

	COMMITTEE USE ONLY						
ì	Check #		PayPal date				
Ì	Money order		Mailed date				

P.O. Box 12414 Albany, New York 12212-2414

## **Mailing Label Request Form for Certified Candidate**

This form must be received to allow 5 days for label processing, and 3 additional days should be allowed for firstclass mailing. PLEASE NOTE: To receive mailing labels you must be a certified candidate. Labels are not to be used for non-election purposes.

	useu	ioi non-election purpo	363.				
Label Request For:	Candidate Nam	Or	Slate	Name			
Constituency (check one):	Statewide	☐ PEF Region #	Execu	tive Board Se	at #		
		LABEL ORDER					
(Please check one):  Stat		on order	•	n order 🗌 Zip	code order		
		LABEL COST					
-		y are generated. Paym Elections@pef.org to l		_	ck,		
All Executive Board seats and Region 2 Coordinator position  Regional Coordinator positions for regions 3, 5, 6 and 7  Regional Coordinator positions for regions 1, 4, 9, 10, 11 and 12  Regional Coordinator position for region 8  All Statewide offices							
	LABE	L TYPE REQUES	STED ====				
Please check one:	Peel and stick		nic Format <i>(For M</i>	lailing House	Use Only)		
(One Request per form)	Mailing Ho	ouse Name:					
Mailing house r		lame: entiality agreement b					
	L	ABEL DELIVERY					
☐ Will pick up at PEF	`	contactless pickup) xpress Mail (add \$15		ne First Class	Mail		
The address indicated below	v is where the lak	pels will be mailed.					
	Name (please	e print)		_			
Street			City	State	Zip		
Cell phone	)		Home phone		Date		