



# New York State Division of Election Law Enforcement

## SECTION 1: Complainant's Information

(PERSON MAKING COMPLAINT)

REVISED COMPLAINT OF ROBERT C. LAITY filed on 12/30/2023  
YOUR COMPLAINT WILL NOT BE MADE PUBLIC.

Your contact information is not required; however, by not providing it, we will be unable to follow up or provide you with our final determination.

Name: Robert C. Laity

Address: [REDACTED]

City: [REDACTED] Zip Code: [REDACTED]

Primary Phone: [REDACTED] Secondary Phone: [REDACTED]

Fax: [REDACTED] E-Mail: [REDACTED]

NOTE: PLEASE LIST ONLY ONE (1) PERSON PER COMPLAINT FORM.

USE A NEW FORM FOR EACH ADDITIONAL PERSON MAKING A COMPLAINT.

## SECTION 2: Person(s) or Entity Against Whom Complaint is Brought

Name(s): Peter S. Kosinski, Co-Chairman

Entity (if any): New York State Board of Elections

Address: 40 North Pearl Street, Ste. 5

City: Albany, NY Zip Code: 12207-2729

Primary Phone: 518-474-6220 Secondary Phone: [REDACTED]

E-Mail: info@elections.ny.gov

Date of Occurrence: 12/30/2023 County of Occurrence: Select County -Albany

I have attached additional documents or sheets to this complaint form: Yes  No

Have you submitted information about this complaint to your District Attorney and/or the Attorney General's office? Yes  No