Independent Nominating Petition **Sec. 6-140, Election Law**

I, the undersigned, do hereby state that I am a registered voter of the political unit for which a nomination for public office is hereby being made, that my present place of residence is truly stated opposite my signature hereto, and that I do hereby nominate the following named persons as candidates for election to public office to be voted for at the election to be held on the 3rd day of November, 2026, and that I select the name __Coalition Party__ as the name of the independent body making the nomination and as the emblem of such body.

Names of Candidates	Public Office	Residence Address
Larry Sharpe	***Governor***	***2448 27th Street Apt 3A Astoria, NY 11102***
Shannon Joy Bones	***Lieutenant Governor***	***130 West Avenue Fairport NY, 14450***

I do hereby appoint as a committee to fill vacancies in accordance with the provisions of the election law

Gregory Nathaniel Gabel, 581 Stoneleigh Rd, Oneida, NY 13421
Craig Alan Miles, 349 Stone Street, Oneida, NY 13421
Jeffrey Charles Bradley, 7 Sunset Avenue, Penn Yan, NY 14527

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

Date	Name of Signer *(Signature required. Printed name may be added)*	Residence	Enter Town or City *(Except in NYC enter county)*
1. / / 2026			
Printed Name →			
2. / / 2026			
Printed Name →			
3. / / 2026			
Printed Name →			
4. / / 2026			
Printed Name →			
5. / / 2026			
Printed Name →			

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

_____ _____
Date *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 Where Witness Resides *County Where Witness Resides*

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*