

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 4th day of November, 2008, and that I select the name Libertarian 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
Nic Leibold	Member of the NYS Assembly, District 66	210 E. 9th St., Apt. 2, New York, NY 10003

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	County
1	/ /08 <small>Printed name:</small>	X		New York
2	/ /08 <small>Printed name:</small>	X		New York
3	/ /08 <small>Printed name:</small>	X		New York
4	/ /08 <small>Printed name:</small>	X		New York
5	/ /08 <small>Printed name:</small>	X		New York
6	/ /08 <small>Printed name:</small>	X		New York
7	/ /08 <small>Printed name:</small>	X		New York
8	/ /08 <small>Printed name:</small>	X		New York
9	/ /08 <small>Printed name:</small>	X		New York
10	/ /08 <small>Printed name:</small>	X		New York

Complete the following

STATEMENT OF WITNESS

I, (name of witness) _____ state: I am a duly qualified voter of the State of New York and I am also duly qualified to sign the petition. 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 to be the individual who signed this sheet. I understand that this statement will be accepted for 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 must be completed prior to filing with the board of election in order for this petition sheet to be valid.

Town or City: _____

County: _____

Sheet No.: _____