

# INDEPENDENT NOMINATING PETITION OF SUFFOLK COUNTY, NY

## Sec. 6-140 of the Election Law of New York

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 as candidates) for election to public office (or 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 **LOWER TAXES** as the name of the independent body making the nomination (or nominations) and \_\_\_\_\_ as the emblem of such body.



NAME OF CANDIDATE(S)	PUBLIC OFFICE	PLACE OF RESIDENCE <i>(also post office address if not identical)</i>
<b>BRIAN X. FOLEY</b>	<b>State Senator, 3rd Senatorial District</b>	<b>4 Ocean Avenue Blue Point NY 11715-2110</b>

IN WITNESS WHEREOF, I have hereunto set my hand, the day and year placed opposite my signature.

Date	Name of Signer <i>(signature required)</i>	Residence	Town
1. _____, 2010		_____, NY	<b>Islip</b>
2. _____, 2010		_____, NY	<b>Islip</b>
3. _____, 2010		_____, NY	<b>Islip</b>
4. _____, 2010		_____, NY	<b>Islip</b>
5. _____, 2010		_____, NY	<b>Islip</b>
6. _____, 2010		_____, NY	<b>Islip</b>
7. _____, 2010		_____, NY	<b>Islip</b>
8. _____, 2010		_____, NY	<b>Islip</b>
9. _____, 2010		_____, NY	<b>Islip</b>
10. _____, 2010		_____, NY	<b>Islip</b>
11. _____, 2010		_____, NY	<b>Islip</b>
12. _____, 2010		_____, NY	<b>Islip</b>
13. _____, 2010		_____, NY	<b>Islip</b>
14. _____, 2010		_____, NY	<b>Islip</b>
15. _____, 2010		_____, NY	<b>Islip</b>
16. _____, 2010		_____, NY	<b>Islip</b>
17. _____, 2010		_____, NY	<b>Islip</b>
18. _____, 2010		_____, NY	<b>Islip</b>
19. _____, 2010		_____, NY	<b>Islip</b>
20. _____, 2010		_____, NY	<b>Islip</b>

### 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) \_\_\_\_\_, NY.

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/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 \_\_\_\_\_, 2010

\_\_\_\_\_  
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.  
Witness resides in the **Town of Islip, County of Suffolk**