New York State
PUBLIC EMPLOYEES FEDERATION AFL-CIO
1168-70 Troy-Schenectady Road
P.O. Box 12414
Albany, NY 12212-2414

For Committee Use Only

2025 SPECIAL ELECTION NOMINATING PETITION – OCTOBER 2025

We, the undersigned, hereby nominate:

_____ | | | | | – | | | | | – | | | | | |

Print Candidate's Name | *Petition ID Number**

For the Position of:

☐ EXECUTIVE BOARD MEMBER 180 DOH

Seat # | *Agency Name*

Description of Seat: Health Main Office, PEF Regions 1-7 (12000)

Number of valid signatures needed: 17

***All nominating petitions will require the signature, printed name, and the correct Petition I.D.** The Petition ID number consists of up to the first four letters of your first name and up to the first four letters of your last name EXACTLY AS THEY APPEAR ON YOUR PAYCHECK and the first five numbers of your home zip code.

	SIGNATURE	PRINT FIRST AND LAST NAME	FIRST FOUR FIRST NAME				–	FIRST FOUR LAST NAME				–	HOME ZIP CODE				
EXAMPLE	*Joseph Smith*	JOSEPH SMITH	J	O	S	E	–	S	M	I	T	–	9	9	9	5	2
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Circulator's Information: *I certify that, 1) I am a regular member of PEF; 2) I personally circulated this petition; and 3) to the best of my knowledge, all of the above are PEF members eligible to sign petitions for the above office.* ***Please print name, Petition ID number, date and sign clearly. Failure to fill in all fields will deem petition invalid. Handwritten signature only, digital signature not accepted.***

Print Name: _____ ***Signature:*** _____

Petition ID Number: | | | | | – | | | | | – | | | | | |

Date: _____

FORM MUST BE RECEIVED BY THE PEF ELECTIONS COMMITTEE VIA MAIL OR EMAIL TO SPECIALELECTIONS@PEF.ORG NO LATER THAN 5:00 PM ON OCTOBER 28, 2025.
PLEASE NOTE THAT PETITIONS CANNOT BE DROPPED OFF TO ANY PEF REGIONAL OFFICE OR PEF HEADQUARTERS