

## 2021 SPECIAL ELECTION NOMINATING PETITION – OCTOBER 2021

We the undersigned, hereby nominate:

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\_\_\_\_\_  
 Print Candidate's Name

\_\_\_\_\_  
 Petition ID Number\*

For the position of:

EXECUTIVE BOARD MEMBER 185  
 Seat#

Department of Health  
 Agency Name

**Description of Seat:** Health Main Office - PEF Region 8, Corning Tower (ESP Floors 8-28), Menands-Riverview Center, 431 Broadway, 800 N. Pearl St. Glens Falls (D205A)

Number of valid signatures needed: 78

**\*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	PETITION ID NUMBER											
1.														
2.														
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12.														

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 \_\_\_\_\_