

2025 PETITION GUIDELINES

*****Note:** The information contained here is intended to provide general guidance for those who are preparing to circulate petitions, and is **NOT to be used as a substitute for consulting the Election Law for specific petition requirements** (available at <https://elections.ny.gov>).

Primary Designating (Party) Petitions		06/24/2025
	First Day to Circulate:	02/25/2025
	First Day to File:	03/31/2025
	Last Day to File:	04/03/2025
	Accept/Decline Deadline:	04/07/2025

***If you are not enrolled in the party, you will need to file an acceptance and obtain party authorization**

General Election Independent Petitions (State and Local)		11/04/2025
	First Day to Circulate:	04/15/2025
	First Day to File:	05/20/2025
	Last Day to File:	05/27/2025
	Accept/Decline Deadline:	05/30/2025
	<i>*All Independent Petitioners must file an Acceptance</i>	

Petitions are to be filed at the Board of Elections between the hours of 9:00 a.m. and 5:00 p.m. in person within the filing window dates (see above) or by mail. In case of filing by mail they must be post marked within the filing window dates and received in our office no later than two business days from the last day to file.

Petitions **MUST** be filled in with ink.

Designating Petitions Instructions:

Header:

1. List the name of the Political Party in which you are running
2. List the date of the Primary Election
***The Party name and the Date of the Election MUST be filled in at the top of the petition before circulation. If it is filled in after you gather your signatures, your petition can be challenged and may be thrown out.**

Petition Sec. 6-132, ELECTION LAW

I, _____ (Name of Voter), an enrolled voter of the _____ (Name of Party) Party and _____ (Name of Town) Town, to be held on _____ Primary election date _____, 20__ 23__ ; that my place of residence is _____, and I do hereby designate the following named person (or persons) as _____ party for public office or for election to a party position of such party.

3. List your name as you would like it to appear on the ballot, the Town **and** Office for which you are running, and your physical address as well as your mailing address if they are different
 * If the Office is an unexpired term this MUST be stated with the Office

Name(s) of Candidate(s)	Public Office or Party Position and District <i>(Include district number, if applicable)</i>	Residence Address <i>(Also post office address if not identical)</i>
John J Smith	Office, Town of Anytown <i>(unexpired term if applicable)</i>	123 Smith Rd. Anytown, NY 11111 <i>Mailing address if different</i>

Committee to fill vacancies:

This is optional per Election Law change of 1992. **If left blank and vacancy occurs, the whole petition is null and void.** A committee to fill vacancy has to name at least three persons who are enrolled voters of same party as the designee with full name and addresses listed.

I do hereby appoint as a committee to fill vacancies in accordance with the provisions of the election law *(here insert the names and addresses of at least three persons, all of whom shall be enrolled voters of said political unit):*

Jane Doe 123 Red Street, Anytown, NY 11111
 Bob Jones 222 Green Road, Anytown, NY 11111
 Sarah Smith 44 Blue Lane, Anytown, NY 11111

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

Date	Signature <i>(Signature required. Printed name optional)</i>	Residence	Town
1. X/ X / 2023	<i>Frank Smith</i>	44 Blue Lane	Anytown
Printed Name →	Frank Smith		

Body:

1. The signers **MUST** be enrolled in the Political Party specified at the top of the petition as well as enrolled in the political subdivision in which the petition is circulated. **All other signatures collected will be invalid.**
2. Make sure the date you obtained the signature is filled in the first column of the signature line area. **Signatures must be collected during the specified time period.**
3. The signers must list their physical address in the residence box.
4. Be sure the Town in which you are running is listed in the last column NOT the village or hamlet. **For example:** a petition circulated for Supervisor of Moriah should say **Town of Moriah**, not Witherbee, Mineville or Port Henry; **Town of North Elba**, not Lake Placid, **Town of Schroon**, not Schroon Lake, etc.

1. Witness Statement:

1. Be sure that the witness name, party affiliation, and the physical address are listed
***Witness CANNOT sign the petition**
2. Be sure the number of signatures on the page are listed
3. Be sure to sign and date the witness statement
4. Be sure to list the Town and County

2. Notary Public or Commissioner of Deeds:

1. Only to be used if petition is being circulated/witnessed by a Notary of Commission of Deeds
2. Be sure the number of signatures on the page are listed
3. Be sure to sign and date

Complete <u>ONE</u> of the following	
<p>1. Statement of Witness: I (name of witness) <u>Susan Ball</u> state: I am a duly qualified voter of the State of New York and am an enrolled voter of the _____ (Party name) _____ Party.</p> <p>I now reside at (residence address) <u>10 White Way, Anytown, NY 11111</u>.</p> <p>Each of the individuals whose names are subscribed to this petition sheet containing (fill in number) <u>xx</u> 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.</p> <p>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.</p> <p><u>x/x/xx</u> <u>Susan Ball</u> Date Signature of Witness</p> <p>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 to be valid.</p> <p>Town Where Witness Resides <u>Anytown</u> County Where Witness Resides <u>Essex</u></p>	
<p>2. Notary Public: On the dates above indicated before me personally came each of the voters whose signatures appear on this petition sheet containing (fill in number) _____ signatures, who signed same in my presence and who, being by me duly sworn, each for himself or herself, said that the foregoing statement made and subscribed by him or her was true.</p> <p>_____ _____ Date Signature and Official Title of Officer Administering Oath</p>	

Page Numbers:

1. Number all pages
2. Include a cover sheet if ten pages or more and/or if you are filing more than one volume

Independent Petitions Instructions:

Header:

Independent Nominating Petition <small>Sec. 6-140, Election Law</small>		
<p>I, the undersigned, do hereby state that I am a registered voter of the political unit for which a nomination for public office is hereby being made, that my present place of residence is truly stated opposite my signature hereto, and that I do hereby nominate the following named person(or persons) as a candidate (or candidates) for election to public office (or public offices) to be voted on for at the election to be held on the <u>XX</u> day of <u>Month</u>, 20 <u>23</u>, and that I select the name <u>Party name</u> as the name of the independent body making the nomination (or nominations) and (symbol # or other) <u>X</u> as the emblem of such body.</p>		
Name(s) of Candidate(s)	Public Office or Party Position and District <small>(Include district number, if applicable)</small>	Residence Address <small>(Also post office address if not identical)</small>
John J Smith	Office, Town of Anytown <small>(unexpired term if applicable)</small>	123 Smith Rd. Anytown, NY 11111 <small>Mailing address if different</small>

1. In the case of **Independent Petitions**, the candidate **MUST** choose the name and emblem of Independent Body **before circulating the petition**. (The Board of Elections has samples in the office). If the candidate does not choose an emblem, a choice will be made by ECBOE at the time you file.
2. List the date of the General Election
3. List your name as you would like it to appear on the ballot
4. List the Town and Office for which you are running
5. If the Office is an unexpired term this MUST be stated with the Office
6. List your physical address as well as your mailing address if they are different

***The Party name and the Date of the Election MUST be filled in at the top of the petition before circulation. If it is filled in after you gather your signatures, your petition can be challenged and may be thrown out.**

***The emblem and name of an Independent body can be no more than 15 characters, cannot be the same as a previously filed Independent Petition for the same office, and shall not include the words: "AMERICAN", "UNITED STATES", "NEW YORK STATE", "EMPIRE STATE", "INDEPENDENT" or "INDEPENDENCE" or any abbreviation thereof, nor the name or part of the name, or abbreviation of the name of an existing party. The candidate will be notified of said duplication if it exists within 2 days after filing. The candidate will have 7 days after to change your symbol and/or name.**

I do hereby appoint as a committee to fill vacancies in accordance with the provisions of the election law (here insert the names and addresses of at least three persons, all of whom shall be enrolled voters of said political unit):

Jane Doe 123 Red Street, Anytown, NY 11111 Bob Jones 222 Green Road, Anytown, NY 11111 Sarah Smith 44 Blue Lane, Anytown, NY 11111
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In witness whereof, I have hereunto set my hand, the day and year placed opposite my signature.

Date	Signature <small>(Signature required. Printed name optional)</small>	Residence	Town
1. X/ X/ 20 23	<i>Frank Smith</i>	44 Blue Lane	Anytown
Printed Name →	Frank Smith		

Committee to fill vacancies:

This is optional per Election Law change of 1992. **If left blank and vacancy occurs, the whole petition is null and void.** A committee to fill vacancy has to name at least three persons who are enrolled voters of same political subdivision as the designee with full name and addresses listed.

Body:

1. The signers need only be an enrolled voter (However, they MUST not have previously signed another petition for the same office).
2. Make sure the date you obtained the signature is filled in the first column of the signature line area.
3. The signers must list their physical address in the residence box.
4. Be sure the Town in which you are running is listed in the last column NOT the village or hamlet.
For example: a petition circulated for Supervisor of Moriah should say **Town of Moriah**, not Witherbee, Mineville or Port Henry; **Town of North Elba**, not Lake Placid, **Town of Schroon**, not Schroon Lake, etc.

Witness Statement:

1. Be sure that the witness name and the physical address are listed
2. Be sure the number of signatures on the page are listed
3. Be sure to sign and date the witness statement
4. Be sure to list the Town and County

<i>Complete ONE of the following</i>	
<p>1. Statement of Witness: I (name of witness) <u>Susan Ball</u> state: I am a duly qualified voter of the State of New York. I now reside at (residence address) <u>10 White Way, Anytown, NY 11111</u>. Each of the individuals whose names are subscribed to this petition sheet containing (fill in number) <u>xx</u> 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.</p> <p style="text-align: center;"> <u>x/x/xx</u> <u>Susan Ball</u> </p> <p><i>Date</i> <i>Signature of Witness</i></p> <p>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 to be valid.</p> <p><i>Town Where Witness Resides</i> <u>Anytown</u> <i>County Where Witness Resides</i> <u>Essex</u></p>	
<p>2. Notary Public: On the dates above indicated before me personally came each of the voters whose signatures appear on this petition sheet containing (fill in number) _____ signatures, who signed same in my presence and who, being by me duly sworn, each for himself or herself, said that the foregoing statement made and subscribed by him or her was true.</p> <p>_____</p> <p><i>Date</i> <i>Signature and Official Title of Officer Administering Oath</i></p>	

***Be sure to number all pages**

***Be sure to include cover sheet if ten pages or more and/or if you are filing more than one volume**

Helpful Hints:

- No ditto marks and no white out.
- Town Board or Town Board Member is not a valid office name.
- A voter can only sign petitions for as many positions up for election in that year for any particular office. For example, a person can sign a petition of only one person for Supervisor of a Town but could sign 2 petitions (or one petition with 2 names) for Town Council Member if there are 2 Town Council Member positions up for election in that year.
- Any signature that does not have a date is invalid.
- Any signature dated before the first date to collect signatures is invalid.
- Any signature dated after the date of the witness signature is invalid.
- Each signature line must include the **PHYSICAL STREET ADDRESS** of the signer. Do not list the PO Box in this area.
- The printed name is optional, but it helps to identify illegible signatures.
- The signer must sign the signature line themselves, **PLACING THEIR ORIGINAL SIGNATURE ON THE PETITION**. Knowingly signing false witness statement is considered Perjury.
- A **POA (power of attorney)** is not allowed, any signature signed by a **POA is INVALID**
- Other than the signature, the witness/circulator of the petition can fill out the rest of the information on the signature line. (Date the signer signed the petition, the signers printed name, the signers physical address, and the Town or City in the last column.)
- Un-initialed alterations or corrections may be made to information on the signer line, **except Signature and date**.
- Alterations or corrections made in the signature line need not be initialed if not made to the signature or date. Other alterations or corrections must be initialed and should be dated. Alterations to the signers' date is permitted where the witness signed her initials next to the date corrections.
- The person who signs the witness statement must be the one who circulated the petition and actually witnessed the signatures.
- **You CANNOT witness your own signature.** To sign a petition, you will have to get someone else to be the witness on the signature sheet you sign.
- **Any person may circulate and witness a designating (party) petition and also an independent petition for the same office, providing that person has not signed any petition for that office including the ones they circulated.**
- In a collection of signature sheets handed in as a single petition, more than one witness/circulator can have collected signatures so long as each witness/circulator signs their own sheet(s).
- All petitions containing (10) ten or more pages **MUST** be accompanied by a cover sheet. Sheets are available at the Board of Elections. If you fail to submit a Cover Sheet at the time of filing your petition (if required) your petition is **INVALID**.
- Petitions for the same office and candidate coming in at different times and/or days **MUST** have a cover sheet with a volume number.
- Two or more petition sheets should be securely fastened together.

If you have questions about your petition which are not answered here, consult the Election Law or call the Board of Elections at 518-873-3474.

Petitioner Information

For Essex County Board of Elections use only

Name of Candidate _____

Position and Town _____

Contact information

Address (Please include mailing address if different)

Daytime Phone _____

Email _____

I consent to electronic delivery of petition and petition related hearing correspondence.

Signature _____

EXEMPTION

**CANDIDATE OR COMMITTEE CLAIM OF EXEMPTION
From Filing Campaign Financial Disclosure Reports**

NEW YORK STATE BOARD OF ELECTIONS
Section 14-124 of NYS Election Law

THIS FORM MUST CONTAIN ORIGINAL SIGNATURES IN INK AND BE COMPLETED IN FULL

Please check the applicable boxes below and complete this form in full:

- For State Campaign -or- For Local Campaign (provide County): _____
 Candidate -or- Committee

A. OFFICE: _____
(For a local campaign also include name and type of municipality e.g., city of..., town of..., or village of...)

District: _____ Election Year: _____

B. CANDIDATE OR COMMITTEE NAME: _____

Committee Treasurer Name (If applicable): _____

Residential Address (No P.O. Box): _____ Apartment #: _____

City or Town: _____ State: _____ Zip: _____

Mailing Address (P.O. Box allowed): _____ Apartment #: _____

City or Town: _____ State: _____ Zip: _____

Social Security Number (Optional): _____ Email: _____

Telephone: Home: _____ Business: _____ Cell: _____

Please check the applicable box that relates to your claim of exemption:

- C.** I am a candidate and I have not/will not receive or spend more than \$50 for my campaign, including my own personal funds.
- D.** I am the treasurer of a committee formed solely to support or oppose a ballot proposition and the committee has not/will not raise or spend over \$100 relative to the ballot proposition.
- E.** For those in a town, city or village having a population under 10,000: 1) I am a candidate for public office, or treasurer of an authorized committee solely supporting one candidate for public office, or treasurer of a committee solely supporting or opposing a ballot proposition; and 2) the receipts or expenditures of the candidate or committee will not exceed \$1,000 in the aggregate for the campaign.

If after submission of this form the basis for a claim of exemption becomes invalid due to a change in circumstances (e.g., exceeding monetary threshold or scope of candidate/committee activity), the candidate/committee must then file all applicable election reports. See instructions.

Knowingly including false information in this form constitutes a Class A Misdemeanor, punishable by a fine and/or imprisonment. See Penal Law §210.45.

I swear or affirm that the information contained herein is in all respects true and complete to the best of my knowledge, information and belief.

Sworn to before me this _____ day

Signature of Candidate/Committee Treasurer

of _____, 20 ____

Residential Address

(Notary Public or Commissioner of Deeds)

Contact Phone Number

EXEMPTION INSTRUCTIONS

This form must contain original signature(s) in ink and be notarized or subscribed to.
Copies of signatures, including those on faxes, PDFs, or other electronic files, are not acceptable.

A candidate or committee must file this form at each appropriate board of elections where the candidate or committee is required to file campaign financial disclosure reports.

For State Campaign: Check this box for candidates or committees supporting or opposing candidates for New York State Governor, Lt. Governor, State Comptroller, State Attorney General, State Senate, State Assembly and State Supreme Court, as well as those solely supporting or opposing statewide ballot propositions.

For Local Campaign: Check this box for all other offices and local ballot propositions, and list the county name where the local office is being sought or the ballot proposition is appearing. Candidates or committees supporting or opposing such candidates or ballot propositions can file this form with the appropriate local board of elections, or village clerk where the village clerk runs the election.

Check the appropriate box to indicate whether this is a candidate or a committee seeking exemption.

Item A: Candidates for statewide office must provide the office sought, district number if applicable and election year. Local candidates must provide the office sought, including the name and type of municipality (e.g., City of Newburgh; Town of Colonie; Village of Scotia). The district and election year must also be provided.

Item B: Enter the name of the candidate or committee. Residential address is mandatory; include building and apartment number if applicable, a mailing address if different, phone number and e-mail address of the candidate or treasurer. P.O. Box is not allowed for residential address.

Item C: Candidates who do not receive or spend more than \$50 (this threshold includes their own personal funds), including candidates for county committee of a political party or for delegate or alternate delegate to a judicial district convention, must inform the appropriate board(s) of elections in writing of this fact.

Item D: A committee formed solely to support or oppose a ballot issue, that does not raise or spend over \$100, is not required to file campaign financial disclosure reports.

Item E: Candidates and authorized committees solely supporting one candidate for public office, or solely supporting or opposing a ballot proposition, in towns, cities or villages having a population under 10,000, where the candidate and/or committee does not raise or spend in excess of \$1,000 in the aggregate for the campaign, are not required to file campaign financial disclosure reports. This threshold includes the personal funds of the candidate.

Note: This exemption may become invalid, requiring registration and filing of campaign financial disclosure reports with the applicable state, county and/or city board(s) of elections, if the candidate or committee supports or opposes candidates or ballot propositions outside of the applicable jurisdiction.

Note: For a town or village, ballot propositions not submitted to the voters of that municipality at the time of a general election fall outside the scope of NYS Election Law. Therefore, committees solely supporting ballot propositions in a town or village taking place other than in November do not have to make campaign financial disclosures relative to their ballot proposition activity. In this instance, this form does not have to be filed.

If you have any questions about a claim of exemption, contact:

New York State Board of Elections
Compliance Unit
40 North Pearl Street, Suite 5
Albany, NY 12207-2729
1-800-458-3453; 518-474-8200