



**DEMOCRATIC PARTY
Designating Petition - Kings County**

To the Board of Elections: I, the undersigned, do hereby state that I am a duly enrolled voter of the Democratic Party and entitled to vote at the next primary election of such party, to be held on June 22nd, 2021; that my place of residence is truly stated opposite my signature hereto, and I do hereby designate the following named person as a candidate for the nomination of such party for public office or for election to a party position of such party.

NAME OF CANDIDATE	PUBLIC OFFICE	PLACE OF RESIDENCE
Aaron S. Foldenauer	Mayor of the City of New York, New York City, New York State	90 Washington Street, New York, NY 10006

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

Date	Signature / Name of Signer	Residence	County
1. May ____ 2021	<i>Sign here</i> _____ <i>Print your name here:</i>		
2. May ____ 2021	<i>Sign here</i> _____ <i>Print your name here:</i>		
3. May ____ 2021	<i>Sign here</i> _____ <i>Print your name here:</i>		
4. May ____ 2021	<i>Sign here</i> _____ <i>Print your name here:</i>		
5. May ____ 2021	<i>Sign here</i> _____ <i>Print your name here:</i>		
6. May ____ 2021	<i>Sign here</i> _____ <i>Print your name here:</i>		
7. May ____ 2021	<i>Sign here</i> _____ <i>Print your name here:</i>		
8. May ____ 2021	<i>Sign here</i> _____ <i>Print your name here:</i>		
9. May ____ 2021	<i>Sign here</i> _____ <i>Print your name here:</i>		
10. May ____ 2021	<i>Sign here</i> _____ <i>Print your name here:</i>		
11. May ____ 2021	<i>Sign here</i> _____ <i>Print your name here:</i>		

STATEMENT OF WITNESS

I, Name of witness state: I am a duly qualified voter of the State of New York and am an enrolled voter of the Democratic Party. I now reside at Residence address, also post office if not identical, New York. Each of the individuals whose names are subscribed to this petition sheet containing ____ 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: May _____, 2021

Signature of witness

S0 _____ City _____ County _____

SHEET No. _____