



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 – APRIL 2025

We, the undersigned, hereby nominate:

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Print Candidate's Name	Petition ID Number*																				

For the Position of:

☐ EXECUTIVE BOARD MEMBER 445 Office of Temp. Disability Assistance

Seat #

Agency Name

Description of Seat: OTDA members in Regions 1 through 6

Number of valid signatures needed: 20

***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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12.								—					—					

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:

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 Date: _____