

Independent Nominating Petition



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 persons as candidates for election to public offices to be voted for at the election to be held on the 2nd day of November, 2010, and that I select the name **Libertarian Party** as the name of the independent body making the nominations and the image to the right as the emblem of such body.

Name of Candidate	Public Office	Place of Residence (also Post Office address if not identical)
Warren Redlich	Governor of New York State	6946 Suzanne Ct., Guilderland, NY 12303 (6946 Suzanne Ct., Schenectady, NY 12303)
Alden Link	Lt. Governor of New York State	36 Greentree La., Milton, NY 12547
John Gaetani	Comptroller of New York State	49 Cedar La., Glenville, NY 12302
Carl E. Person	Attorney General of New York State	330 W. 55 th St., New York, NY 10019
John Clifton	United States Senator from New York (unexpired 2 year term)	168-32 127 th Ave., Apt. 9D, Jamaica, NY 11434
Randy A. Credico	United States Senator from New York (full 6 year term)	14 7 th Ave., Brooklyn, NY 11217

I do hereby appoint:

Mark N. Axinn	338 East 78 th Street, New York, NY 10075	Christian Padgett	560 N. Erie Avenue, Lindenhurst, NY 11757
Jeffrey T. Russell	55 Via DaVinci, Clifton Park, NY 12065		

as a committee to fill vacancies in accordance with the provisions of the election law.

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

	Date	Name of Signer (signature required) (printed name may be added)	Residence	Enter town or city (except in NYC enter county)
1	/ /10	X		City or town:
	printed name:			County:
2	/ /10	X		City or town:
	printed name:			County:
3	/ /10	X		City or town:
	printed name:			County:
4	/ /10	X		City or town:
	printed name:			County:
5	/ /10	X		City or town:
	printed name:			County:
6	/ /10	X		City or town:
	printed name:			County:
7	/ /10	X		City or town:
	printed name:			County:
8	/ /10	X		City or town:
	printed name:			County:
9	/ /10	X		City or town:
	printed name:			County:
10	/ /10	X		City or town:
	printed name:			County:

STATEMENT OF WITNESS

I, (name of witness) _____ state: I am a duly qualified voter of the State of New York. I now reside at (residence address) _____. Each of the individuals whose names are subscribed to this petition sheet containing (fill in number) _____ 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 _____ Signature of Witness

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.

Town or City: _____ County: _____