DESIGNATING PETITION – SEC. 6-132 ELECTION LAW

I, the undersigned, do hereby state that I am a duly enrolled voter of the **Republican Party** and entitled to vote at the next primary election of such party, to be held on **September 10, 2015**, that my place of residence is truly stated opposite my name hereto, and I do hereby designate the following named person (persons) as a candidate (or candidates) for nomination of such party for public office or for election to a party position of such party.

Name of Candidate(s)	Public Office or Party Position	Place of Residence
Charles J. Falciglia	**Rockland County Legislator Legislative District #12**	**14 Sagamore Ave, Suffern, NY 10901**

I do hereby appoint, Marino F. Fontana, 6 Scott Street, Sloatsburg, NY 10974, William J. Weber, Jr, 16 Rose Hill Road, Suffern, NY 10901, Linda France, 1 Wesley Chapel Road, Suffern, NY 10901 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 the year placed opposite my signature.

DATE	NAME OF SIGNER (Signature)	RESIDENCE	TOWN
1- __ / ____ / 2015			**Ramapo**
2- __ / ____ / 2015			**Ramapo**
3- __ / ____ / 2015			**Ramapo**
4- __ / ____ / 2015			**Ramapo**
5- __ / ____ / 2015			**Ramapo**
6- __ / ____ / 2015			**Ramapo**
7- __ / ____ / 2015			**Ramapo**
8- __ / ____ / 2015			**Ramapo**
9- __ / ____ / 2015			**Ramapo**
10- __ / ____ / 2015			**Ramapo**
11- __ / ____ / 2015			**Ramapo**
12- __ / ____ / 2015			**Ramapo**
13- __ / ____ / 2015			**Ramapo**
14- __ / ____ / 2015			**Ramapo**
15- __ / ____ / 2015			**Ramapo**

STATEMENT OF WITNESS

I, **(name of witness)** _____ state: I am a duly qualified voter of the State of New York and an enrolled voter of the **Republican Party**.
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 themselves 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: _____ **COUNTY:** _ROCKLAND_____

STATEMENT OF NOTARY PUBLIC OR COMMISSIONER OF DEEDS

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.

_____ _____
Date Signature and Official Title of Office Administering Oath

SHEET NUMBER: _____