Independent Nominating Petition Sec. 6-140, ELECTION LAW

I, the undersigned, do hereby state that I am a duly enrolled 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 for at the election to be held on the 6th day of November, 2012, And that I select the name Third Party as the

name of the Independent body making the nomination (or nominations) and as the emblem of such body.

Name(s) of Candidate(s)	Public Office or Party Position	Place of Residence (also Post Office address if not identical)
Scott A. Noren	U.S. Senator State of New York Full 6 year term	425 Cayuga Heights Road Ithaca, NY 14850

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.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

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.

_____   _____**Witness, please sign and date this!**

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 to be valid.

Town or City _____ County _____

Sheet No. for campaign office use only/do not fill in this blank Sheet No. _____