



## **ASSEMBLY STANDING COMMITTEE ON ELECTION LAW**

### **NOTICE OF PUBLIC HEARING**

**SUBJECT:** Ranked Choice Voting in New York City

**PURPOSE:** To review the ranked choice voting process in the 2021 primary election in New York City.

New York City  
Monday, July 19, 2021  
10:30am  
250 Broadway  
New York, NY

### **ORAL TESTIMONY BY INVITATION ONLY**

In 2019, New York City voters approved a ballot measure that has made NYC the most populous place in the country to adopt ranked choice voting. New York City will use ranked choice voting for primary and special elections for the offices of Mayor, Public Advocate, Comptroller, Borough President and City Council. It was used for the first time in the primary for mayor and other locally established New York City offices on June 22, 2021. Ranked choice voting allows voters to “rank” up to five candidates in order of preference, instead of casting a vote for just one. Also, if preferred, a voter may still vote for just one candidate.

The intent of this hearing is to review the ranked choice voting process in the 2021 New York City primary for mayor and other locally established New York City offices through testimony from election administrators, advocates and other stakeholders.

Persons invited to present pertinent testimony to the Committee at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to 5 minutes' duration. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

In order to further publicize these hearings, please inform interested parties and organizations of the Committee's interest in hearing testimony from such sources.

In order to meet the needs of those who may have a disability, the Committee, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

**Latrice Walker**  
**Member of the Assembly**  
**Chair, Committee on Elections**

PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on ranked choice voting in New York City are requested to complete this reply form as soon as possible and mail, email or fax it to:

Christina Philo  
Analyst  
Assembly Committee on Election Law  
New York State Capitol – Room 513  
Albany, New York 12248  
Email: philoc@assembly.state.ny.us  
Phone: (518) 455-4313  
Fax: (518) 455-7250

- I plan to attend the following public hearing on ranked choice voting in New York City conducted by the Assembly Election Law Committee on July 19, 2021
- I have been invited to make a public statement at the hearing. My statement will be limited to five minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- I will address my remarks to the following subjects:

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- I do not plan to attend the above hearing.
- I would like to be added to the Committee mailing list for notices and reports.
- I would like to be removed from the Committee mailing list.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX TELEPHONE: \_\_\_\_\_