PETITION REVIEW WORK SHEET

Reviewed by: DS & MD Date: 4/2/25

Date Petition Received	Candidate/Office/District	Party	Petition ID #
4/1/25	Clayton Morris - Ward 4 - City Council	R	

PRIMA FACIE REVIEW Done on 4/1/25

ITEM	COMPLIES W/STATUTE	DOES NOT COMPLY W/STATUTE (EXPLAIN)	ITEM	COMPLIES W/STATUTE	DOES NOT COMPLY W/STATUTE (EXPLAIN)
Petition is timely filed			Candidate(s)' residence		
Petition is filed at correct BOE			Office with district		
Petition contains proper number of candidates for the number of offices			Committee to receive notices (OTB petition only)		
Candidate(s) name			Other		

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	N/A		Sufficient signature statement	✓	
Emblem for independent body	N/A		Distribution schedule for statewide petitions	N/A	
Candidate(s)' name	✓		Identification numbers	N/A	
Candidate(s)' residence	✓		Statement of location in petition of multiple candidates	N/A	
Office and/or district	✓	✓	Other	N/A	

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:	DS MD
Petition scanned by:	

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2025 APR -2 A 9:33
CLINTON COUNTY
BOARD OF ELECTIONS

Cover Sheet

2025

Designating Petitions

Republican Party

Name of Candidate	Public Office	Residence Address
Clayton Morris	City of Plattsburgh Ward 4 City Councilperson	134 Beekman St. Plattsburgh NY 12901

Volume Number 1

Total Number of Volumes in Petition 2

The petition contains the number, or in excess of the number, of valid signatures required by the Election Law.

Contact Person to Correct Deficiencies:

Name: Lorraine Torgesen

Residence: City of Plattsburgh, NY

Address: 114 Maine Road Plattsburgh, NY 12903

Mailing Address: 114 Maine Rd. Plattsburgh, NY 12903

Phone: 518-813-0875 Fax:

Email: Lorrainetorgesen@gmail.com

I hereby authorize that notice of any determination made by the Board of Elections be transmitted to the person named above

Lorraine Torgesen

Candidate or Agent

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BOARD OF ELECTIONS

PETITION REVIEW WORK SHEET

Reviewed by: MD & SD Date: 4/1/25

Date Petition Received	Candidate/Office/District	Party	Petition ID #
4/1/25	Clayton Morris - W4 Council	R	

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	✓		Candidate(s)' residence	✓	
Petition is filed at correct BOE	✓		Office with district	✓	
Petition contains proper number of candidates for the number of offices	✓		Committee to receive notices (OTB petition only)	✓	
Candidate(s) name	✓		Other	✓	

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)
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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:	MD
Petition scanned by:	SD

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BOARD OF ELECTIONS

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 24th 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	PUBLIC OFFICE OR PARTY POSITION	RESIDENCE ADDRESS
Clayton Morris	City of Plattsburgh Ward 4 City Councilperson	134 Beekman St. Plattsburgh NY 12901

I do hereby appoint David J Souliere IV, 1 Wolfe Way Apt 68 Plattsburgh NY 12901, Ronald "Scott" Ewing, 50 Lynde St. Plattsburgh, NY 12901, and Scott DuBrey, 4820 South Catherine St, Plattsburgh, NY 12901 as a committee to fill vacancies in accordance with the provisions of the election law.

	Date	Name of signer (Signature required)	Residence	City of
1.	3/13/25	[signature]	61 PALMER ST	PLATTSBURGH
2.	3/13/25	[signature]	60 Palmer ST	Plattsburgh
3.	3/13/25	[signature]	60 Palmer St.	Plattsburgh
4.	3/13/25	[signature]	57 PALMER ST	Plattsburgh
5.	3/13/25	Erin Light	57 Palmer St.	Plattsburgh
6.	3/13/25	Nick Maze	97 Palmer St.	Plattsburgh
7.	3/13/25	[signature]	7 Autumn Dr.	Plattsburgh
8.	3/13/25	Amy Whitted	7 Autumn Dr.	Plattsburgh
9.	3/13/25	[signature]	62 Lafayette St.	Plattsburgh, NY
10.	3/13/25	Martha Lowry	62 Lafayette St	Plattsburgh NY
11.	/ /25			
12.	/ /25			
13.	/ /25			
14.	/ /25			
15.	/ /25			
16.	/ /25			
17.	/ /25			
18.	/ /25			
19.	/ /25			
20.	/ /25			

Complete ONE of the following

1) STATEMENT OF WITNESS

I, (name of witness) Brandon Wallburg 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: 64 Seth Square, Plattsburgh, NY, 12901

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 materially false statement, shall subject me to the same penalties as if I had been duly sworn.

Date: April 1st ,2025 [signature]
(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 Plattsburgh 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

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BOARD OF ELECTIONS

Sheet No.: 1