PETITION REVIEW WORK SHEET

Reviewed by: DS & _____ Date: 4/3/25

Date Petition Received	Candidate/Office/District	Party	Petition ID #
4/3/25	Mindy Smith - Conservative - SF Supervisor	Con	

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)	N/A	
Candidate(s) name	✓		Other	N/A	

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		

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BOARD OF ELECTIONS

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
Petition scanned by:	

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Rev: 3/19

CONSERVATIVE 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 Conservative 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
Mindy Smith	**Town Supervisor-Town of Schuyler Falls**	**22 Joyce Avenue Morrisonville, NY 12962** **PO BOX 310 Schuyler Falls NY 12985**

	Date	Name of signer (Signature required)	Residence	Town of
1.	3/18/25	[signature]	353 Flat Rock Rd. Morrisonville	Schuyler Falls
2.	4/3/25	[signature]	729 MASON ST MORRISONVILLE	Schuyler Falls
3.	4/3/25	[signature]	963 military Turnpike Plattsburgh	Schuyler Falls
4.	4/3/25	Andrea M Reed Steel	232 Staley Morrisonville NY 12962	Schuyler Falls
5.	/ /25			Schuyler falls
6.	/ /25			
7.	/ /25			
8.	/ /25			
9.	/ /25			
10.	/ /25			
11.	/ /25			
12.	/ /25			
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20.	/ /25			

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Complete ONE of the following

1) 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 Conservative 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 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: _____,2025 _____
(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 _____ 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 4 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.

April 3, 2025
(Date)

Mary A. Sorrell
Signature and Official Title of Administering Oath

MARY A. SORRELL
Notary Public, State of New York
No. 01SO6188637
Qualified in Clinton County
Commission Expires June 9, 2028

Sheet No.: 1