

DATE and TIME received by Registrars

City or Town _

Newton

Ward or Precinct

Ward 6

OFFICE OR QUESTION TO BE RECOUNTED	Important: You may use this recount petition's and local primaries, preliminary elections and e
Ward Councilor – Ward 6	CITY CIERV

PARTY DESIGNATION (for a primary only)

CANDIDATE'S REQUEST (not required for recount of a question) I request that the following recount be conducted.

1150 candidate's signature

lections.

For an office or question at a state primary of state election where the margin of victory is not more than one half percent of the vote cast you may instead use a special district-wide recount petition which requires fewer signatures. District wide recount petition forms are available from the Office of the Massachusetts Secretary of the Commonwealth, Elections Division, One Ashburton Place, Room 1705, Boston, MA 02108, 617-727-2828.

REQUIREMENTS

Fill in all the required information prior to circulating this recount petition: the ward, precinct, city or town, district information, designation of the office or question to be recounted, the statement of reasons for the recount and their party designation if the recount is for a primary.

DEADLINES

REOUIREMENTS

Primary or Preliminary: petition must be filed on or before 5 p.m. on the sixth day following the primary or preliminary.

Election: petition must be filed on or before 5 p.m. of the tenth day following the election.

SIGNATURE REQUIREMENTS

City: If a recount is requested in a ward, the petition must be signed by 10 or more registered voters of that ward (in Boston, 50 or more registered voters of that ward). If a city wide recount is requested a petition must be filed from each ward and signed by 10 or more registered voters of each ward (in Boston, 50 or more registered voters of each ward).

Town: If a recount is requested in a precinct the petition must be signed by 10 or more registered voters of that precinct. If a townwide recount is requested in a town with more than 2500 registered voters with precincts the petition must be signed by 10 or more registered voters in each precinct. If a town -wide recount is requested in a non-precinct town the petition must be signed by ten or more registered voters of that town.

SIGNERS' STATEMENT

Ward 6 We are qualified voters of the Commonwealth and of

ward or precinct

We have reason to believe and do believe that the records of the votes cast for the office or question given above at held in this ward or precinct are erroneous, that (state reasons on line below): -Election . (preliminary, primary or election)

We allege in regards to said election held November 7, 2023 for Ward Councilor - Ward 6 that we have reason to believe and do believe that the records made by the election officers are erroneous for the following reasons:

1. Numerous ballots counted for Martha H. Bixby or as blanks should have been counted for Lisa Gordon..

2. Numerous ballots counted for Martha H. Bixby should have been counted for other candidates or as blanks. 3. There were numerous absentee ballots counted which should not have been counted in that the applications were improper and there are improper affidavits and returns.

4. There are numerous errors in the reading, recording, and tallying of votes. These errors resulted in the recording of less votes for Lisa Gordon than were actually casted, and the recording of more votes for Martha H. Bixby than were actually cast

5. Numerous ballots and absentee ballots were received and accepted from people not qualified to vote, in violation of M.G.L. Chapter 51, Section 1, as amended.

6. There were votes cast by persons not entitled to vote.

7. There were provisional ballots that were counted that should not have been counted; and provisional ballots that were not counted that should have been counted.

We request that all ballots, punchcards, data vote or optical scanner ballots be recounted BY HAND. We request review of all the voting records specified in M.G.L. Chapter 54, Section 135 et seq.

OR that challenged votes were cast by people not eligible to vote (check if applicable).

We request that data vote or optical-scanner ballots be recounted by hand. (If this box is not checked, these ballots will be recounted by computer only).

We believe that a recount will affect the nomination or election of one or more candidates for the office above, or the decision of the question voted upon.

We therefore ask that all votes cast in the ward, town or precinct at the primary, preliminary or election be recounted.

NOTARIZATION CERTIFICATE Commonwealth of Massachusetts

One of the signers from each ward of a city or precinct of a town in which a recount is requested must swear to this petition before a notary public or justice of the peace.

IOVEMBER 15 20 23

TRENCH, one of the signers of this petition, personally appeared and swore before me that the above statements are true to the best of the signer's knowledge and belief.

Notary Public or Justice of the Peace

My commission expires ___

City or Town ATTENTION VOTERS: Read signers' statement on other side before signing. Ward 6 Ward or Precinct ATTENTION REGISTRARS: See instructions to registrars below before certifying names. Ward Councilor – Ward 6 OFFICE OR QUESTION TO BE RECOUNTED INSTRUCTIONS TO SIGNERS Your signature should been written substantially as registered Before signing, read signers' statement on the reverse side. If you are prevented by physical disability from writing you may If this is a petition for a primary recount, you must have authorize some person to write your name and residence in your presbeen enrolled in that political party on or before the last day to register for the primary. Sign your name in column I and your address in For your signature to be valid, you must be a registered voter column II. in the city or town and in the ward or precinct named on this petition. II NOW REGISTERED AT I SIGNATURE to be made in person with name substantially (street, number and apartment number, if any). as registered (except in case of physical disability as stated (city or town will be the same as stated above). 1 2 6 3 (4 6 5 6 ł 7 8 G Q 10 11 12 13 6 14 15 WARNING - criminal penalty for unlawfully signing, altering, defacing, mutilating, destroying or suppressing this petition: fine of up to \$1,000 or imprisonment for up to one year. INSTRUCTIONS TO REGISTRARS •You must time-stamp or write in date and time these papers are N - no such registered voter at that address, or address is illegreceived. NFORMATION ible. • For a recount of a primary, signers must be registered voters $\boldsymbol{S}\,$ - unable to identify signature as that of voter because of form enrolled in the appropriate party by the last day to register for the of signature or signature is illegible. $\boldsymbol{E}\,$ - not enrolled in the appropriate party by the last day to register before the primary. • Check thus 🗸 against the name of each qualified voter to be certified. For names not certified use the code at the right. Draw a line through any blank spaces not containing signatures. W- wrong district, community, ward or precinct. • Each sheet must be certified by at least three registrars. A facsimile T - already signed petition for this recount. stamp is acceptable. At least three registrar's be signed or stamped below CERTIFICATION OF NAMES We certify that PIPTERN (number of names certified) (use numbers and words) signatures thus checked 🗸 are the names of voters of New bon (ward or precinct) (city or town) Registrars of Voters or El qualified to sign this petition. TT/16/23 (city or town) (Revised 4/04)