

PETITION REVIEW WORK SHEET

Reviewed by: DS & MD      Date: 3/31/25

<u>3/31/25</u>	<u>Beck Brock - Clinton County Reg Commitee</u>	
Date Petition Received	Candidate/Office/District	Party
		Petition ID #

PRIMA FACIE REVIEW

ITEM	COMPLIES w/STATUTE	DOES NOT COMPLY w/STATUTE (EXPLAIN)	ITEM	COMPLIES w/STATUTE	DOES NOT COMPLY w/STATUTE (EXPLAIN)
Petition is timely filed	<input checked="" type="checkbox"/>		Candidate(s)' residence	<input checked="" type="checkbox"/>	
Petition is filed at correct BOE	<input checked="" type="checkbox"/>		Office with district	<input checked="" type="checkbox"/>	
Petition contains proper number of candidates for the number of offices	<input checked="" type="checkbox"/>		Committee to receive notices (OTB petition only)	<u>N/A</u>	
Candidate(s) name	<input checked="" type="checkbox"/>		Other	<u>N/A</u>	

RESULT: Prima Facie Review ✓ in compliance      not in compliance

COVER SHEET AND BINDING REVIEW

ITEM	COMPLIES w/REGS.	DOES NOT COMPLY w/REGS. (EXPLAIN)	ITEM	COMPLIES w/REGS.	DOES NOT COMPLY w/REGS. (EXPLAIN)
Cover sheet(s) filed			Volume number		
Sheets of volume fastened			Total number of volumes		
Name of party or independent body			Sufficient signature statement		
Emblem for independent body			Distribution schedule for statewide petitions		
Candidate(s) name			Identification numbers		
Candidate(s)' residence			Statement of location in petition of multiple candidates		
Office and/or district			Other		

RESULT: Cover Sheet & Binding      in compliance      not in compliance

COVER SHEET/ BINDING CORRECTIVE ACTION TAKEN

Date Notice Sent:		Date Correction Due:		Date Correction Received:	
Corrected Cover Sheet:		Complies	Does not comply		
Reviewed by:			Date:		
Petition proofed by: <u>DS MD</u>					
Petition scanned by:					

REPUBLICAN PARTY DESIGNATING PETITION  
CLINTON COUNTY

Section 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<sup>th</sup> 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 OF CANDIDATE Barbara Brister Aaron Fung Hilary Rogers	PUBLIC OFFICE OR PARTY POSITION Town of Black Brook District 1 County Committee	RESIDENCE ADDRESS 254 Silver Lake Rd. Ausable Forks NY 12912 230 Golf Course Rd. Ausable Forks NY 12912 2434 State Route 9N Ausable Forks NY 12912
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	Date	Name of signer (Signature required)	Residence	Town of
1.	3 / 24 / 25	Hilary Rogers	2434 RT 9N	Black Brook
2.	3 / 24 / 25	Hilary Rogers	256 Golf Course Rd	Black Brook
3.	3 / 24 / 25	Cheryl	256 Golf Course Road	Black Brook
4.	3 / 23 / 25	Karen J. Hingorani	733 Dry Bridge Rd	Black Brook
5.	3 / 23 / 25	Cheryl	733 Dry Bridge Rd	Black Brook
6.	3 / 23 / 25	Paul W.	23 Waltons Circle	Black Brook
7.	3 / 23 / 25	Barbara Brister	254 Silver Lake Rd	Black Brook
8.	3 / 23 / 25	Maura Sherry	23 Walton Circle	Black Brook
9.	3 / 23 / 25	Beth Hoffman	26 Weston Circle	Black Brook
10.	3 / 23 / 25	Frank & Zach	1376 Silver Lake	Black Brook
11.	3 / 23 / 25	Mary Bl	825 Silver Lake Rd	Black Brook
12.	3 / 23 / 25	[Signature]	101 Golf Course Rd	Black Brook
13.	3 / 23 / 25	Tim Linn	97 Golf Course Rd	Black Brook
14.	3 / 23 / 25	Bill Oles	135 Golf Course Rd.	Black Brook
15.	3 / 23 / 25	Frank & Zach	165 Golf Course Rd	Black Brook
16.	3 / 23 / 25	Bruce Dineen	165 Golf Course Rd	Black Brook
17.	3 / 23 / 25	Cheryl	27 Meadows Lane	Black Brook
18.	3 / 24 / 25	Hilary Rogers	27 Meadows Lane	Black Brook
19.	3 / 24 / 25	Tim C. Ze	27 Meadows Lane	Black Brook
20.	1 / 1 25			

Complete ONE of the following

1) STATEMENT OF WITNESS

I, (name of witness) Hilary Rogers 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: 2434 State Rt 9N Ausable Forks NY 12912

Each of the individuals whose names are subscribed to this petition sheet containing (fill in number) 19 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 materially false statement, shall subject me to the same penalties as if I had been duly sworn.

Date: 3/25, 2025 Hilary Rogers (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 or City Black Brook County - Clinton

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 \_\_\_\_\_ signatures, who signed same in my presence and who, being 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 Administering Oath

NOTARIZED FOR DEEDS  
JANUARY 21, 2025

LS 21 d 13 Wm 502

Sheet No.: 1

DEVELOPER