

# 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 June 24, 2025; that my place of residence is truly stated opposite my signature hereto, and I do hereby designate the following named person (or persons) as a candidate (or candidates) for the nomination of such party for public office or for election to a party position of such party.

Name(s) of Candidate(s) Susan M Hansen Public Office or Party Position Suffolk County Republican Place of Residence (also Post Office address if not identical) Committee Town of Brookhaven, Rocky Point, NY 11778

I do hereby appoint (here insert the names and addresses of at least three persons, all of whom shall be enrolled voters of said party),

1. [REDACTED] OSAGE LANE NESCONSET, NY 11767
2. [REDACTED] ALDERWOOD LANE PORT JEFFERSON, NY 11776 STATION
3. [REDACTED] ASHLEY CR. MANORVILLE, NY 11949

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 year placed opposite my signature.

| Date                          | Name of Signer (signature required)<br>(printed name may be added) | Residence                                        | Enter Town or City<br>Except in NYC enter County |
|-------------------------------|--------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| 1.<br>3/1/25<br>Printed Name  | [REDACTED]                                                         | [REDACTED] Rosewood Rd<br>Rocky Point, NY 11778  | BROOKHAVEN                                       |
| 2.<br>3/1/25<br>Printed Name  | [REDACTED]                                                         | [REDACTED] ROSEWOOD RD<br>Rocky Point, NY 11778  | BROOKHAVEN                                       |
| 3.<br>3/1/25<br>Printed Name  | [REDACTED]                                                         | [REDACTED] ROSEWOOD RD<br>Rocky Point, NY 11778  | BROOKHAVEN                                       |
| 4.<br>3/1/25<br>Printed Name  | [REDACTED]                                                         | [REDACTED] ROSEWOOD RD<br>Rocky Point, NY 11778  | BROOKHAVEN                                       |
| 5.<br>3/1/25<br>Printed Name  | [REDACTED]                                                         | [REDACTED] ROSEWOOD RD<br>Rocky Point, NY 11778  | BROOKHAVEN                                       |
| 6.<br>3/1/25<br>Printed Name  | [REDACTED]                                                         | [REDACTED] ROSEWOOD RD<br>Rocky Point, NY 11778  | BROOKHAVEN                                       |
| 7.<br>3/1/25<br>Printed Name  | [REDACTED]                                                         | [REDACTED] MAGNOLIA DR.<br>Rocky Point, NY 11778 | BROOKHAVEN                                       |
| 8.<br>3/1/25<br>Printed Name  | [REDACTED]                                                         | [REDACTED] MAGNOLIA DR<br>Rocky Point, NY 11778  | BROOKHAVEN                                       |
| 9.<br>3/1/25<br>Printed Name  | [REDACTED]                                                         | [REDACTED] MAGNOLIA DR.<br>Rocky Point, NY 11778 | BROOKHAVEN                                       |
| 10.<br>3/1/25<br>Printed Name | [REDACTED]                                                         | [REDACTED] MAGNOLIA DR<br>Rocky Point, NY 11778  | BROOKHAVEN                                       |

(You may use fewer or more signature lines - this is only to show format.)

## Complete ONE of the following

### 1) STATEMENT OF WITNESS

I (name of witness) SUSAN M HANSEN state: I am a duly qualified voter of the State of New York and am an enrolled voter of the REPUBLICAN Party.

I now reside at (residence address) [REDACTED] Rocky Pt NY 11778

Each of the individuals whose names are subscribed to this petition sheet containing (fill in number) 10 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.

04/02/25  
Date

Susan M Hansen  
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 BROOKHAVEN County SUFFOLK

### 2) 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 Officer Administering Oath

(Sample prepared by the State Board of Elections)

Sheet No. 1