**DESIGNATING PETITION COVER SHEET**

**DEMOCRATIC PARTY**

|  |  |  |
| --- | --- | --- |
| **Names of Candidate** | **PARTY POSITION** | **PLACE OF RESIDENCE** |
|  | Members of the Democratic County Committee from the \_\_\_ Election District in the \_\_\_ Assembly District  \_\_\_\_\_\_ County, New York State |  |

Total Number of Volumes in the Petition: 1

Identification Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The petition contains the number, or in excess of the number, of valid signatures required by the Election Law.

Contact Person to Correct Deficiencies:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_

Residence Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize that notice of any determination made by the Board of Elections be transmitted to the person name above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate or Agent