbers NY2500345, NY2500350 NY2500360, NY2500425 QN2500427, NY2500445 NY2500457

Spec. No. NY73-1

In the Matter of the Objections by Yvonne Marshall-Andre' to the Petition of Ayisha E. Oglvie for Judicial Delegate, AD 71

PART I. REASONS FOR INVALIDATION OF SIGNATURES	Signature Area	Witness Statement
Address Illegible (AI) (SW-AI)	5	0
Alteration of Date/Signature (ALT) (SW-ALT)	0	0
Date Incomplete (DI) (SW-DI)	0	0
Duplicate-Same Petition (DUP)	0	
Date of Witness Statement Prior to Signature (DSP)	0	
Illegible Signature (ILLS) (SW-ILLS)	2	0
Illegible Date (ILLD) (SW-ILLD)	0	0
No/Wrong Address Stated (NA) (SW-NA) (WA)	0	0
No Date Stated (ND) (SW-ND)	0	0
Not Enrolled in Party (NE) (SW-NE)	1	0
No First Name (NFN) (SW-NFN)	0	0
No Page Number (NPN)	0	
Not Registered (NR) (SW-NR)	34	0
Out of the District of Contest (OD) (SW-OD)	40	0
Pencil or Not in Ink (P) (SW-P)	0	0
Printed Not Handwritten (PR) (SW-PR)	0	0
Signed Another Petition for Same Office (SAP)	0	
Subscribing Witness Also Signator (SW)	0	
Subscribing Witness Wrong Number of Signatures (SW-WNS)		0
Subscribing Witness Not Qualified (SW-NQ)		0
Subscribing Witness Signature Missing (SW-NS)		0
Date of Signature Prior to First Day to Circulate (TE) (SW-TE)	0	0
Date of Signature After Last Day to Circulate (TL) (SW-TL)	0	0
Other:		
Totals	82	0
Total Invalid Signatures (Also List on Line B of Recapitulation)		82
Objections Not Ruled Upon for Lack of Jurisdiction:		
Forgery (F)	0	
Similar Handwriting (SH)	0	
Total Not Ruled Upon	0	

PART II. RECAPITULATION	
A. Number of Signatures Submitted for Candidate	239
B. Total Invalid Signatures	82
C. Total Valid Signatures (A minus B)	157
D. Number of Signatures Required **	500
** See footnotes on reverse.	
See Reverse for County Committee	

PART III. REFERRED TO BOARD	
As specified: Candidate did not provide sufficient number of valid signatures.	
CLERKS' SIGNATURES:	
Chief Clerk:	[Signature]
Deputy Chief Clerk:	[Signature]

PART IV. BOARD HEARING	
Date:	Decision: <input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Reserve Decision <input type="checkbox"/> Dismissed
Memo:	
Objector and/or Representative Present	Candidate and/or Representative Present

VOTE OF THE COMMISSIONERS														
YES					NO					N.V.				
MN					MN					MN				
BX					BX					BX				
BK					BK					BK				
QN					QN					QN				
SI					SI					SI				
REPUBLICAN										DEMOCRAT				