TO: The Board of Elections in the City of New York  OBJECTOR: Name: Residence Address: New York, NY  OBJECTOR'S CONTACT PERSON:  Name: Mailing Address: (May be a business sideres) Fax Number: (Indicate if there is a different for moniber stand on Saturday or Sunday) Email Address:  The objector submits the following specifications in support of the General Objection to the designating/nominating petition for:  CANDIDATE: Name: Residence Address:  Public Office or Party Position: City of New York Council Member District:  District:  PETITION VOLUME IDENTIFICATION NUMBERS: Name: Mailing Address:  NEW York, NY  Public Office or Party Position: Numbers: PETITION VOLUME IDENTIFICATION NUMBERS: Name: Mailing Address:  NEW York NY  Public Office or Party Position: Numbers: PETITION VOLUME IDENTIFICATION NUMBERS: NEW York NY  Telephone Numbers: Fax Number: Email Address:  TOTAL NUMBER OF SIGNATURES ON PETITION: NUMBER OF INVALID SIGNATURES ON PETITION: The line-by-line and any other specific objections are attached.		Specific	ations of Objection Form
Residence Address:  New York, NY  OBJECTOR'S CONTACT PERSON:  Name:  Mailing Address: Otay be a business address)  Fax Number: Indicate if there is a different for number used on Stunday or Stunday  Email Address:  The objector submits the following specifications in support of the General Objection to the designating/nominating petition for:  CANDIDATE: Name: Residence Address:  New York, NY  Public Office or Party Position: City of New York Council Member  District:  District  PETITION VOLUME IDENTIFICATION NUMBERS:  NAME: Mailing Address:  NEW YORK, NY  Telephone Numbers: Fax Number: Email Address:  TOTAL NUMBER OF SIGNATURES ON PETITION: NUMBER OF INVALID SIGNATURES ON PETITION:  Number OF INVALID SIGNATURES ON PETITION:	то:	The Board of Election	s in the City of New York
New York, NY  OBJECTOR'S CONTACT PERSON:  Name:  Mailing Address:  Otty be a business actorest)  Telephone Numbers:  Fax Number:  Indicate if there is a different fax number used on Standay or Standay)  Email Address:  The objector submits the following specifications in support of the General Objection to the designating/nominating petition for:  CANDIDATE: Name:  Residence Address:  New York, NY  Public Office or Party Position: City of New York Council Member  District:  District  PETITION VOLUME IDENTIFICATION NUMBERS:  Name:  Mailing Address:  NEW York NY  Telephone Numbers:  Fax Number:  Email Address:  TOTAL NUMBER OF SIGNATURES ON PETITION:  NUMBER OF INVALID SIGNATURES ON PETITION:	OBJECTOR:	Name:	
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Mailing Address: (May be a business address)  Telephone Numbers:  Fax Number: (Indicate if there is a different fax number used on Saturday or Sunday)  Email Address:  The objector submits the following specifications in support of the General Objection to the designating/nominating petition for:  CANDIDATE: Name:  Residence Address:  New York, NY  Public Office or Party Position: City of New York Council Member District:  District:  PETITION VOLUME IDENTIFICATION NUMBERS:  Name:  Mailing Address:  NEW York NY  Telephone Numbers:  Fax Number:  Email Address:  TOTAL NUMBER OF SIGNATURES ON PETITION:  NUMBER OF INVALID SIGNATURES ON PETITION:  NUMBER OF INVALID SIGNATURES ON PETITION:	OBJECTOR'S	CONTACT PERSON	v:
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CANDIDATE'S CONTACT PERSON (from the petition cover sheet):  Name:  Mailing Address:  Telephone Numbers:  Fax Number:  Email Address:  TOTAL NUMBER OF SIGNATURES ON PETITION:  NUMBER OF INVALID SIGNATURES ON PETITION:  Number of Invalid signatures on Petition:  Ogmail.com  Support of the General Objection to the General		Telephone Numbers:	
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CANDIDATE'S CONTACT PERSON (from the petition cover sheet):  Name:  Mailing Address:  Telephone Numbers:  Fax Number:  Email Address:  TOTAL NUMBER OF SIGNATURES ON PETITION:  NUMBER OF INVALID SIGNATURES ON PETITION:			ty Position: City of New York Council Member
CANDIDATE'S CONTACT PERSON (from the petition cover sheet):  Name:  Mailing Address:  NEW YORK NY  Telephone Numbers:  Fax Number:  Email Address:  TOTAL NUMBER OF SIGNATURES ON PETITION:  NUMBER OF INVALID SIGNATURES ON PETITION:		District:	District
Telephone Numbers:  Fax Number:  Email Address:  TOTAL NUMBER OF SIGNATURES ON PETITION:  NUMBER OF INVALID SIGNATURES ON PETITION:		E'S CONTACT PERS	
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NUMBER OF INVALID SIGNATURES ON PETITION:		Fax Number:	-
		Email Address:  MBER OF SIGNATU	

OBJECTOR'S SIGNATURE

## Objection to Working Family Party petition # NY23(

Definition list of abbreviations use in this objection:

NR: Not Registered as a voter in Board of Election's records.

SDRS: Signature Different from Registered Signature at New York City Board of Elections' records

Legend to compare and contrast official Board of Elections' signature images to signature submitted in petition # NY230

These particulars satisfied the requirements requested in subsection H4 of "Specifications of Objections" section found in page 11 of "DESIGNATING PETITION & OPPORTUNITY TO BALLOT PETITION GUIDELINES FOR PRIMARY ELECTIONS", Adopted on March 21, 2023 by the NYC Board of Elections.

	Legend	
Image Description	Specifications page #	Specifications Line #
IMAGE # A	1	2
IMAGE # B	2	4
IMAGE # C	3	3
IMAGE # D	4	1
IMAGE # E	4	3
IMAGE # F	4	4
IMAGE # G	4	5

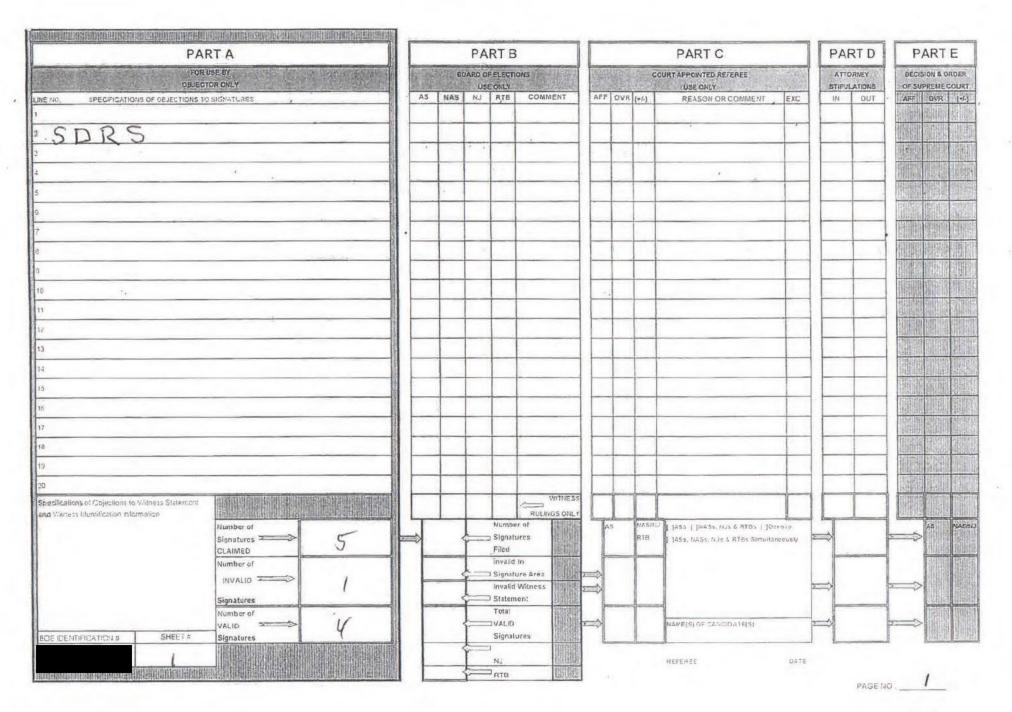




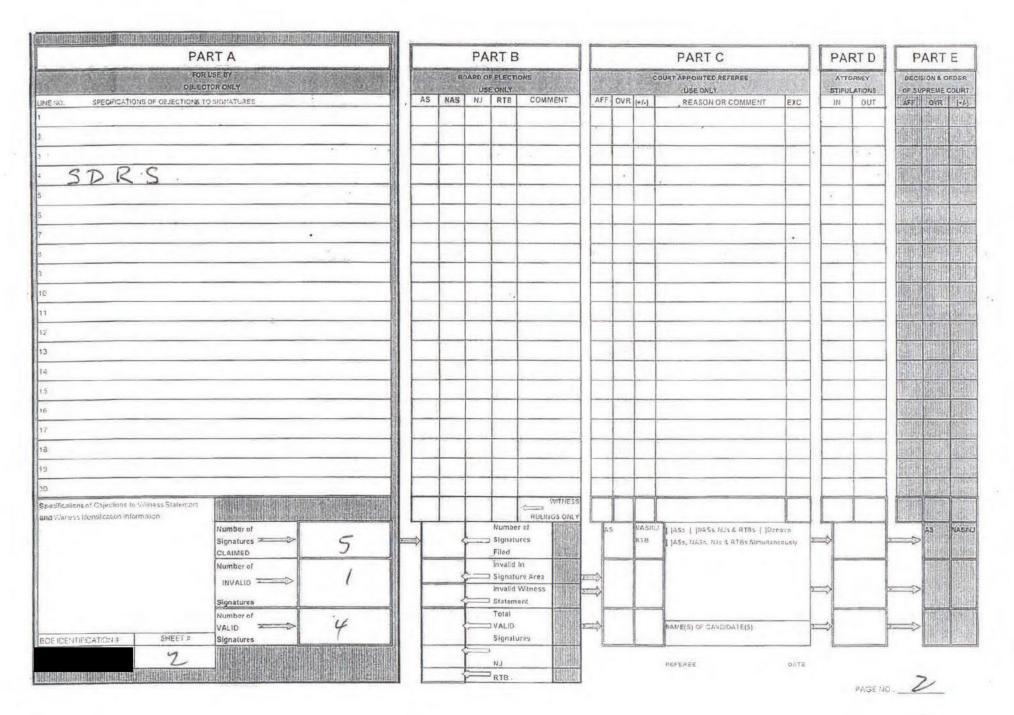
IMAGE # A

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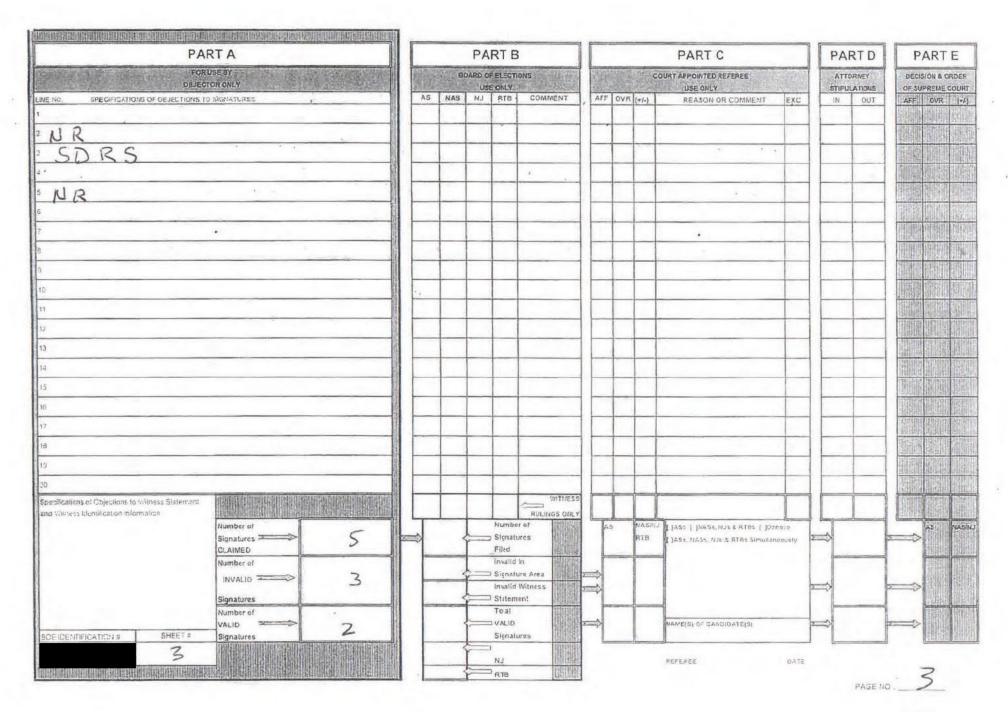
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The Board of Elections in the City of New York

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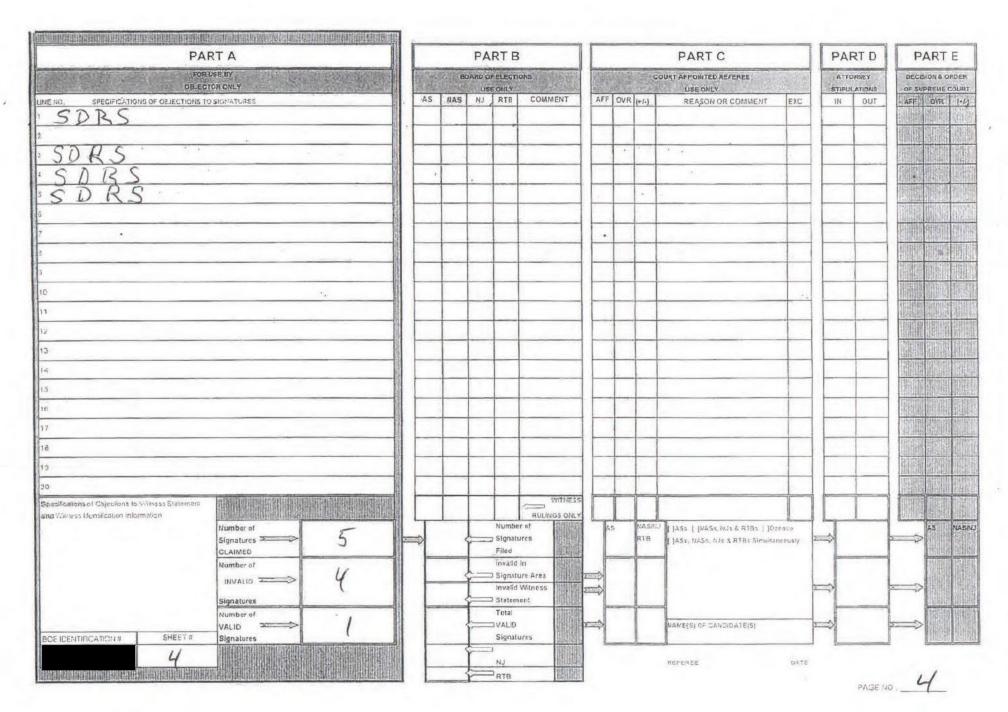




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IMAGE # G

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