ELECTION PROCEDURES MANUAL

for

CSEA LOCAL AND UNIT ELECTION COMMITTEES

Part 2: Forms

A Companion to the Procedures

CSEA

LOCAL 1000, AFSCME, AFL-CIO
Danny Donohue, President

Prepared by:
CSEA Statewide Election Committee

ALL PAGES IN THIS MANUAL ARE
PERFORATED FOR YOUR USE

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(to be used in all types of elections)

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ALL PAGES IN THIS MANUAL ARE PERFORATED FOR YOUR USE

SAMPLE SCHEDULES

We have provided 3 schedules each for Mail Ballot Elections and Ballot Box Elections/Voting Machine Elections.

You should choose the appropriate schedule that best fits with the date on which you plan to start your election process (See Election Manual Part 1: Procedures, for further instruction).

S-1

Schedule to Hold Mail Ballot Election *(Schedule 1)*
(You may choose a schedule that fits your timeframe on pp. 1-6 here, or
create your own schedule using the guidelines on pp. 7-9 in the Part 1 Procedures Manual)

DATE	EVENT
Mar 1	Election Committee posts notice/nominations of officers and schedule of election, advising of positions to be elected, nomination period and date for return of ballots. *(Must be at least 15 days before the start of the nomination period.)*
Mar 17 – Apr 3	Nomination Period *(Petitions/Applications) (Two week minimum/Four week maximum.)*
Apr 1	Voter Eligibility Date
Apr 3	Deadline for receipt of Petitions (or Applications where applicable)
Apr 4	Deadline for Letters to Successful Candidates/Ineligible Nominees *(The day after the close of the nomination period.)*
Apr 10	Deadline for review of non-qualifying signatures *(Petitions only)* *(Five to seven days after petitioning ends.)*
Apr 11	Deadline for Name Confirmation and Appearance on ballot; Declination Deadline
Apr 12	Drawing for placement on ballot *(The day after confirmation/declination deadline.) (One day.)*
Apr 12	Posting of Candidate Names and order of ballot position *(Immediately after drawing.)*
May 16	Ballots mailed *(Earliest date based on Local/Unit Constitutions.)*
May 23	Requests for replacement ballots *(One week after ballots are mailed.)*
Jun 6	Ballots Due and Tallied *(Must be out for a minimum of 21 days.)*
Jun 8	Results Certified, Announced and Posted *(Within 48 hours of the end of the balloting period.)*
Jun 16	Results filed with Statewide Secretary *(Within 10 days after results are announced.)*
Jun 18	End of Protest Period *(Ten days after results are announced.)*

S-2

Schedule to Hold Mail Ballot Election *(Schedule 2)*
(You may choose a schedule that fits your timeframe on pp. 1-6 here, or
create your own schedule using the guidelines on pp. 7-9 in the Part 1 Procedures Manual)

DATE	EVENT
Mar 15	Election Committee posts notice/nominations of officers and schedule of election, advising of positions to be elected, nomination period and date for return of ballots. *(Must be at least 15 days before the start of the nomination period.)*
Mar 31 – Apr 17	Nomination Period *(Petitions/Applications) (Two week minimum/Four week maximum.)*
Apr 1	Voter Eligibility Date
Apr 17	Deadline for receipt of Petitions (or Applications where applicable)
Apr 18	Deadline for Letters to Successful Candidates/Ineligible Nominees *(The day after the close of the nomination period.)*
Apr 25	Deadline for review of non-qualifying signatures *(Petitions only) (Five to seven days after petitioning ends.)*
Apr 25	Deadline for Name Confirmation and Appearance on ballot; Declination Deadline
Apr 26	Drawing for placement on ballot *(The day after confirmation/declination deadline.) (One day.)*
Apr 26	Posting of Candidate Names and order of ballot position *(Immediately after drawing.)*
May 16	Ballots mailed *(Earliest date based on Local/Unit Constitutions.)*
May 23	Requests for replacement ballots *(One week after ballots are mailed.)*
Jun 6	Ballots Due and Tallied *(Must be out for a minimum of 21 days.)*
Jun 8	Results Certified, Announced and Posted *(Within 48 hours of the end of the balloting period.)*
Jun 16	Results filed with Statewide Secretary *(Within 10 days after results are announced.)*
Jun 18	End of Protest Period *(Ten days after results are announced.)*

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Schedule to Hold Mail Ballot Election *(Schedule 3)*
(You may choose a schedule that fits your timeframe on pp. 1-6 here, or
create your own schedule using the guidelines on pp. 7-9 in the Part 1 Procedures Manual)

DATE	EVENT
Mar 27	Election Committee posts notice/nominations of officers and schedule of election, advising of positions to be elected, nomination period and date for return of ballots. *(Must be at least 15 days before the start of the nomination period.)*
Apr 1	Voter Eligibility Date
Apr 12-Apr 26	Nomination Period *(Petitions/Applications) (Two week minimum/Four week maximum.)*
Apr 26	Deadline for receipt of Petitions (or Applications where applicable)
Apr 27	Deadline for Letters to Successful Candidates/Ineligible Nominees *(The day after the close of the nomination period.)*
May 4	Deadline for review of non-qualifying signatures *(petitions only) (Five to seven days after petitioning ends.)*
May 4	Deadline for Name Confirmation and Appearance on ballot; Declination Deadline
May 5	Drawing for placement on ballot *(The day after confirmation/declination deadline.) (One day.)*
May 5	Posting of Candidate Names and order of ballot position *(Immediately after drawing.)*
May 24	Ballots mailed *(Earliest date based on Local/Unit Constitutions.)*
May 31	Requests for replacement ballots *(One week after ballots are mailed.)*
Jun 14	Ballots Due and Tallied *(Must be out for a minimum of 21 days.)*
Jun 16	Results Certified, Announced and Posted *(Within 48 hours of the end of the balloting period.)*
Jun 26	Results filed with Statewide Secretary *(Within 10 days after results are announced.)*
Jun 26	End of Protest Period *(Ten days after results are announced.)*

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Schedule to Hold On-Site Election (Ballot Box/Voting Machine) *(Schedule 1)*
*(You may choose a schedule that fits your timeframe on pp. 1-6 here, or
create your own schedule using the guidelines on pp. 7-9 in the Part 1 Procedures Manual)*

DATE	EVENT
Mar 1	Election Committee posts notice/nominations of officers and schedule of election, advising of positions to be elected, nomination period and date for return of ballots. *(Must be at least 15 days before the start of the nomination period.)*
Mar 17 – Apr 3	Nomination Period *(Petitions/Applications) (Two week minimum/Four week maximum.)*
Apr 1	Voter Eligibility Date
Apr 3	Deadline for receipt of Petitions (or Applications where applicable)
Apr 4	Deadline for Letters to Successful Candidates/Ineligible Nominees *(The day after the close of the nomination period.)*
Apr 11	Deadline for review of non-qualifying signatures *(Petitions only) (Five to seven days after petitioning ends.)*
Apr 11	Deadline for Name Confirmation and Appearance on ballot; Declination Deadline
Apr 12	Drawing for placement on ballot *(The day after confirmation/declination deadline.) (One day.)*
Apr 12	Posting of Candidate Names and order of ballot position *(Immediately after drawing.)*
April 26	Post Notice of Election to members *(Private Sector—mail at least 15 days before tally).*
May 9	Absentee Ballots Available *(At least 5 days before onsite election).*
May 15	Onsite Election Held and Ballots Tallied *(Earliest date based on Local/Unit Constitutions)*; Absentee Ballots due.
May 17	Results Certified, Announced and Posted *(Within 48 hours of the end of the balloting period.)*
May 26	Results filed with Statewide Secretary *(Within 10 days after results are announced.)*
May 27	End of Protest Period *(Ten days after results are announced.)*

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Schedule to Hold On-Site Election (Ballot Box/Voting Machine) *(Schedule 2)*

*(You may choose a schedule that fits your timeframe on pp. 1-6 here, or
create your own schedule using the guidelines on pp. 7-9 in the Part 1 Procedures Manual)*

DATE	EVENT
Mar 15	Election Committee posts notice/nominations of officers and schedule of election, advising of positions to be elected, nomination period and date for return of ballots. *(Must be at least 15 days before the start of the nomination period.)*
Mar 31-Apr 17	Nomination Period *(Petitions/Applications) (Two week minimum/Four week maximum.)*
Apr 1	Voter Eligibility Date
Apr 17	Deadline for receipt of Petitions (or Applications where applicable)
Apr 18	Deadline for Letters to Successful Candidates/Ineligible Nominees *(The day after the close of the nomination period.)*
Apr 25	Deadline for review of non-qualifying signatures *(Petitions only) (Five to seven days after petitioning ends.)*
Apr 25	Deadline for Name Confirmation and Appearance on ballot; Declination Deadline
Apr 26	Drawing for placement on ballot *(The day after confirmation/declination deadline.) (One day.)*
Apr 27	Posting of Candidate Names and order of ballot position *(Immediately after drawing.)*
May 5	Post Notice of Election to members *(Private Sector—mail at least 15 days before tally).*
May 19	Absentee Ballots Available *(At least 5 days before onsite election).*
May 24	Onsite Election Held and Ballots Tallied *(Earliest date based on Local/Unit Constitutions)*; Absentee Ballots due.
May 26	Results Certified, Announced and Posted *(Within 48 hours of the end of the balloting period.)*
Jun 5	Results filed with Statewide Secretary *(Within 10 days after results are announced.)*
Jun 5	End of Protest Period *(Ten days after results are announced.)*

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Schedule to Hold On-Site Election (Ballot Box/Voting Machine) *(Schedule 3)*
(You may choose a schedule that fits your timeframe on pp. 1-6 here, or
create your own schedule using the guidelines on pp. 7-9 in the Part 1 Procedures Manual)

DATE	EVENT
Apr 1	Voter Eligibility Date
Apr 14	Election Committee posts notice/nominations of officers and schedule of election, advising of positions to be elected, nomination period and date for return of ballots. *(Must be at least 15 days before the start of the nomination period.)*
May 1-May 15	Nomination Period *(Petitions/Applications)* *(Two week minimum/Four week maximum.)*
May 15	Deadline for receipt of Petitions (or Applications where applicable)
May 16	Deadline for Letters to Successful Candidates/Ineligible Nominees *(The day after the close of the nomination period.)*
May 23	Deadline for review of non-qualifying signatures *(Petitions only)* *(Five to seven days after petitioning ends.)*
May 23	Deadline for Name Confirmation and Appearance on ballot; Declination Deadline
May 24	Drawing for placement on ballot *(The day after confirmation/declination deadline.)* *(One day.)*
May 30	Posting of Candidate Names and order of ballot position *(Immediately after drawing)*; Post Notice of Election to members *(Private Sector—mail at least 15 days before tally)*.
Jun 8	Absentee Ballots Available *(At least 5 days before onsite election)*.
Jun 14	Onsite Election Held and Ballots Tallied *(Earliest date based on Local/Unit Constitutions)*; Absentee Ballots due.
Jun 16	Results Certified, Announced and Posted *(Within 48 hours of the end of the balloting period.)*
Jun 26	Results filed with Statewide Secretary *(Within 10 days after results are announced.)*
Jun 26	End of Protest Period *(Ten days after results are announced.)*

NOMINATION FORMS

N-1

CSEA NOMINATION NOTICE
(Locals and Units with 151 or More Members)

_____ (Local) or (Unit)

Positions to be elected are listed below:

_____

_____

_____

_____

NOMINATING PETITION REQUEST FORMS ARE AVAILABLE FROM:

    Name:
    Location:
    Telephone Number:

    When (dates & time):

Nominating Petition Request Forms may be filled out and returned ahead of time to the Election Committee, but Nominating Petitions will not be released until _____, the first day of the petitioning period.

ORIGINAL NOMINATING PETITIONS must be received no later than _____ on
_____ BY: _(time)_
       (date)

    Name:
    Location:
    Telephone Number:

UPON REQUEST, COPIES OF THE "CSEA CANDIDATES' HANDBOOK" ARE AVAILABLE.

See Eligibility Requirements on Reverse

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CSEA ELIGIBILITY REQUIREMENTS

Persons running for office may petition and appear on a ballot individually or as a slate. To constitute a slate for Local or Unit office, the slate must contain a candidate for each of the (Local)(Unit) offices. See Standing Rules and Regulations for slate procedures.

To be eligible to seek office, a candidate must meet the following requirements:

- be at least 18 years of age;
- be a member in good standing of the (Local) (Unit) since June 1 of last year;
- shall not be a member of a competing labor association or union since June 1 of last year;
- shall not currently be serving a disciplinary penalty imposed by the Judicial Board of CSEA; and
- must not have been the subject of a bonding claim by the Association or disqualified from being covered by the Association's surety bond.

In addition to meeting the above eligibility requirements, for Locals and Units with 151 members or more, Individual and Slate Nominating Petitions, carrying the original signatures with their 10-digit CSEA ID numbers of not less than _____ members in good standing eligible to vote in the
                                                                (# needed)
election, must be submitted to the (Local) (Unit) Election Committee in a timely fashion.

The submission of completed petition forms is the responsibility of the person seeking to become a qualified candidate.

Any member believing himself/herself aggrieved by any aspect of the nomination or election process may file a written protest postmarked within ten (10) calendar days after the member knew or should have known of the act or omission regarding which they are complaining. The written protest must be sent to the appropriate supervising Election Committee as set forth below, by certified mail, return receipt requested. The Supervising Election Committee will send all other candidates affected by the protest a copy of the protest and give adequate time for responses.

Protests to be filed with:

ELECTION	SUPERVISING ELECTION COMMITTEE
Local:	Statewide Election Committee and simultaneously with the Local Election Committee. Contact the Statewide Election Committee for more information at 1-800-342-4146, ext. 1447.
Unit:	Local Election Committee and simultaneously with the Unit Election Committee. Contact your Local Election Committee for more information.

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THE CIVIL SERVICE EMPLOYEES ASSOCIATION, INC.
LOCAL 1000, AFSCME, AFL-CIO

INDIVIDUAL PETITION REQUEST AND CANDIDATE ELIGIBILITY

THE FRONT AND BACK OF THIS FORM MUST BE PROPERLY COMPLETED PRIOR TO RECEIVING NOMINATING PETITIONS.

I HEREBY REQUEST NOMINATING PETITIONS FOR_____ WHO
WISHES TO QUALIFY FOR: (Candidate Name)
(check one) ☐Local *-or-* ☐Unit _____
                                   (Name office sought)

CANDIDATE INFORMATION:

10-digit CSEA ID Number:_____

Region#:_____ Local Name/#:_____ Unit Name/#:_____

Residence Address:_____

Work Site:_____

Phone Nos.: (work:_____)(home:_____)(cell:_____)

REQUESTING MEMBER'S INFORMATION *(if not the candidate)*:

Name _____

10-digit CSEA ID Number:_____

Region#:_____   Local#:_____   Unit#:_____

Phone Nos.: (work:_____) (home:_____)

     (cell:_____)

_____
Signature

_____
Date

Number of Petitions Requested:_____

Check one of the following:

☐ Petitions will be picked up by [Name]: _____
  - OR -
☐ Petitions are to be mailed to [Name & Address]:_____

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INDIVIDUAL CANDIDATE ELIGIBILITY AND CONSENT

THE FRONT AND BACK OF THIS FORM MUST BE PROPERLY COMPLETED PRIOR TO RECEIVING NOMINATING PETITIONS.

"Member in Good Standing" means that you have fully paid your dues continuously without interruption since June 1 of last year. If you have been on leave from payroll and accepted a gratuitous (dues free) membership status at any time since June 1 of last year, with the exception of military service, you are NOT a member in good standing for election purposes in this year's upcoming elections.

If you have any questions regarding your status, you may seek clarification by calling the Membership Department at 1-800-342-4146, ext. 1334.

> **I CERTIFY THAT I have been a member in good standing of the applicable CSEA Local/Unit for which I am seeking office, since June 1 of last year; I have not been a member of a competing labor association or union since June 1 of last year; I am not currently serving a disciplinary penalty imposed by the CSEA Judicial Board; and I am not currently the subject of a bonding claim by the Association or disqualified from being covered by the Association's surety bond.**

_____

Signature

_____

Date

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SLATE PETITION REQUEST AND CANDIDATES' ELIGIBILITY

***THE FRONT AND BACK OF THIS FORM MUST BE PROPERLY COMPLETED PRIOR TO
RECEIVING NOMINATING PETITIONS. (Attach additional sheets if necessary.)***

> ➤ THE SLATE WISHES TO QUALIFY FOR *(check one)* ☐Local Office *-or-* ☐Unit Office.
>
> ➤ SLATE PETITIONS ARE REQUESTED FOR THE _____ SLATE*
>   ***The slate name shall not contain the unit, local or region number as any part of the slate
>   name. No member may appear twice on the slate, i.e., as an officer and as a delegate
>   candidate.**

> ➤ *CANDIDATE INFORMATION:*

Name_____ 10-digit CSEA ID #_____ Office seeking_____ Region#____ Local#____ Unit#_____ Residence _____ _____ Work Site_____ Phone#_____	**Name** _____ 10-digit CSEA ID # _____ Office seeking _____ Region#_____ Local#_____ Unit# _____ Residence _____ _____ Work Site _____ Phone#_____
Name_____ 10-digit CSEA ID #_____ Office seeking_____ Region#____ Local#____ Unit#_____ Residence _____ _____ Work Site_____ Phone#_____	**Name** _____ 10-digit CSEA ID # _____ Office seeking _____ Region#_____ Local#_____ Unit# _____ Residence _____ _____ Work Site _____ Phone#_____

> ➤ *REQUESTING MEMBER'S INFORMATION (if not the candidate)*:
>
> Name _____   _____
>   Signature
> 10-digit CSEA ID # _____   _____
> Region#:_____ Local#:_____ Unit#: ____   Date
> Phone Numbers: (work_____)
> (home_____) (cell_____)

> ➤ Number of Petitions Requested: _____
>   *Check one of the following:*
>   ☐ Petitions will be picked up by [Name]:_____
>   *- OR -*
>   ☐ Petitions are to be mailed to [Name & Address]:_____

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THE CIVIL SERVICE EMPLOYEES ASSOCIATION, INC.
LOCAL 1000, AFSCME, AFL-CIO

SLATE CANDIDATES ELIGIBILITY AND CONSENT

THE <u>FRONT</u> AND <u>BACK</u> OF THIS FORM MUST BE PROPERLY COMPLETED PRIOR TO RECEIVING SLATE NOMINATING PETITIONS. USE AS MANY FORMS AS NECESSARY TO REFLECT THE NUMBER OF CANDIDATES ON THE SLATE.

"Member in Good Standing" means that you have fully paid your dues continuously without interruption since June 1 of last year. If you have been on leave from payroll and accepted a gratuitous (dues free) membership status at any time since June 1 of last year, with the exception of military service, you are NOT a member in good standing for election purposes in this year's upcoming elections.

If you have any questions regarding your status, you may seek clarification by calling the Membership Department at 1-800-342-4146, ext. 1334.

> **WE CERTIFY THAT we have been members in good standing of the applicable CSEA Local/Unit for which we are seeking office, since June 1 of last year; we have not been members of a competing labor association or union since June 1 of last year; we are not currently serving a disciplinary penalty imposed by the CSEA Judicial Board; and we are not currently the subject of a bonding claim by the Association or disqualified from being covered by the Association's surety bond.**

➢ We, the undersigned, hereby consent to the placement of our names on the ballot as a slate to

be known as the _____ slate.
                              (Slate Name*)
   * *The slate name shall not contain the unit, local or region number as any part of the slate name.*

➢ No person may appear twice on the slate, i.e. as an officer and as a delegate candidate.

Name _____   Name _____

Signature_____   Signature_____

Name _____   Name _____

Signature_____   Signature_____

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attach additional sheets if necessary

CSEA, Inc., Local 1000 AFSCME, AFL-CIO

INDIVIDUAL NOMINATING PETITION FOR CSEA OFFICE

For LOCALS with 151 members or more

* THIS TOP PORTION TO BE FILLED OUT BY THE ELECTION CHAIRPERSON/COMMITTEE *
REQUIRED NUMBER OF SIGNATURES: _____

- **LOCAL/DELEGATE: not less than 5% of eligible voters, not less than 10 nor more than 500.**

| CANDIDATE'S NAME | 10-DIGIT CSEA ID NO. |

OFFICE   DELEGATE

LOCAL OFFICE sought: _____

This ORIGINAL petition must be received by the Local Election Committee at _____
_____ *(address)*, no later than close of business _____ *(date)*.

ONLY ORIGINAL PETITION WILL BE ACCEPTED

Candidates please make a copy for your records.

10-DIGIT CSEA ID NUMBER	NAME (print)	SIGNATURE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		

EACH MEMBER MUST WRITE IN THEIR OWN CSEA ID NUMBER

To look up your CSEA ID number on your smart phone now, go to https://cseany.org. Click on *Look Up Your CSEA ID* icon at the top right of the page. Type in the required information and click Enter. Or call 1-800-342-4146, ext. 1453 now. Write down your number.

* ANY SIGNATURES ON THE BACK OF THIS PETITION WILL NOT BE ACCEPTED *

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CSEA, Inc., Local 1000 AFSCME, AFL-CIO

INDIVIDUAL NOMINATING PETITION FOR CSEA OFFICE

For UNITS with 151 members or more

* THIS TOP PORTION TO BE FILLED OUT BY THE ELECTION CHAIRPERSON/COMMITTEE *

REQUIRED NUMBER OF SIGNATURES: _____

- **UNIT: not less than 5% of eligible voters, not less than 10 nor more than 500.**

_____   _____
CANDIDATE'S NAME   10-DIGIT CSEA ID NO.

UNIT OFFICE sought: _____

This ORIGINAL petition must be received by the Unit Election Committee at _____
_____ *(address)*, no later than close of business _____ *(date).*

ONLY ORIGINAL PETITION WILL BE ACCEPTED

Candidates please make a copy for your records.

10-DIGIT CSEA ID NUMBER	NAME (print)	SIGNATURE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		

EACH MEMBER MUST WRITE IN THEIR OWN CSEA ID NUMBER

To look up your CSEA ID number on your smart phone now, go to **https://cseany.org**. Click on *Look Up Your CSEA ID* icon at the top right of the page. Type in the required information and click Enter. Or call 1-800-342-4146, ext. 1453 now. Write down your number.

* ANY SIGNATURES ON THE BACK OF THIS PETITION WILL NOT BE ACCEPTED *

N-7

CSEA, Inc., Local 1000 AFSCME, AFL-CIO

SLATE NOMINATING PETITION FOR CSEA OFFICE

For LOCALS and UNITS with 151 members or more

* THIS TOP PORTION TO BE FILLED OUT BY THE ELECTION CHAIRPERSON/COMMITTEE *

REQUIRED NUMBER OF SIGNATURES: _____

(not less than 5% of eligible voters, not less than 10 nor more than 500)

_____ **SLATE**
(name)

FILL IN THE INFORMATION REQUESTED FOR EACH CANDIDATE, USE AS MANY FORMS AS NECESSARY.

NAME	10-DIGIT CSEA ID NO.	OFFICE SOUGHT
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

If candidates for Local office or Delegate, this ORIGINAL petition must be received by the Local Election Committee at _____
_____ (address), no later than close of business _____ *(date)*.
If candidates for Unit office, *this ORIGINAL petition must be received by the Unit Election Committee at _____*
_____ *(address), no later than close of business _____(date)*.

ONLY ORIGINAL PETITION WILL BE ACCEPTED

Candidates please make a copy for your records.

10-DIGIT CSEA ID NUMBER	NAME (print)	SIGNATURE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

EACH MEMBER MUST WRITE IN THEIR OWN CSEA ID NUMBER
To look up your CSEA ID number on your smart phone now, go to https://cseany.org. Click on *Look Up Your CSEA ID* icon at the top right of the page. Type in the required information and click Enter. Or call 1-800-342-4146, ext. 1453 now. Write down your number.

* ANY SIGNATURES ON THE BACK OF THIS PETITION WILL NOT BE ACCEPTED *

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THE CIVIL SERVICE EMPLOYEES ASSOCIATION, INC.
LOCAL 1000, AFSCME, AFL-CIO

NOMINATING PETITION LOG

Date	Requested By	Requested For (if not self)	Name of Office or Slate	Date & # of Petitions Given
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

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THE CIVIL SERVICE EMPLOYEES ASSOCIATION, INC.
LOCAL 1000, AFSCME, AFL-CIO

SLATE WITHDRAWAL

THE PERSON LISTED BELOW SHOULD BE REMOVED AS CANDIDATE FOR

_____ON THE _____ SLATE.
     (Office or Position)   (Name)

_____
(Print Name)

_____
(10-digit CSEA ID #)

_____
(Region#/Local#/Unit#)

THE REASON FOR THE CANDIDATE'S REMOVAL FROM THE SLATE IS:

____ **INVOLUNTARY**
____ Candidate's death
____ Candidate's extended illness/disability
____ Candidate's promotion/transfer out of the Unit/Local
____ Candidate's resignation from applicable employment
____ Candidate's extended leave of absence from employment

____ Other circumstance beyond candidate's direct control
Specify: _____

_____

_____

____ **VOLUNTARY:**
Specify: _____

_____

_____   _____
Signature of candidate or candidate representative   Relationship to candidate

_____
Date

N-10

INELIGIBILITY OF PETITIONER OR APPLICANT

PURPOSE: To inform the petitioner or applicant that he/she did not meet the candidate requirements for any of the reasons listed below.

Date

Name
Address
City, State Zip

Dear_____:

I am sorry to inform you that your nominating petitions (or application for office) cannot be considered by the Election Committee because of the following (*check applicable below*):

_____ You have not been a member in good standing of the (Local) (Unit) since June 1st of last year.

_____ You are currently serving a Judicial Board Penalty and are ineligible to run for office.

_____ You are currently a member of a competing labor union organization since June 1st of last year.

_____ You are currently the subject of a bonding claim by the Association or disqualified from being covered by the Association's surety bond.

_____ Your petitions (or application) were received after the deadline date.

_____ You did not submit enough petition signatures for consideration.

_____ Other: _____

Very truly yours,

_____, Chairperson
Election Committee

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UNSUCCESSFUL PETITIONER (REVIEW INVALID SIGNATURES)

PURPOSE: To inform the petitioner that he/she did not have enough valid signatures to qualify to appear on the ballot.

Date

Name
Address
City, State Zip

Dear_____:

I am sorry to inform you that you have not qualified for a place on the ballot in the Local/Unit election because the nominating petitions submitted by you did not contain the required number of valid signatures of members. You may submit additional signatures on official petitions if the petitioning period has not closed.

You have the right to review these signatures either in person or by a proxy who is a member in good standing, by making an appointment.

Please contact me at:

_____
(Address)

_____

_____
(Telephone)

The deadline for reviewing invalid signatures is _____ o'clock on _____.
                                                                              (Date)

Very truly yours,

_____, Chairperson
Election Committee

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SUCCESSFUL PETITIONER/APPLICANT

PURPOSE: To inform the petitioner or applicant that he/she has qualified for a place on the ballot.

<div align="center">Date</div>

Name
Address
City, State Zip

Dear _____ :

Congratulations, you have qualified for a place on the ballot for the position of _____
in the (Local) (Unit) election.

If you wish to decline, you must notify _____ in writing no later
<div align="center">(Name of Chairperson)</div>
than _____ at the address listed below.
<div align="center">(Date)</div>

Your name will appear on the ballot as it appears above on this letter. If you wish to make any
corrections, you must notify _____ in writing no later than
<div align="center">(Name of Chairperson)</div>
_____ at the following address:
<div align="center">(Date)</div>

_____
(Address)

_____

The Election Committee will hold a meeting on _____ , at
<div align="center">(Date and Time)</div>
_____ for the purpose
<div align="center">(Location)</div>
of conducting a drawing to determine your position on the ballot. You may attend this meeting at
your own expense to draw for your position on the ballot, or you may send a proxy, who is a
member in good standing, with a written authorization to draw in your place, again at your own
expense.

<div align="center">Very truly yours,</div>

_____ , Chairperson
Election Committee

N-13

UNOPPOSED SUCCESSFUL PETITIONER/APPLICANT

PURPOSE: To inform the petitioner or applicant that he/she is the only candidate who has qualified for the office.

Date

Name
Address
City, State Zip

Dear _____ :

Congratulations, this is to advise that you are the only candidate who has qualified for the office of _____ and are deemed elected to the office of _____ .

[Check one:]

_____ Your name will appear on the election ballot with the notation "unopposed/elected."

_____ In accordance with election procedures, balloting is not required, when all candidates are elected/unopposed.

Very truly yours,

_____ , Chairperson
Election Committee

N-14

SIGN-IN SHEET FOR OBSERVERS
DRAWING FOR POSITION ON BALLOT

_____(LOCAL) (UNIT)

Date_____ Time_____

Location_____

* * PLEASE PRINT CLEARLY. * *

Name	10-digit CSEA ID #	Candidate, or Proxy for Candidate
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		
36.		
37.		

N-15

DRAWING FOR POSITION ON BALLOT *(with slates and independents)*

_____ **(Local) (Unit)**

Date_____

The following shows the order in which to draw (by presidential candidate in order by last name):

____ **LIBERTY SLATE:**
    Betty Brown (President)   ← <u>B</u>rown draws first
    Peter Peck (1st VP)
    George Green (2nd VP)
    Sue Bee (3rd VP)
    Martin Jones (4th VP)
    Jackie Jetson (Secretary)
    Ann Card (Treasurer)
    Forest Tree (Delegate)
    Ruth Booth (Delegate)

PRESIDENT:
____ Pearl Button   ← <u>B</u>utton draws next

____ **JUSTICE SLATE:**
    Robert Hall (President)   ← <u>H</u>all draws last
    David Long (1st VP)
    Beverly Johnson (2nd VP)
    Kathy Gray (3rd VP)
    Tony Bond (4th VP)
    Eden Park (Secretary)
    Kay Clay (Treasurer)
    Ronald Short (Delegate)
    Juan Rivers (Delegate)

TREASURER:
____ Donald Duke

SAMPLE

ELECTION COMMITTEE

_____

_____

_____

[Note: See page 35 for the sample ballot for this drawing's outcome.]

N-16

DRAWING FOR POSITION ON BALLOT *(without slates)*

_____ **(Local) (Unit)**

Date_____

The following shows the order in which to draw (by position, then alphabetically by last name):

PRESIDENT:
_____ Betty Brown   ← Brown draws first
_____ Robert Hall   ← Hall draws next

EXECUTIVE VICE PRESIDENT:
_____ Ed Daley   ← Daley draws after Hall & so forth *(alpha order)*
_____ Tom Farmer
_____ Bruce Fox
_____ Douglas Knight

FIRST VICE PRESIDENT:
_____ David Long
_____ Peter Peck

SECOND VICE PRESIDENT:
Bill Beck (unopposed/elected)

SAMPLE

THIRD VICE PRESIDENT:
_____ Sue Bee
_____ Kathy Gray

SECRETARY:
Peg Notes (unopposed/elected)

TREASURER:
Roger Money (unopposed/elected)

ELECTION COMMITTEE

_____

_____

_____

_____

[Note: See page 33 for the sample ballot for this drawing's outcome.]

N-17

1. **SEND RESULTS TO CANDIDATES (BY MAIL)**
2. **DISSEMINATE RESULTS TO MEMBERSHIP (POSTED ON BULLETIN BOARDS, ETC.)**

<div align="center">

NOTICE TO CSEA MEMBERS
POSITION ON BALLOT

_____ (LOCAL) (UNIT)

</div>

Listed below are the results of the drawing for positions that was conducted by the Election Committee on _____ that indicate the names of the candidates and the order they will appear on the ballot.

Position	Candidate Names/Slate Names
3	**LIBERTY SLATE:**
	Betty Brown (President)
	Peter Peck (1st VP)
	George Green (2nd VP)
	Sue Bee (3rd VP)
	Martin Jones (4th VP)
	Jackie Jetson (Secretary)
	Ann Card (Treasurer)
	Forest Tree (Delegate)
	Ruth Booth (Delegate)
	PRESIDENT:
2	Pearl Button
1	**JUSTICE SLATE:**
	Robert Hall (President)
	David Long (1st VP)
	Beverly Johnson (2nd VP)
	Kathy Gray (3rd VP)
	Tony Bond (4th VP)
	Eden Park (Secretary)
	Kay Clay (Treasurer)
	Ronald Short (Delegate)
	Juan Rivers (Delegate)
	TREASURER:
2	Donald Duke

SAMPLE

_____, Chairperson
Election Committee

_____
(Date)

25

ELECTION COMMITTEE FORMS

TO BE USED IN ALL TYPES OF ELECTIONS

C-1

CSEA, INC., LOCAL 1000 AFSCME, AFL-CIO
143 Washington Avenue, Albany, New York 12210

CSEA
SPECIAL REQUEST FORM
Local/Unit Elections

PLEASE NOTE: All Orders Must Be Paid For **In Advance**

For questions, please call 1-800-342-4146 ext. 1261

► **REQUESTED BY** (please print):

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SHIP TO Name and Address *(if other than requested by):*

_____

_____

_____

LOCAL No. _____

UNIT No. (where applicable) _____

PHONE _____

DATE REQUESTED _____

(PLEASE ALLOW 10 DAYS TO PROCESS AFTER RECEIPT)

AUTHORIZED SIGNATURE (Required): _____

(MUST BE CHAIRPERSON or VICE CHAIRPERSON)

PURPOSE OF REQUEST (Check phase[s] of election labels are to be used and indicate number of sets for each):

☐ **Notification of Election:** _____ (DATE NEEDED)

ITEM NEEDED

☐ **GUMMED LABELS** — *ALPHABETICAL ORDER*
☐ **GUMMED LABELS** — *ZIP CODE / ALPHABETICAL ORDER*

☐ **Mail Ballot:** _____ (DATE NEEDED)

ITEM NEEDED

☐ **GUMMED LABELS** — *ALPHABETICAL ORDER*
☐ **GUMMED LABELS** — *ZIP CODE / ALPHABETICAL ORDER*

☐ **Notification of Election Results:** _____ (DATE NEEDED)

ITEM NEEDED

☐ **GUMMED LABELS** — *ALPHABETICAL ORDER*
☐ **GUMMED LABELS** — *ZIP CODE / ALPHABETICAL ORDER*

• WORKSHEET FOR PREPAYMENT •

	NUMBER OF NAMES	PRICE PER SET	NUMBER OF SETS	TOTAL DUE
LABELS	1 - 1,499	15.00		
	1,500 - 3,999	25.00		
	4,000 - 6,999	45.00		
	7,000 - 9,999	65.00		
	10,000 - up	90.00		

➡ *RETURN WITH CHECK PAYABLE TO "CSEA, INC."*

RETURN THE ORIGINAL OF THIS FORM & YOUR PREPAYMENT TO THE CSEA CENTRAL FILES DEPARTMENT *(Please make a copy for yourself.)*
143 WASHINGTON AVENUE, ALBANY, NEW YORK 12210

11/09

C-2

CSEA, Inc.
Local 1000, AFSCME, AFL-CIO
143 Washington Avenue, Albany, New York 12210

Fill this form out completely and return it to the appropriate supervising election committee.

NOTIFICATION OF INTENT TO OBSERVE

TO: _____
(Your supervising Local/Unit election committee)

This is to advise the Committee that _____, candidate for
                                              (Candidate's name)

_____, intends to observe the CSEA election process on _____.
(Position sought)   (date)

The observation will be done (check one):

☐ by the candidate personally.

    - or -

☐ by the observer named below (*fill out below*):

    Name of Observer *(if not candidate)*:_____

    10-digit CSEA ID No.:_____

    Local #_____   Region #_____

    Unit # _____

    Telephone: Daytime:_____

              Home:_____

*Note: The candidate signs his/her name hereby authorizing the above
person to act as the candidate's observer.*

                              _____
                              Signature of Candidate

                              *Dated:*_____

LOCALS AND UNITS WITH 150 MEMBERS OR LESS FORMS

TO BE USED FOR LOCALS AND UNITS WITH 150 MEMBERS OR LESS

M-1

APPLICATION FOR ELECTION TO OFFICE
(For Locals or Units with 150 members or less)

NO APPLICATION WILL BE CONSIDERED UNLESS THE QUALIFICATIONS LISTED BELOW ARE MET AND THE CERTIFICATION STATEMENT IS SIGNED.

"Member in Good Standing" means that you have fully paid your dues continuously without interruption since June 1 of last year. If you have been on leave from payroll and accepted a gratuitous (dues free) membership status at any time since June 1 of last year, with the exception of military service, you are NOT a member in good standing for election purposes in this election.

If you have any questions regarding your status, you may seek clarification by calling the Membership Department at 1-800-342-4146, ext. 1334.

Name: _____
(First, Middle Initial, Last, Suffix if any)

The office I am seeking is:

(check one) ☐ Local -or- ☐ Unit _____
(Name office sought)

10-digit CSEA ID Number: _____

Region#:_____

Local# & Name:_____

Unit# & Name (if applicable):_____

Residence address:_____

Work Site address:_____

Phone Numbers: Work:_____   Home:_____

                   Cell:_____

I CERTIFY THAT I have been a member in good standing of the applicable CSEA Local/Unit for which I am seeking office, since June 1 of last year; I have not been a member of a competing labor association or union since June 1 of last year; I am not currently serving a disciplinary penalty imposed by the CSEA Judicial Board; and I am not currently the subject of a bonding claim by the Association or disqualified from being covered by the Association's surety bond.

_____   _____
(Signature)   (Date)

M-2

SLATE APPLICATION FOR ELECTION TO OFFICE *Page__ of__*
(For Locals or Units with 150 members or less)

NO APPLICATION WILL BE CONSIDERED UNLESS THE QUALIFICATIONS LISTED BELOW ARE MET AND THE CERTIFICATION STATEMENT IS SIGNED. *(Attach additional sheets if necessary.)*

"Member in Good Standing" means that you have fully paid your dues continuously without interruption since June 1 of last year. If you have been on leave from payroll and accepted a gratuitous (dues free) membership status at any time since June 1 of last year, with the exception of military service, you are NOT a member in good standing for election purposes in this year's upcoming elections. If you have any questions regarding your status, you may seek clarification by calling the Membership Department at 1-800-342-4146, ext. 1334.

> **WE CERTIFY THAT we have been members in good standing of the applicable CSEA Local/Unit for which we are seeking office, since June 1 of last year; we have not been members of a competing labor association or union since June 1 of last year; we are not currently serving a disciplinary penalty imposed by the CSEA Judicial Board; and we are not currently the subject of a bonding claim by the Association or disqualified from being covered by the Association's surety bond.**

➢ The slate wishes to qualify for *(check one)* ☐Local Office *-or-* ☐Unit Office.

➢ Name of Slate: _____ slate.
(Slate Name*)
* *The slate name shall not contain the unit, local or region number as any part of the slate name. No person may appear twice on the slate, i.e. as an officer and as a delegate candidate.*

Please complete the following properly depending on the position you are running for:

Name:_____   **Office Sought:**_____

10-digit CSEA ID Number: _____

Region#:_____

Local# & name:_____

Residence:_____   Work Site:_____

Phone Numbers: Work:_____   Home:_____ Cell:_____

_____   _____
Signature   Date

-OVER-

M-2

Name: _____   **Office Sought:** _____
10-digit CSEA ID Number: _____
Region#:_____   Local#:_____   Unit#:_____
Residence:_____   Work Site:_____
Phone Nos.: Work:_____   Home:_____   Cell:_____

_____   _____
Signature   Date

Name: _____   **Office Sought:** _____
10-digit CSEA ID Number: _____
Region#:_____   Local#:_____   Unit#:_____
Residence:_____   Work Site:_____
Phone Nos.: Work:_____   Home:_____   Cell:_____

_____   _____
Signature   Date

Name: _____   **Office Sought:** _____
10-digit CSEA ID Number: _____
Region#:_____   Local#:_____   Unit#:_____
Residence:_____   Work Site:_____
Phone Nos.: Work:_____   Home:_____   Cell:_____

_____   _____
Signature   Date

Name: _____   **Office Sought:** _____
10-digit CSEA ID Number: _____
Region#:_____   Local#:_____   Unit#:_____
Residence:_____   Work Site:_____
Phone Nos.: Work:_____   Home:_____   Cell:_____

_____   _____
Signature   Date

Name: _____   **Office Sought:** _____
10-digit CSEA ID Number: _____
Region#:_____   Local#:_____   Unit#:_____
Residence:_____   Work Site:_____
Phone Nos.: Work:_____   Home:_____   Cell:_____

_____   _____
Signature   Date

(Attach additional sheets if necessary)

M-3
CSEA NOMINATION NOTICE
(Locals & Units with 150 or less members)

_____ (LOCAL) (UNIT)

Positions to be elected are listed below [*list positions below*]:

_____

_____

_____

_____

▶ **NOMINATION PERIOD BEGINS ON** _____
<div align="center">(DATE)</div>

▶ **APPLICATIONS FOR ELECTION TO OFFICE ARE AVAILABLE FROM:**

    Name:
    Location:
    Telephone Number:
    When (dates & time):

▶ Applications for Election to Office will not be available until the first day of the nomination period.

▶ **COMPLETED APPLICATIONS MUST BE RECEIVED NO LATER THAN**

_____ **ON** _____ **BY:**
(TIME)   (DATE)

    Name:
    Location:
    Telephone Number:

CSEA ELIGIBILITY REQUIREMENTS

To be eligible to seek office, a member must meet the following requirements:

- be at least 18 years of age;
- be a member in good standing of the (Local) (Unit) since June 1 of last year;
- shall not be a member of a competing labor association or union since June 1 of last year;
- shall not currently be serving a disciplinary penalty imposed by the Judicial Board of CSEA; and
- must not have been the subject of a bonding claim by the Association or disqualified from being covered by the Association's surety bond.

M-4

THE CIVIL SERVICE EMPLOYEES ASSOCIATION, INC.
LOCAL 1000, AFSCME, AFL-CIO

SLATE WITHDRAWAL
(Locals & Units with 150 or less members)

THE PERSON LISTED BELOW SHOULD BE REMOVED AS CANDIDATE FOR

_____ON THE _____ SLATE.
      (Office or Position)   (Name)

_____
(Print Name)

_____
(10-digit CSEA ID #)

_____
(Region#/Local#/Unit#)

THE REASON FOR THE CANDIDATE'S REMOVAL FROM THE SLATE IS:

_____ **INVOLUNTARY**
_____ Candidate's death
_____ Candidate's extended illness/disability
_____ Candidate's promotion/transfer out of the Unit/Local
_____ Candidate's resignation from applicable employment
_____ Candidate's extended leave of absence from employment

_____ Other circumstance beyond candidate's direct control
Specify: _____

_____

_____

_____ **VOLUNTARY:**
Specify: _____

_____

_____   _____
Signature of candidate or candidate representative   Relationship to candidate

_____
Date

MAIL BALLOT ELECTION FORMS

TO BE USED IN
MAIL BALLOT ELECTIONS

MB-1

CSEA

OFFICIAL BALLOT

_____ (LOCAL) (UNIT) **ELECTION**

PRESIDENT (vote for one)	EXECUTIVE VICE PRESIDENT (vote for one)	1st VICE PRESIDENT (vote for one)	2nd VICE PRESIDENT	3rd VICE PRESIDENT (vote for one)	SECRETARY	TREASURER
☐ Robert Hall	☐ Bruce Fox	☐ Peter Peck	Bill Beck (Unopposed/Elected)	☐ Sue Bee	Peg Notes (Unopposed/Elected)	Roger Money (Unopposed/Elected)
☐ Betty Brown	☐ Ed Daley	☐ David Long		☐ Kathy Gray		
	☐ Tom Farmer					
	☐ Douglas Knight					

* SEE INSTRUCTIONS ON BACK *

MB-1

INSTRUCTIONS FOR COMPLETING AND RETURNING YOUR BALLOT

- Read the ballot carefully before marking.
- Mark the box for the candidate of your choice. Take your ballot and mark an "x" in the box near the name of the candidate of your choice. If there is no "x" marked in the appropriate box, no vote will be recorded.
- Vote for one candidate only for each office (except otherwise indicated).
- No vote is needed for any candidate whose name appears with the notation "unopposed/elected."
- Write-in candidates are prohibited.
- Any other markings may render the ballot invalid.
- Do not put any other marks on your official ballot. Do not sign or initial the ballot.
- After you finish marking the ballot, place your ballot into the secret ballot envelope and seal it. Do not write or make any mark on the secret ballot envelope. Do not place anything other than the ballot in the secret ballot envelope.
- Place the secret ballot envelope inside the return envelope.
- On the outside of the return envelope print your name, return address and 10-digit CSEA ID #. This is used to validate your eligibility to vote. (Ballots containing insufficient information to be verified will not be valid).
- Ballots must be received at the address of the Election Committee shown on the return envelope no later than _____, 20__.

FAILURE TO FOLLOW THESE RULES MAY VOID YOUR BALLOT

MB-2

CSEA

OFFICIAL BALLOT

_____ (LOCAL) (UNIT) **ELECTION**

	PRESIDENT (vote for one)	1st VICE PRESIDENT (vote for one)	2nd VICE PRESIDENT (vote for one)	3rd VICE PRESIDENT (vote for one)	4th VICE PRESIDENT (vote for one)	SECRETARY (vote for one)	TREASURER (vote for one)	DELEGATE (vote for TWO)
JUSTICE SLATE ☐	☐ Robert Hall	☐ David Long	☐ Beverly Johnson	☐ Kathy Gray	☐ Tony Bond	☐ Eden Park	☐ Kay Clay	☐ Ronald Short ☐ Juan Rivers
	☐ Pearl Button						☐ Donald Duke	
LIBERTY SLATE ☐	☐ Betty Brown	☐ Peter Peck	☐ George Green	☐ Sue Bee	☐ Martin Jones	☐ Jackie Jetson	☐ Ann Card	☐ Forest Tree ☐ Ruth Booth

* SEE INSTRUCTIONS ON BACK *

MB-2

INSTRUCTIONS FOR COMPLETING AND RETURNING YOUR BALLOT

- Read the ballot carefully before marking.
- Mark the box for the candidate of your choice. Take your ballot and mark an "x" in the box near the name of the candidate of your choice. If there is no "x" marked in the appropriate box, no vote will be recorded.
- Vote for one candidate only for each office (except otherwise indicated).
- Where there are one or more slates, you may vote for the entire slate by simply marking the slate designation box near the slate name. Such a mark will count as a vote for each individual on the slate. You may vote for individuals on any slate by marking the boxes near the names of the individual candidates you wish to vote for and not marking the slate designation box.
- If both the slate designation box and boxes of opposing candidates for the same position are marked, it will be recorded as an overvote for the affected position(s).
- No vote is needed for any candidate whose name appears with the notation "unopposed/elected."
- Write-in candidates are prohibited.
- Any other markings may render the ballot invalid.
- Do not put any other marks on your official ballot. Do not sign or initial the ballot.
- After you finish marking the ballot, place your ballot into the secret ballot envelope and seal it. Do not write or make any mark on the secret ballot envelope. Do not place anything other than the ballot in the secret ballot envelope.
- Place the secret ballot envelope inside the return envelope.
- On the outside of the return envelope print your name, return address and 10-digit CSEA ID #. This is used to validate your eligibility to vote. (Ballots containing insufficient information to be verified will not be valid).
- Ballots must be received at the address of the Election Committee shown on the return envelope no later than _____, 20__ .

FAILURE TO FOLLOW THESE RULES MAY VOID YOUR BALLOT

MB-3

ELECTION COMMITTEE
_____(ADDRESS)_____

POSTAGE

(LABEL)
Member
Address

ELECTION MATERIAL ENCLOSED

SECRET BALLOT

Name

Address

10-digit CSEA ID #

POSTAGE PAID

ELECTION COMMITTEE
PO BOX _____

SAMPLE

CSEA

REPLACEMENT BALLOT

_____ (LOCAL) (UNIT) **ELECTION**

	PRESIDENT (vote for one)	1st VICE PRESIDENT (vote for one)	2nd VICE PRESIDENT (vote for one)	3rd VICE PRESIDENT (vote for one)	4th VICE PRESIDENT (vote for one)	SECRETARY (vote for one)	TREASURER (vote for one)	DELEGATE (vote for TWO)
JUSTICE SLATE ☐	☐ Robert Hall	☐ David Long	☐ Beverly Johnson	☐ Kathy Gray	☐ Tony Bond	☐ Eden Park	☐ Kay Clay	☐ Ronald Short ☐ Juan Rivers
	☐ Pearl Button						☐ Donald Duke	
LIBERTY SLATE ☐	☐ Betty Brown	☐ Peter Peck	☐ George Green	☐ Sue Bee	☐ Martin Jones	☐ Jackie Jetson	☐ Ann Card	☐ Forest Tree ☐ Ruth Booth

* SEE INSTRUCTIONS ON BACK *

MB-4
INSTRUCTIONS FOR COMPLETING AND RETURNING YOUR BALLOT

- Read the ballot carefully before marking.
- Mark the box for the candidate of your choice. Take your ballot and mark an "x" in the box near the name of the candidate of your choice. If there is no "x" marked in the appropriate box, no vote will be recorded.
- Vote for one candidate only for each office (except otherwise indicated).
- Where there are one or more slates, you may vote for the entire slate by simply marking the slate designation box near the slate name. Such a mark will count as a vote for each individual on the slate. You may vote for individuals on any slate by marking the boxes near the names of the individual candidates you wish to vote for and not marking the slate designation box.
- If both the slate designation box and boxes of opposing candidates for the same position are marked, it will be recorded as an overvote for the affected position(s).
- No vote is needed for any candidate whose name appears with the notation "unopposed/elected."
- Write-in candidates are prohibited.
- Any other markings may render the ballot invalid.
- Do not put any other marks on your official ballot. Do not sign or initial the ballot.
- After you finish marking the ballot, place your ballot into the secret ballot envelope and seal it. Do not write or make any mark on the secret ballot envelope. Do not place anything other than the ballot in the secret ballot envelope.
- Place the secret ballot envelope inside the return envelope.
- On the outside of the return envelope print your name, return address and 10-digit CSEA ID #. This is used to validate your eligibility to vote. (Ballots containing insufficient information to be verified will not be valid).
- Ballots must be received at the address of the Election Committee shown on the return envelope no later than _____, 20__.

FAILURE TO FOLLOW THESE RULES MAY VOID YOUR BALLOT

MB-5

ELECTION COMMITTEE
_____(ADDRESS)_____

POSTAGE

(LABEL)

Member
Address

ELECTION MATERIAL ENCLOSED

SECRET BALLOT

Name

Address

10-digit CSEA ID #

POSTAGE
PAID

ELECTION COMMITTEE
PO BOX _____

REPLACEMENT BALLOT

MB-6

*FOR PUBLIC SECTOR LOCALS/UNITS, POST AT LEAST 5 DAYS BEFORE ELECTION.
FOR PRIVATE SECTOR LOCALS, THE NOTICE MUST BE MAILED TO ALL MEMBERS' LAST
KNOWN ADDRESSES AT LEAST 15 DAYS BEFORE THE ELECTION.*

**NOTICE TO CSEA MEMBERS
<ins>ELECTION OF OFFICERS</ins>**

_____ (LOCAL) (UNIT)

Positions to be elected are listed below:

_____

_____

_____

BALLOTS WILL BE MAILED TO ALL ELIGIBLE MEMBERS ON _____.
<div align="right">(Date)</div>

Deadline for receipt of completed ballots is _____, _____ at the address
<div align="center">(Time)   (Date)</div>
on the return envelope: _____.
<div align="center">(Election Committee's Address on Return Envelope)</div>

The counting of ballots will begin on _____
<div align="center">(Date and time)</div>

at_____.
<div align="center">(Location)</div>

Candidates are permitted to attend as observers, at their own expense, each phase of the election process. Candidates may designate, in writing, persons, who must be members in good standing, to serve as their observers (also at their own expense).

TO BE ELIGIBLE TO VOTE, A MEMBER MUST BE A MEMBER IN GOOD STANDING AS OF APRIL 1ST.

If your original ballot is not received or if any item is missing from the envelope, starting on _____, 20__, you may request a replacement ballot or the missing item from:

Name_____

Address_____

Phone_____

41

MB-7

THE CIVIL SERVICE EMPLOYEES ASSOCIATION, INC.
LOCAL 1000, AFSCME, AFL-CIO

REQUEST FOR REPLACEMENT BALLOT

PLEASE PRINT CLEARLY.

Date of Request_____

Time of Request_____

NAME:_____

10-DIGIT CSEA ID NUMBER:_____

ADDRESS:_____

_____

TELEPHONE NUMBER:_____

My original ballot was: (   ) Not received in the mail
     (check one)   (   ) Spoiled or mutilated
                          (   ) Lost or misplaced
                          (   ) Other/explain:

Replacement mailed on: _____

Replacement mailed by: _____

MB-8

REPLACEMENT BALLOT LOG

	Date of Request	Name and 10-digit CSEA ID #	Address	Reason	Date Mailed
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

MB-9

THE CIVIL SERVICE EMPLOYEES ASSOCIATION, INC.
LOCAL 1000, AFSCME/AFL-CIO

SIGN-IN SHEET FOR OBSERVERS
BALLOT COUNT

_____ (LOCAL) (UNIT)

Date _____

Location _____

PLEASE PRINT CLEARLY.

	Name	10-digit CSEA ID #	Candidate or Proxy for Candidate
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			

44

MB-10

TIE BREAKER CONSENT

_____ (LOCAL) (UNIT)

We, the undersigned, having been fully advised of our rights as candidates to have a run-off election held to break the tie in the _____ election, hereby waive said right and consent to a coin toss to break the tie.

_____   _____
Signature of candidate   Date

_____   _____
Signature of candidate   Date

MB-11

MAIL BALLOT ELECTION REPORT

_____[LOCAL/UNIT NAME]

Date:_____

A.   NUMBER OF ENVELOPES MAILED AND RECEIVED

    1.   NUMBER OF ENVELOPES MAILED: ...._____

    2.   NUMBER OF REPLACEMENTS MAILED:......................_____

    3.   NUMBER OF ENVELOPES RECEIVED BY
          DEADLINE:..._____

****

B.   NUMBER OF INVALID RETURNS BY CATEGORY

    1.   MISSING CSEA ID #:... _____

    2.   NON-ELECTION RELATED MAIL:................................_____

    3.   TOTAL INVALID RETURNS NOT PROCESSED
          TO VERIFICATION (B1 + B2): ...._____

****

C.   NUMBER OF INELIGIBLE ENVELOPES

    1.   RETURNS PROCESSED (A3 minus B3):............................_____

    2.   ENVELOPES NOT PASSING VERIFICATION
          (Ineligible voters): ...._____

    3.   DUPLICATES: ...._____

    4.   TOTAL NUMBER OF INELIGIBLES
          (not processed further [C2 + C3]): ...._____

****

D.   NUMBER OF ENVELOPES WITHOUT BALLOT CAST

    1.   RETURNS VERIFIED (C1 minus C4):..............................._____

    2.   EMPTY OUTER ENVELOPE: ...._____

    3.   EMPTY SECRET BALLOT ENVELOPE:........................._____

    4.   NUMBER OF ENVELOPES MISSING BALLOTS
          (D2 + D3): ...._____

MB-11

5. TOTAL NUMBER OF BALLOTS PROCESSED
(D1 minus D4):.. _____

****

E. NUMBER OF INVALID BALLOTS BY CATEGORY

1. NUMBER OF BALLOTS CONTAINING A
VOTER IDENTIFYING MARK (i.e., initials,
name, etc.): .... _____

2. OVERVOTE VOIDING ENTIRE BALLOT: .... _____

3. UNDERVOTE OF NO VOTE CAST:............................... _____

4. TOTAL NUMBER OF INVALID BALLOTS
(E1 + E2 + E3): .... _____

5. TOTAL NUMBER OF BALLOTS COUNTED
(D5 minus E4): .... _____

****

F. RECONCILIATION

1. TOTAL NUMBER OF ENVELOPES AND BALLOTS
REJECTED/INVALID (B3 + C4 + D4 + E4): .... _____

2. NUMBER OF VALID BALLOTS COUNTED
(A3 minus F1) or (D5 minus E4) : .... _____

****

G. TOTAL VOTES BY CANDIDATE
(List each & every candidate by position with # votes received. Note the winner(s) with * asterisk. Note those who were "elected-unopposed.")

Candidate Name	Position	Number of Votes
(Example: Robert Hall)	*(Example: President)*	*(Example: 19 votes)*

*Asterisk indicates successful candidate.

47

MB-11

Certified by the Election Committee on _____, 20__.

_____

_____

_____

_____

_____

[Committee signatures]

MB-12

1. SEND NOTICE OF RESULTS TO CANDIDATES BY MAIL.
2. DISSEMINATE NOTICE OF RESULTS TO MEMBERSHIP (POSTED ON BULLETIN BOARDS, ETC.)

NOTICE TO CANDIDATES & MEMBERSHIP OF ELECTION RESULTS

Listed below are the results of the mail ballot election conducted by the
_____ Election Committee on _____ at
                                                             (Date)

_____.
             (Location)

Candidate Names   **Office**   **Number of Votes Received**

_____
(Signature of Election Chairperson)

Any member believing himself/herself aggrieved by any aspect of the election process may file a written protest postmarked within ten (10) calendar days after the member knew or should have known of the act or omission regarding which they are complaining. The written protest must be sent to the appropriate supervising Election Committee as set forth below, by certified mail, return receipt requested. The Supervising Election Committee will send all other candidates affected by the protest a copy of the protest and give adequate time for responses.

ELECTION	SUPERVISING ELECTION COMMITTEE
Local:	Statewide Election Committee and simultaneously with the Local Election Committee. Contact the Statewide Election Committee for more information at 1-800-342-4146, ext. 1447.
Unit:	Local Election Committee and simultaneously with the Unit Election Committee. Contact your Local Election Committee for more information.

BALLOT BOX ELECTION FORMS

TO BE USED IN BALLOT BOX ELECTIONS

**S A M P L E
without Slates**

CSEA

OFFICIAL BALLOT

_____ (LOCAL) (UNIT) **ELECTION**

PRESIDENT (vote for one)	EXECUTIVE VICE PRESIDENT (vote for one)	1st VICE PRESIDENT (vote for one)	2nd VICE PRESIDENT	3rd VICE PRESIDENT (vote for one)	SECRETARY	TREASURER
☐ Robert Hall	☐ Bruce Fox	☐ Peter Peck	Bill Beck _(Unopposed/Elected)_	☐ Sue Bee	Peg Notes _(Unopposed/Elected)_	Roger Money _(Unopposed/Elected)_
☐ Betty Brown	☐ Ed Daley	☐ David Long		☐ Kathy Gray		
	☐ Tom Farmer					
	☐ Douglas Knight					

* SEE INSTRUCTIONS ON BACK *

BB-1

INSTRUCTIONS FOR COMPLETING AND RETURNING YOUR BALLOT

- Read the ballot carefully before marking.

- Mark the box for the candidate of your choice. Take your ballot and mark an "x" in the box near the name of the candidate of your choice. If there is no "x" marked in the appropriate box, no vote will be recorded.

- Vote for one candidate only for each office (except indicated otherwise).

- No vote is needed for any candidate whose name appears with the notation "unopposed/elected."

- Write-in candidates are prohibited.

- Any other markings may render the ballot invalid.

- Do not put any other marks on your official ballot.

- Do not sign or initial the ballot.

- Insert the ballot into the ballot box.

FAILURE TO FOLLOW THESE RULES MAY VOID YOUR BALLOT

SAMPLE with Slates

CSE

OFFICIAL BALLOT

_____ (LOCAL) (UNIT) **ELECTION**

	PRESIDENT (vote for one)	1st VICE PRESIDENT (vote for one)	2nd VICE PRESIDENT (vote for one)	3rd VICE PRESIDENT (vote for one)	4th VICE PRESIDENT (vote for one)	SECRETARY (vote for one)	TREASURER (vote for one)	DELEGATE (vote for TWO)
JUSTICE SLATE ☐	☐ Robert Hall	☐ David Long	☐ Beverly Johnson	☐ Kathy Gray	☐ Tony Bond	☐ Eden Park	☐ Kay Clay	☐ Ronald Short ☐ Juan Rivers
	☐ Pearl Button						☐ Donald Duke	
LIBERTY SLATE ☐	☐ Betty Brown	☐ Peter Peck	☐ George Green	☐ Sue Bee	☐ Martin Jones	☐ Jackie Jetson	☐ Ann Card	☐ Forest Tree ☐ Ruth Booth

* SEE INSTRUCTIONS ON BACK *

BB-2

INSTRUCTIONS FOR COMPLETING AND RETURNING YOUR BALLOT

- Read the ballot carefully before marking.

- Mark the box for the candidate of your choice. Take your ballot and mark an "x" in the box near the name of the candidate of your choice. If there is no "x" marked in the appropriate box, no vote will be recorded.

- Vote for one candidate only for each office (except indicated otherwise).

- Where there are one or more slates, you may vote for the entire slate by simply marking the slate designation box near the slate name. Such a mark will count as a vote for each individual on the slate. You may vote for individuals on any slate by marking the boxes near the names of the individual candidates you wish to vote for and not marking the slate designation box.

- If both the slate designation box and boxes of opposing candidates for the same position are marked, it will be recorded as an overvote for the affected position(s).

- No vote is needed for any candidate whose name appears with the notation "unopposed/elected."

- Write-in candidates are prohibited.

- Any other markings may render the ballot invalid.

- Do not put any other marks on your official ballot.

- Do not sign or initial the ballot.

- Insert the ballot into the ballot box.

FAILURE TO FOLLOW THESE RULES MAY VOID YOUR BALLOT

SAMPLE

CSEA

ABSENTEE BALLOT

_____ (LOCAL) (UNIT) **ELECTION**

PRESIDENT (vote for one)	EXECUTIVE VICE PRESIDENT (vote for one)	1st VICE PRESIDENT (vote for one)	2nd VICE PRESIDENT	3rd VICE PRESIDENT (vote for one)	SECRETARY	TREASURER
☐ Robert Hall	☐ Bruce Fox	☐ Peter Peck	Bill Beck _(Unopposed/Elected)_	☐ Sue Bee	Peg Notes _(Unopposed/Elected)_	Roger Money _(Unopposed/Elected)_
☐ Betty Brown	☐ Ed Daley	☐ David Long		☐ Kathy Gray		
	☐ Tom Farmer					
	☐ Douglas Knight					

* SEE INSTRUCTIONS ON BACK *

BB-3

INSTRUCTIONS FOR COMPLETING AND RETURNING YOUR BALLOT

- Read the ballot carefully before marking.
- Mark the box for the candidate of your choice. Take your ballot and mark an "x" in the box near the name of the candidate of your choice. If there is no "x" marked in the appropriate box, no vote will be recorded.
- Vote for one candidate only for each office (except indicated otherwise).
- Where there are one or more slates, you may vote for the entire slate by simply marking the slate designation box near the slate name. Such a mark will count as a vote for each individual on the slate. You may vote for individuals on any slate by marking the boxes near the names of the individual candidates you wish to vote for and not marking the slate designation box.
- If both the slate designation box and boxes of opposing candidates for the same position are marked, it will be recorded as an overvote for the affected position(s).
- No vote is needed for any candidate whose name appears with the notation "unopposed/elected."
- Write-in candidates are prohibited.
- Any other markings may render the ballot invalid.
- Do not put any other marks on your official ballot. Do not sign or initial the ballot.
- After you finish marking the ballot, place your ballot into the secret ballot envelope and seal it. Do not write or make any mark on the secret ballot envelope. Do not place anything other than the ballot in the secret ballot envelope.
- Place the secret ballot envelope inside the return envelope.
- On the outside of the return envelope print your name, return address and 10-digit CSEA ID #. This is used to validate your eligibility to vote. (Ballots containing insufficient information to be verified will not be valid).
- Ballots must be received at the address of the Election Committee shown on the return envelope no later than _____, 20__.

FAILURE TO FOLLOW THESE RULES MAY VOID YOUR BALLOT

BB-4

ELECTION COMMITTEE
_____(ADDRESS)_____
_____

POSTAGE

(LABEL) Member
         Address

ELECTION MATERIAL ENCLOSED

SECRET BALLOT

Name
_____
Address
_____
_____

[10-digit CSEA ID #]
10-digit CSEA ID #

POSTAGE
PAID

ELECTION COMMITTEE
PO BOX _____
_____

ABSENTEE BALLOT

BB-5

NOTICE TO CSEA MEMBERS
BALLOT BOX ELECTION OF OFFICERS

_____ (LOCAL) (UNIT)

Positions to be elected are listed below:

_____

_____

_____

ON _____, BALLOT BOX(ES) WILL BE LOCATED AT_____.
     (Date)   (Location[s])

The polling places will open at _____ and will close at _____.
                               (Time)   (Time)

If you are unable to vote in person, an absentee ballot may be obtained by contacting:

        NAME:
        ADDRESS:
        PHONE #:

Deadline for receipt of completed absentee ballots is _____, _____ at
                                                  (Time)   (Date)

the address on the return envelope: _____.
                                 (Election Committee's Address on Return Envelope)

The counting of ballots will begin on _____
                                          (Date and time)

at_____.
                    (Location)

Candidates are permitted to attend as observers, at their own expense, each phase of the election process. Candidates may designate, in writing, persons, who must be members in good standing, to serve as their observers (also at their own expense).

TO BE ELIGIBLE TO VOTE, A MEMBER MUST BE A MEMBER IN GOOD STANDING AS OF APRIL 1ST.

BB-6

THE CIVIL SERVICE EMPLOYEES ASSOCIATION, INC.
LOCAL 1000, AFSCME, AFL-CIO

REQUEST FOR ABSENTEE BALLOT

* PLEASE PRINT CLEARLY. *

Date of Request_____

Time of Request_____

NAME: _____

10-DIGIT CSEA ID NUMBER:_____

ADDRESS: _____

_____

TELEPHONE NUMBER: _____

I cannot vote in person on Election Day because:

( ) On vacation
( ) In the hospital
( ) Pass day
( ) Other/explain: _____

_____   _____
Signature   Date

BB-7

ABSENTEE BALLOT LOG

Date	Name & 10-digit CSEA ID#	Reason	1) Date Mailed or 2) Ineligible

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

SAMPLE

CSEA

CHALLENGED BALLOT

_____ *(LOCAL) (UNIT)* **ELECTION**

PRESIDENT (vote for one)	EXECUTIVE VICE PRESIDENT (vote for one)	1st VICE PRESIDENT (vote for one)	2nd VICE PRESIDENT	3rd VICE PRESIDENT (vote for one)	SECRETARY	TREASURER
☐ Robert Hall	☐ Bruce Fox	☐ Peter Peck	Bill Beck *(Unopposed/Elected)*	☐ Sue Bee	Peg Notes *(Unopposed/Elected)*	Roger Money *(Unopposed/Elected)*
☐ Betty Brown	☐ Ed Daley	☐ David Long		☐ Kathy Gray		
	☐ Tom Farmer					
	☐ Douglas Knight					

* SEE INSTRUCTIONS ON BACK *

BB-8

INSTRUCTIONS FOR COMPLETING AND RETURNING YOUR BALLOT

- Read the ballot carefully before marking.
- Mark the box for the candidate of your choice. Take your ballot and mark an "x" in the box near the name of the candidate of your choice. If there is no "x" marked in the appropriate box, no vote will be recorded.
- Vote for one candidate only for each office (except indicated otherwise).
- Where there are one or more slates, you may vote for the entire slate by simply marking the slate designation box near the slate name. Such a mark will count as a vote for each individual on the slate. You may vote for individuals on any slate by marking the boxes near the names of the individual candidates you wish to vote for and not marking the slate designation box.
- If both the slate designation box and boxes of opposing candidates for the same position are marked, it will be recorded as an overvote for the affected position(s).
- No vote is needed for any candidate whose name appears with the notation "unopposed/elected."
- Write-in candidates are prohibited.
- Any other markings may render the ballot invalid.
- Do not put any other marks on your official ballot. Do not sign or initial the ballot.
- After you finish marking the ballot, place your ballot into the secret ballot envelope and seal it. Do not write or make any mark on the secret ballot envelope. Do not place anything other than the ballot in the secret ballot envelope.
- Place the secret ballot envelope inside the return envelope.
- On the outside of the return envelope print your name, return address and 10-digit CSEA ID #. This is used to validate your eligibility to vote. (Ballots containing insufficient information to be verified will not be valid).
- Ballots must be received at the address of the Election Committee shown on the return envelope no later than _____, 20__ .

FAILURE TO FOLLOW THESE RULES MAY VOID YOUR BALLOT

BB-9

Name

Address

10-digit CSEA ID #

CHALLENGED BALLOT

SECRET BALLOT

BB-10

Each eligible voter must sign the Voter Registration Log before receiving a ballot.

VOTER REGISTRATION LOG

_____ (LOCAL) (UNIT)

Date: _____

Location: _____

* PLEASE PRINT *

Name	**10-digit CSEA ID #**
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	

BB-11

THE CIVIL SERVICE EMPLOYEES ASSOCIATION, INC.
LOCAL 1000, AFSCME/AFL-CIO

SIGN-IN SHEET FOR OBSERVERS
BALLOT COUNT

_____ (LOCAL) (UNIT)

Date_____

Location_____

PLEASE PRINT CLEARLY.

	Name	10-digit CSEA ID #	Candidate or Proxy for Candidate
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			

BB-12

TIE BREAKER CONSENT

_____ (LOCAL) (UNIT)

We, the undersigned, having been fully advised of our rights as candidates to have a run-off

election held to break the tie in the   _____ election, hereby waive

said right and consent to a coin toss to break the tie.

_____   _____
Signature of candidate   Date

_____   _____
Signature of candidate   Date

BB-13

BALLOT BOX ELECTION REPORT

_____ [LOCAL/UNIT NAME]

Date_____

****

A.   ABSENTEE BALLOTS:

    (1)   NUMBER OF ENVELOPES ISSUED (if none, put "0"):   _____

    (2)   NUMBER OF UNDELIVERABLE ENVELOPES RETURNED: _____

    (3)   NUMBER OF ENVELOPES RECEIVED BY
        _____ a.m./p.m., _____, DEADLINE: _____

    (4)   TOTAL ABSENTEE BALLOT ENVELOPES NOT
        PROCESSED FURTHER (i.e., no secret ballot envelope,
        duplicate, missing or incorrect info on outer envelope):   _____

    (5)   TOTAL VERIFIED ABSENTEE BALLOT ENVELOPES
        (A3 - A4):   _____

    (6)   TOTAL ABSENTEE SECRET BALLOT ENVELOPES
        NOT PROCESSED FURTHER (i.e., secret ballot envelopes
        missing ballots or containing multiple ballots):   _____

****

B.   ABSENTEE BALLOTS PROCESSED (A5 - A6):   _____

    NUMBER OF INVALID ABSENTEE BALLOTS BY CATEGORY:

    (1)   NUMBER OF BALLOTS CONTAINING A VOTER
        IDENTIFYING MARK (i.e., initials, name, etc.):   _____

    (1)   NUMBER OF BALLOTS ENTIRELY VOID FOR
        CONTAINING MORE THAN ONE VOTE IN EVERY
        RACE (Over votes):   _____

    (3)   NUMBER OF BALLOTS CONTAINING NO VOTES
        (Under votes):   _____

BB-13

Absentee Ballots (continued)

    (4)   NUMBER OF INVALID ABSENTEE BALLOTS
            (B1 + B2 + B3):   _____

    (5)   NUMBER OF VALID ABSENTEE BALLOTS (B - B4):   _____

****

C.   OFFICIAL BALLOTS:

    (1)   TOTAL NUMBER OF BALLOTS REMOVED
            FROM BALLOT BOX: _____

     INVALID BALLOTS BY CATEGORY:

    (2)   NUMBER OF BALLOTS CONTAINING A VOTER
            IDENTIFYING MARK (i.e., initials, name, etc.):   _____

    (3)   NUMBER OF BALLOTS ENTIRELY VOID FOR
            CONTAINING MORE THAN ONE VOTE IN EVERY
            RACE (Over votes):   _____

    (4)   NUMBER OF BALLOTS CONTAINING NO VOTES
            (Under votes):   _____

    (5)   TOTAL NUMBER OF INVALID BALLOTS
            (C2 + C3 + C4):   _____

    (6)   TOTAL NUMBER OF VALID OFFICIAL BALLOTS
            (C1 - C5):   _____

****

D.   CHALLENGED BALLOTS:

    (1)   NUMBER OF CHALLENGED BALLOTS DISTRIBUTED: _____

    (2)   NUMBER OF BALLOTS VERIFIED (If not needed, put "0"):   _____

    (3)   NUMBER OF INVALID CHALLENGED BALLOTS: _____

    (4)   NUMBER OF VALID CHALLENGED BALLOTS: _____

****

E.   **TOTAL NUMBER OF ENVELOPES AND BALLOTS**
     REJECTED/INVALID (A4 + A6 + B4 + C5 + D3):   _____

BB-13

Totals (continued)

**F.   TOTAL NUMBER OF VALID BALLOTS
COUNTED (B5 + C6 + D4):**   _____

****

G.   TOTAL VOTES BY CANDIDATE: *(List each & every candidate by position with # votes received. Note the winner(s) with * asterisk. Note those who were "elected-unopposed.")*

Candidate Name	**Position**	**Number of Votes**
(Example: Robert Hall)	*(Example: President)*	*(Example: 19 votes)*

*Asterisk indicates successful candidate.

Certified by the Election Committee on _____, 20__ .

_____

_____

_____

[Committee signatures]

BB-14

1. SEND NOTICE OF RESULTS TO CANDIDATES BY MAIL.
*2. DISSEMINATE NOTICE OF RESULTS TO MEMBERSHIP (POSTED ON BULLETIN
   BOARDS, ETC.)*

NOTICE TO CANDIDATES & MEMBERSHIP OF ELECTION RESULTS

Listed below are the results of the ballot box election conducted by the Election Committee

on _____ at _____.
       (Date)   (Location)

Candidate Names   **Position**   **Number of Votes Received**

_____
(Signature of Election Chairperson)

Any member believing himself/herself aggrieved by any aspect of the election process may file a written protest postmarked within ten (10) calendar days after the member knew or should have known of the act or omission regarding which they are complaining. The written protest must be sent to the appropriate supervising Election Committee as set forth below, by certified mail, return receipt requested. The Supervising Election Committee will send all other candidates affected by the protest a copy of the protest and give adequate time for responses.

ELECTION	SUPERVISING ELECTION COMMITTEE
Local:	Statewide Election Committee and simultaneously with the Local Election Committee. Contact the Statewide Election Committee for more information at 1-800-342-4146, ext. 1447.
Unit:	Local Election Committee and simultaneously with the Unit Election Committee. Contact your Local Election Committee for more information.

VOTING MACHINE ELECTION FORMS

TO BE USED IN
VOTING MACHINE ELECTIONS

SAMPLE

CSEA

ABSENTEE BALLOT

_____ (LOCAL) (UNIT) **ELECTION**

PRESIDENT (vote for one)	EXECUTIVE VICE PRESIDENT (vote for one)	1st VICE PRESIDENT (vote for one)	2nd VICE PRESIDENT	3rd VICE PRESIDENT (vote for one)	SECRETARY	TREASURER
☐ Robert Hall	☐ Bruce Fox	☐ Peter Peck	Bill Beck (Unopposed/Elected)	☐ Sue Bee	Peg Notes (Unopposed/Elected)	Roger Money (Unopposed/Elected)
☐ Betty Brown	☐ Ed Daley	☐ David Long		☐ Kathy Gray		
	☐ Tom Farmer					
	☐ Douglas Knight					

* SEE INSTRUCTIONS ON BACK *

VM-1

INSTRUCTIONS FOR COMPLETING AND RETURNING YOUR BALLOT

- Read the ballot carefully before marking.
- Mark the box for the candidate of your choice. Take your ballot and mark an "x" in the box near the name of the candidate of your choice. If there is no "x" marked in the appropriate box, no vote will be recorded.
- Vote for one candidate only for each office (except indicated otherwise).
- Where there are one or more slates, you may vote for the entire slate by simply marking the slate designation box near the slate name. Such a mark will count as a vote for each individual on the slate. You may vote for individuals on any slate by marking the boxes near the names of the individual candidates you wish to vote for and not marking the slate designation box.
- If both the slate designation box and boxes of opposing candidates for the same position are marked, it will be recorded as an overvote for the affected position(s).
- No vote is needed for any candidate whose name appears with the notation "unopposed/elected."
- Write-in candidates are prohibited.
- Any other markings may render the ballot invalid.
- Do not put any other marks on your official ballot. Do not sign or initial the ballot.
- After you finish marking the ballot, place your ballot into the secret ballot envelope and seal it. Do not write or make any mark on the secret ballot envelope. Do not place anything other than the ballot in the secret ballot envelope.
- Place the secret ballot envelope inside the return envelope.
- On the outside of the return envelope print your name, return address and 10-digit CSEA ID #. This is used to validate your eligibility to vote. (Ballots containing insufficient information to be verified will not be valid).
- Ballots must be received at the address of the Election Committee shown on the return envelope no later than _____, 20__.

FAILURE TO FOLLOW THESE RULES MAY VOID YOUR BALLOT

VM-2

ELECTION COMMITTEE
_____(ADDRESS)_____

_____

```
                    ┌─────────────────────────┐
                    │                         │
          (LABEL)   │   Member                │
                    │   Address               │
                    │                         │
                    └─────────────────────────┘
```

POSTAGE

ELECTION MATERIAL ENCLOSED

SECRET BALLOT

Name _____

Address _____

_____

10-digit CSEA ID #

POSTAGE
PAID

ELECTION COMMITTEE
PO BOX _____

_____

ABSENTEE BALLOT

SAMPLE BALLOT

_____ (Local) (Unit), CSEA

★ ELECTION OF OFFICERS ★

Date: _____

Polls Open: _____ a.m. to _____ p.m.

Location: _____

_____

_____

Directions for Voting on the Voting Machine

1. Swing the RED HANDLE (overhead) to the Right as far as it will go, and LEAVE IT THERE.

2. Turn down the pointers over the names you wish to vote for, from this position [pointer icon] Name of CANDIDATE to this position [pointer icon with X] me of CANDIDATE and LEAVE THEM DOWN.

3. Swing the RED HANDLE back to the left and LEAVE IT THERE.

NAMES ON VOTING MACHINE AND ON ABSENTEE BALLOT ARE ARRANGED THE SAME.

VM-3

73

ROW									
A	1A	2A	3A	4A	5A	6A	7A	8A	9A
B	1B	2B	3B	4B	5B	6B	7B	8B	9B
C								8C	9C

VM-4

FOR PUBLIC SECTOR LOCALS/UNITS, POST AT LEAST 5 DAYS BEFORE ELECTION.
FOR PRIVATE SECTOR LOCALS, THE NOTICE MUST BE MAILED TO ALL MEMBERS' LAST
KNOWN ADDRESSES AT LEAST 15 DAYS BEFORE THE ELECTION.

NOTICE TO CSEA MEMBERS
VOTING MACHINE ELECTION OF OFFICERS

_____ (LOCAL) (UNIT)

Positions to be elected are listed below:

_____

_____

_____

On _____, voting machine(s) will be located at _____.
      (Date)   (Location)

The polling places will open at _____ and will close at _____.
                              (Time)   (Time)

If you are unable to vote in person, an absentee ballot may be obtained by contacting:

        NAME:
        ADDRESS:
        PHONE #:

Deadline for receipt of completed absentee ballots is _____, _____ at the
                                             (Time)   (Date)

address on the return envelope: _____.
                               (Election Committee's Address on Return Envelope)

The counting of ballots will begin _____
                                          (Date and Time)

at_____.
                      (Location)

Candidates are permitted to attend as observers, at their own expense, each phase of the election process. Candidates may designate, in writing, persons, who must be members in good standing, to serve as their observers (also at their own expense).

TO BE ELIGIBLE TO VOTE, A MEMBER MUST BE A MEMBER IN GOOD STANDING AS OF APRIL 1ST.

VM-5

THE CIVIL SERVICE EMPLOYEES ASSOCIATION, INC.
LOCAL 1000, AFSCME, AFL-CIO

REQUEST FOR ABSENTEE BALLOT

* PLEASE PRINT CLEARLY. *

Date of Request _____

Time of Request _____

NAME: _____

10-DIGIT CSEA ID NUMBER: _____

ADDRESS: _____

_____

TELEPHONE NUMBER:_____

I cannot vote in person on Election Day because:

( ) On vacation
( ) In the hospital
( ) Pass day
( ) Other/explain:

_____   _____
Signature   Date

VM-6

ABSENTEE BALLOT LOG

Date	Name & 10-digit CSEA ID#	Reason	(1) Date Mailed or (2) Ineligible

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

VM-7

CSEA

CHALLENGED BALLOT

_____ (LOCAL) (UNIT) **ELECTION**

PRESIDENT (vote for one)	EXECUTIVE VICE PRESIDENT (vote for one)	1st VICE PRESIDENT (vote for one)	2nd VICE PRESIDENT	3rd VICE PRESIDENT (vote for one)	SECRETARY	TREASURER
☐ Robert Hall	☐ Bruce Fox	☐ Peter Peck	Bill Beck (Unopposed/Elected)	☐ Sue Bee	Peg Notes (Unopposed/Elected)	Roger Money (Unopposed/Elected)
☐ Betty Brown	☐ Ed Daley	☐ David Long		☐ Kathy Gray		
	☐ Tom Farmer					
	☐ Douglas Knight					

* <u>SEE INSTRUCTIONS ON BACK</u> *

VM-7
INSTRUCTIONS FOR COMPLETING AND RETURNING YOUR BALLOT

1. Read the ballot carefully before marking.
2. Mark the box for the candidate of your choice. Take your ballot and mark an "x" in the box near the name of the candidate of your choice. If there is no "x" marked in the appropriate box, no vote will be recorded.
3. Vote for one candidate only for each office (except indicated otherwise).
4. Where there are one or more slates, you may vote for the entire slate by simply marking the slate designation box near the slate name. Such a mark will count as a vote for each individual on the slate. You may vote for individuals on any slate by marking the boxes near the names of the individual candidates you wish to vote for and not marking the slate designation box.
5. If both the slate designation box and boxes of opposing candidates for the same position are marked, it will be recorded as an overvote for the affected position(s).
6. No vote is needed for any candidate whose name appears with the notation "unopposed/elected."
7. Write-in candidates are prohibited.
8. Any other markings may render the ballot invalid.
9. Do not put any other marks on your official ballot.
10. Do not sign or initial the ballot.
11. After you finish marking the ballot, place your ballot into the SECRET BALLOT ENVELOPE and seal it. Do not write or make any mark on the secret ballot envelope. Do not place anything other than the ballot in the secret ballot envelope.
12. Place the SECRET BALLOT ENVELOPE inside the outer envelope. Fill-out your name, address and 10-digit CSEA ID #. This is used to validate your eligibility to vote. Seal the outer envelope and return it to the committee-designated person.

FAILURE TO FOLLOW THESE RULES MAY VOID YOUR BALLOT

VM-8

Name
_____

Address
_____

_____

[   ]
10-digit CSEA ID #

CHALLENGED BALLOT

SECRET BALLOT

VM-9

Each eligible voter must sign the Voter Registration Log before receiving a ballot.

VOTER REGISTRATION LOG

_____ (LOCAL) (UNIT)

Date: _____

Location: _____

* PLEASE PRINT CLEARLY *

Name   **10-digit CSEA ID#**

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

VM-10

THE CIVIL SERVICE EMPLOYEES ASSOCIATION, INC.
LOCAL 1000, AFSCME/AFL-CIO

SIGN-IN SHEET FOR OBSERVERS
BALLOT COUNT

_____ (LOCAL) (UNIT)

Date _____

Location _____

* PLEASE PRINT CLEARLY. *

Name	**10-digit CSEA ID #**	**Candidate or Proxy for Candidate**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

VM-11

TIE BREAKER CONSENT FORM

_____ (LOCAL) (UNIT)

We, the undersigned, having been fully advised of our rights as candidates to have a run-off election

held to break the tie in the _____ election, hereby waive

said right and consent to a coin toss to break the tie.

_____   _____
Signature of candidate   Date

_____   _____
Signature of candidate   Date

VM-12

VOTING MACHINE ELECTION REPORT

_____ [LOCAL/UNIT NAME]

Date_____

****

A.   VOTING MACHINE OFFICIAL BALLOTS:

       (1)   TOTAL NUMBER OF MACHINE VOTERS: _____

****

B.   ABSENTEE BALLOTS:

       (1)   NUMBER OF ENVELOPES ISSUED (if none, put "0"):   _____

       (2)   NUMBER OF UNDELIVERABLE ENVELOPES RETURNED: _____

       (3)   NUMBER OF ENVELOPES RECEIVED BY
               _____ a.m./p.m., _____, DEADLINE: _____

       (4)   TOTAL ABSENTEE BALLOT ENVELOPES NOT
               PROCESSED FURTHER (i.e., no secret ballot envelope,
               duplicate, missing or incorrect info on outer envelope):   _____

       (5)   TOTAL VERIFIED ABSENTEE BALLOT ENVELOPES
               (B3 - B4):   _____

       (6)   TOTAL ABSENTEE SECRET BALLOT ENVELOPES
               NOT PROCESSED FURTHER (i.e., secret ballot envelopes
               missing ballots or containing multiple ballots):   _____

****

C.   ABSENTEE BALLOTS PROCESSED (B5 - B6):   _____

       NUMBER OF INVALID BALLOTS BY CATEGORY:

       (1)   NUMBER OF BALLOTS CONTAINING A VOTER
               IDENTIFYING MARK (i.e., initials, name, etc.):   _____

       (2)   NUMBER OF BALLOTS ENTIRELY VOID FOR
               CONTAINING MORE THAN ONE VOTE IN EVERY
               RACE (Over votes):   _____

VM-12

      (3)   NUMBER OF BALLOTS CONTAINING NO VOTES
              (Under votes): _____

      (4)   NUMBER OF INVALID ABSENTEE BALLOTS
              (C1 + C2 + C3): _____

      (5)   NUMBER OF VALID ABSENTEE BALLOTS (C - C4): _____

****

D.   CHALLENGED BALLOTS:

      (1)   NUMBER OF CHALLENGED BALLOTS DISTRIBUTED: _____

      (2)   NUMBER OF CHALLENGED BALLOTS VERIFIED
              (If not needed, put "0"): _____

      (3)   NUMBER OF INVALID CHALLENGED BALLOTS: _____

      (4)   NUMBER OF VALID CHALLENGED BALLOTS: _____

****

**E.   TOTAL NUMBER OF ENVELOPES AND BALLOTS
REJECTED/INVALID (B4 + B6 + C4 + D3):** _____

**F.   TOTAL NUMBER OF VALID BALLOTS
COUNTED (A1 + C5 + D4):** _____

****

G.   TOTAL VOTES BY CANDIDATE: *(List each & every candidate by position with # votes received. Note the winner(s) with * asterisk. Note those who were "elected-unopposed.")*

Candidate Name	**Position**	**Number of Votes**
(Example: Robert Hall)	*(Example: President)*	*(Example: 19 votes)*

Certified by the Election Committee on _____, 20____.

_____

_____

VM-13

1. SEND NOTICE OF RESULTS TO CANDIDATES BY MAIL.
2. DISSEMINATE NOTICE OF RESULTS TO MEMBERSHIP (POSTED ON BULLETIN BOARDS, ETC.)

NOTICE TO CANDIDATES & MEMBERSHIP OF ELECTION RESULTS

Listed below are the results of the voting machine election conducted by the Election Committee

on _____ at _____.
        (Date)   (Location)

Candidate Names   **Office**   **Number of Votes Received**

_____
(Signature of Election Chairperson)

Any member believing himself/herself aggrieved by any aspect of the election process may file a written protest postmarked within ten (10) calendar days after the member knew or should have known of the act or omission regarding which they are complaining. The written protest must be sent to the appropriate supervising Election Committee as set forth below, by certified mail, return receipt requested. The Supervising Election Committee will send all other candidates affected by the protest a copy of the protest and give adequate time for responses.

ELECTION	SUPERVISING ELECTION COMMITTEE
Local:	Statewide Election Committee and simultaneously with the Local Election Committee. Contact the Statewide Election Committee for more information at 1-800-342-4146, ext. 1447.
Unit:	Local Election Committee and simultaneously with the Unit Election Committee. Contact your Local Election Committee for more information.

BALLOT TALLY SHEET AND MASTER TALLY SHEET FORMS

TO BE USED IN
ALL TYPES OF ELECTIONS

T-1

BALLOT TALLY SHEET

Batch No. _____   **LOCAL/UNIT NAME & NUMBER:** _____

Note: Put five tally marks (卌) in each numbered box (1 tally mark = 1 vote)

Recorder: _____   **Reader:** _____

Candidate Names	1	2	3	4	5	6	7	8	9	10	FINAL TALLY
OVERVOTES											
UNDERVOTES											

T-2

MASTER TALLY SHEET

No. _____   LOCAL/UNIT NAME & NUMBER:_____

NOTE: ENTER VOTES BY CANDIDATE FROM BALLOT TALLY SHEETS INDICATING BATCH NUMBER AT THE TOP OF THE COLUMN.

Candidate Names	Batch No.____	Batch No.____	Batch No.____	Batch No.____	Batch No.____	Batch No.____	TOTAL
OVERVOTES							
UNDERVOTES							

T-3

(USING BALLOT ON PAGE 35 AS AN EXAMPLE)

BALLOT TALLY SHEET

Batch No. __1__   LOCAL/UNIT NAME & NUMBER: __Local 123 State Local__
                                                        (Enter Local/Unit Name & Number)

Note: Put five tally marks (卅) in each numbered box (1 tally mark = 1 vote)

Recorder: ____Dana Sanchez____   Reader: ____Taylor Conners____

Candidate Names	1	2	3	4	5	6	7	8	9	10	FINAL TALLY
(Justice Slate)											
Robert Hall	卅	卅	卅	IIII			19 tally marks = 19 votes for Hall				19
David Long	卅	卅	卅	II			17 tally marks = 17 votes for Long				17
Beverly Johnson	卅	卅	卅	I			...and so on.				16
Kathy Gray	卅	卅	卅	II							17
Tony Bond	卅	卅	卅	IIII							19
Eden Park	卅	卅	卅	III							18
Kay Clay	卅	卅	卅	II							17
Ronald Short	卅	卅	卅	IIII							19
Juan Rivers	卅	卅	卅	III							18
Pearl Button	卅	II					Start with Column 1.				7
							1 tally mark = 1 vote.				
Donald Duke	卅	I					5 tally marks per box.				6
							When counting is complete, add up each				
(Liberty Slate)							candidate's tally marks going across and enter total in Final Tally column.				
Betty Brown	卅	卅	I								11
Peter Peck	卅	卅	I								11
George Green	卅	卅	II								12
Sue Bee	卅	卅	IIII								14
Martin Jones	卅	卅	IIII								14
Jackie Jetson	卅	卅	III								13
Ann Card	卅	卅	IIII								14
Forest Tree	卅	卅	II								12
Ruth Booth	卅	卅	I								11
OVERVOTES	I										1
UNDERVOTES											0

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T-4

(USING BALLOT ON PAGE 35 AS AN EXAMPLE)

MASTER TALLY SHEET

No. ___1___   LOCAL/UNIT NAME & NUMBER: <u>Local 123 State Local</u>
                                                (Enter Local/Unit Name & Number)

NOTE: ENTER VOTES BY CANDIDATE FROM BALLOT TALLY SHEETS INDICATING BATCH NUMBER AT THE TOP OF THE COLUMN.

Candidate Names	Batch No. 1	Batch No.___	Batch No.___	Batch No.___	Batch No.___	Batch No.___	TOTAL
(Justice Slate)							
Robert Hall	19						19
David Long	17						17
Beverly Johnson	16						16
Kathy Gray	17						17
Tony Bond	19						19
Eden Park	18						18
Kay Clay	17						17
Ronald Short	19						19
Juan Rivers	18						18
Pearl Button	7						7
Donald Duke	6						6
(Liberty Slate)							
Betty Brown	11						11
Peter Peck	11						11
George Green	12						12
Sue Bee	14						14
Martin Jones	14						14
Jackie Jetson	13						13
Ann Card	14						14
Forest Tree	12						12
Ruth Booth	11						11
OVERVOTES	1						1
UNDERVOTES	0						0

Add up totals from batches going across and enter grand total. In this scenario, there was only 1 batch.

ELECTION RESULTS FORMS

FORMS

TO BE USED FOR ALL TYPES OF ELECTIONS

CSEA / Local 1000 AFSCME / AFL-CIO
143 Washington Avenue, Albany, New York 12210

CSEA

FAX #: 518 436-0398
www.cseany.org

Election Results
CERTIFICATION AND REPORT FORM

Upon completion of your election, you must complete this set of forms to certify the results. You may electronically file this form through the CSEA website, fax to the number above, or you may mail the completed forms to the Statewide Secretary, 143 Washington Avenue, Albany, New York 12210. Your responsibility is not complete until these forms are completed and filed with Headquarters. If you have any questions about this form, please call 1-800-342-4146, ext. 1257.

Please complete applicable section below:

LOCAL ELECTION ONLY

Local Name: _____

Local #: _____   Region #: _____

Local Address*: _____

_____

* Local Office mailing address — otherwise, please use the newly elected Local President's mailing address

Local Phone #: (____) _____

Local Fax #: (____) _____

UNIT ELECTION ONLY

Local Name: _____

Unit Name: _____

Unit #: _____ Local #: _____ Region #: _____

Please check the appropriate box below:

☐ If the election was CONTESTED (races), please attach a copy of the Election Report providing the actual counts for each candidate

☐ UNOPPOSED (no races)

Certified by:

_____
PRINT NAME OF ELECTION CHAIRPERSON, VICE CHAIR OR ADMINISTRATOR (where applicable)

_____
SIGNATURE OF ELECTION CHAIRPERSON, VICE CHAIR OR ADMINISTRATOR (where applicable)

_____
DATE OF ELECTION or, if unopposed, LAST DATE of NOMINATIONS/APPLICATION PERIOD

Only the Election Meeting Chair, Election Committee Chair, Election Committee Vice Chair or
CSEA Administrator (where applicable) is authorized to sign these results.

6/16

PRESIDENT   10-Digit CSEA ID # _____

_____   _____   _____   _____
First Name   MI   Last Name   (Sr., Jr., III)

Preferred First Name: _____   Gender: ❏ Male   ❏ Female
                                    (nickname)

D.O.B.: _____

Work Address: _____

                  _____

     _____   _____   _____
     City   State   Zip + 4

Work Phone: (_____) _____   Extension _____

Work Phone: (_____) _____   Extension _____ (or beeper)

Fax: (_____) _____   Cell: (_____) _____

Home Address: _____

     _____   _____   _____
     City   State   Zip + 4

Home Phone: (_____) _____   Is it unlisted?   ❏ yes   ❏ no

Personal E-mail: _____

Please send mail to: ❏ HOME   ❏ WORK   Employment
                                                 JOB TITLE: _____

• •

EXECUTIVE VICE PRESIDENT   10-Digit CSEA ID # _____

_____   _____   _____   _____
First Name   MI   Last Name   (Sr., Jr., III)

Preferred First Name: _____   Gender: ❏ Male   ❏ Female
                                    (nickname)

D.O.B.: _____

Work Address: _____

                  _____

     _____   _____   _____
     City   State   Zip + 4

Work Phone: (_____) _____   Extension _____

Work Phone: (_____) _____   Extension _____ (or beeper)

Fax: (_____) _____   Cell: (_____) _____

Home Address: _____

     _____   _____   _____
     City   State   Zip + 4

Home Phone: (_____) _____   Is it unlisted?   ❏ yes   ❏ no

Personal E-mail: _____

Please send mail to: ❏ HOME   ❏ WORK   Employment
                                                 JOB TITLE: _____

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FIRST VICE PRESIDENT

10-Digit CSEA ID # _____

_____ _____ _____ _____
First Name   MI   Last Name   (Sr., Jr., III)

Preferred First Name: _____   Gender: ❑ Male   ❑ Female
                          (nickname)

D.O.B.: _____

Work Address: _____

_____

_____   _____ _____
City   State   Zip + 4

Work Phone: (_____) _____   Extension _____

Work Phone: (_____) _____   Extension _____ (or beeper)

Fax: (_____) _____   Cell: (_____) _____

Home Address: _____

_____   _____ _____
City   State   Zip + 4

Home Phone: (_____) _____   Is it unlisted? ❑ yes   ❑ no

Personal E-mail: _____

Please send mail to: ❑ HOME   ❑ WORK   Employment
                                              JOB TITLE: _____

• •

SECOND VICE PRESIDENT

10-Digit CSEA ID # _____

_____ _____ _____ _____
First Name   MI   Last Name   (Sr., Jr., III)

Preferred First Name: _____   Gender: ❑ Male   ❑ Female
                          (nickname)

D.O.B.: _____

Work Address: _____

_____

_____   _____ _____
City   State   Zip + 4

Work Phone: (_____) _____   Extension _____

Work Phone: (_____) _____   Extension _____ (or beeper)

Fax: (_____) _____   Cell: (_____) _____

Home Address: _____

_____   _____ _____
City   State   Zip + 4

Home Phone: (_____) _____   Is it unlisted? ❑ yes   ❑ no

Personal E-mail: _____

Please send mail to: ❑ HOME   ❑ WORK   Employment
                                              JOB TITLE: _____

THIRD VICE PRESIDENT

10-Digit CSEA ID # _____

_____ _____ _____ _____
First Name   MI   Last Name   (Sr., Jr., III)

Preferred First Name: _____   Gender: ❏ Male ❏ Female
                                    (nickname)

D.O.B.: _____

Work Address: _____

_____

_____   _____ _____
City   State   Zip + 4

Work Phone: (_____) _____   Extension _____

Work Phone: (_____) _____   Extension _____ (or beeper)

Fax: (_____) _____   Cell: (_____) _____

Home Address: _____

_____   _____ _____
City   State   Zip + 4

Home Phone: (_____) _____   Is it unlisted? ❏ yes ❏ no

Personal E-mail: _____

Please send mail to: ❏ HOME ❏ WORK   Employment
                                                                        JOB TITLE: _____

• •

FOURTH VICE PRESIDENT

10-Digit CSEA ID # _____

_____ _____ _____ _____
First Name   MI   Last Name   (Sr., Jr., III)

Preferred First Name: _____   Gender: ❏ Male ❏ Female
                                    (nickname)

D.O.B.: _____

Work Address: _____

_____

_____   _____ _____
City   State   Zip + 4

Work Phone: (_____) _____   Extension _____

Work Phone: (_____) _____   Extension _____ (or beeper)

Fax: (_____) _____   Cell: (_____) _____

Home Address: _____

_____   _____ _____
City   State   Zip + 4

Home Phone: (_____) _____   Is it unlisted? ❏ yes ❏ no

Personal E-mail: _____

Please send mail to: ❏ HOME ❏ WORK   Employment
                                                                        JOB TITLE: _____

FIFTH VICE PRESIDENT

10-Digit CSEA ID # _____

_____ _____ _____ _____
First Name   MI   Last Name   (Sr., Jr., III)

Preferred First Name: _____   Gender: ❑ Male   ❑ Female
                                    (nickname)

D.O.B.: _____

Work Address: _____

_____

_____   _____   _____
City   State   Zip + 4

Work Phone: (_____) _____   Extension _____

Work Phone: (_____) _____   Extension _____ (or beeper)

Fax: (_____) _____   Cell: (_____) _____

Home Address: _____

_____   _____   _____
City   State   Zip + 4

Home Phone: (_____) _____   Is it unlisted?   ❑ yes   ❑ no

Personal E-mail: _____

Please send mail to: ❑ HOME   ❑ WORK   Employment
                                                 JOB TITLE: _____

• •

SIXTH VICE PRESIDENT

10-Digit CSEA ID # _____

_____ _____ _____ _____
First Name   MI   Last Name   (Sr., Jr., III)

Preferred First Name: _____   Gender: ❑ Male   ❑ Female
                                    (nickname)

D.O.B.: _____

Work Address: _____

_____

_____   _____   _____
City   State   Zip + 4

Work Phone: (_____) _____   Extension _____

Work Phone: (_____) _____   Extension _____ (or beeper)

Fax: (_____) _____   Cell: (_____) _____

Home Address: _____

_____   _____   _____
City   State   Zip + 4

Home Phone: (_____) _____   Is it unlisted?   ❑ yes   ❑ no

Personal E-mail: _____

Please send mail to: ❑ HOME   ❑ WORK   Employment
                                                 JOB TITLE: _____

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SECRETARY

10-Digit CSEA ID # _____

_____ ____ _____ _____
First Name   MI   Last Name   (Sr., Jr., III)

Preferred First Name: _____   Gender: ❑ Male ❑ Female
                      (nickname)

D.O.B.: _____

Work Address: _____

_____

_____   _____ _____
City   State   Zip + 4

Work Phone: (_____) _____   Extension _____

Work Phone: (_____) _____   Extension _____ (or beeper)

Fax: (_____) _____   Cell: (_____) _____

Home Address: _____

_____   _____ _____
City   State   Zip + 4

Home Phone: (_____) _____   Is it unlisted? ❑ yes ❑ no

Personal E-mail: _____

Please send mail to: ❑ HOME ❑ WORK   Employment
                                          JOB TITLE: _____

● ●

SECRETARY-TREASURER

10-Digit CSEA ID # _____

(Applicable only for 150 members or less)

_____ ____ _____ _____
First Name   MI   Last Name   (Sr., Jr., III)

Preferred First Name: _____   Gender: ❑ Male ❑ Female
                      (nickname)

D.O.B.: _____

Work Address: _____

_____

_____   _____ _____
City   State   Zip + 4

Work Phone: (_____) _____   Extension _____

Work Phone: (_____) _____   Extension _____ (or beeper)

Fax: (_____) _____   Cell: (_____) _____

Home Address: _____

_____   _____ _____
City   State   Zip + 4

Home Phone: (_____) _____   Is it unlisted? ❑ yes ❑ no

Personal E-mail: _____

Please send mail to: ❑ HOME ❑ WORK   Employment
                                          JOB TITLE: _____

ER-1

TREASURER

10-Digit CSEA ID # _____

_____ _____ _____ _____
First Name   MI   Last Name   (Sr., Jr., III)

Preferred First Name: _____   Gender: ❏ Male ❏ Female
                    (nickname)

D.O.B: _____

Work Address: _____

_____

_____ _____ _____
City   State   Zip + 4

Work Phone: (_____) _____   Extension _____

Work Phone: (_____) _____   Extension _____ (or beeper)

Fax: (_____) _____   Cell: (_____) _____

Home Address: _____

_____

_____ _____ _____
City   State   Zip + 4

Home Phone: (_____) _____   Is it unlisted? ❏ yes ❏ no

Personal E-mail: _____

Please send mail to: ❏ HOME ❏ WORK   Employment
                                                                        JOB TITLE: _____

• •

ER-1

DELEGATE # of votes received: _____   10-Digit CSEA ID # _____

_____ _____ _____ _____
First Name   MI   Last Name   (Sr., Jr., III)

Preferred First Name: _____   Gender: ❏ Male ❏ Female
                                    (nickname)
D.O.B.: _____

Work Address: _____

                    _____

                    _____   _____ _____
                    City   State   Zip + 4

Work Phone: (_____) _____   Extension _____

Work Phone: (_____) _____   Extension _____ (or beeper)

Fax: (_____) _____   Cell: (_____) _____

Home Address: _____

                    _____   _____ _____
                    City   State   Zip + 4

Home Phone: (_____) _____   Is it unlisted? ❏ yes ❏ no

Personal E-mail: _____

Please send mail to: ❏ HOME ❏ WORK   Employment
                                               JOB TITLE: _____

• •

DELEGATE # of votes received: _____   10-Digit CSEA ID # _____

_____ _____ _____ _____
First Name   MI   Last Name   (Sr., Jr., III)

Preferred First Name: _____   Gender: ❏ Male ❏ Female
                                    (nickname)
D.O.B.: _____

Work Address: _____

                    _____

                    _____   _____ _____
                    City   State   Zip + 4

Work Phone: (_____) _____   Extension _____

Work Phone: (_____) _____   Extension _____ (or beeper)

Fax: (_____) _____   Cell: (_____) _____

Home Address: _____

                    _____   _____ _____
                    City   State   Zip + 4

Home Phone: (_____) _____   Is it unlisted? ❏ yes ❏ no

Personal E-mail: _____

Please send mail to: ❏ HOME ❏ WORK   Employment
                                               JOB TITLE: _____

EXECUTIVE BOARD MEMBER

10-Digit CSEA ID # _____

First Name _____ MI _____ Last Name _____ (Sr., Jr., III)

Preferred First Name: _____ Gender: ❑ Male ❑ Female
(nickname)

D.O.B.: _____

Work Address: _____

_____

City _____ State _____ Zip + 4 _____

Work Phone: (_____) _____ Extension _____

Work Phone: (_____) _____ Extension _____ (or beeper)

Fax: (_____) _____ Cell: (_____) _____

Home Address: _____

City _____ State _____ Zip + 4 _____

Home Phone: (_____) _____ Is it unlisted? ❑ yes ❑ no

Personal E-mail: _____

Please send mail to: ❑ HOME ❑ WORK   Employment
JOB TITLE: _____

• •

EXECUTIVE BOARD MEMBER

10-Digit CSEA ID # _____

First Name _____ MI _____ Last Name _____ (Sr., Jr., III)

Preferred First Name: _____ Gender: ❑ Male ❑ Female
(nickname)

D.O.B.: _____

Work Address: _____

_____

City _____ State _____ Zip + 4 _____

Work Phone: (_____) _____ Extension _____

Work Phone: (_____) _____ Extension _____ (or beeper)

Fax: (_____) _____ Cell: (_____) _____

Home Address: _____

City _____ State _____ Zip + 4 _____

Home Phone: (_____) _____ Is it unlisted? ❑ yes ❑ no

Personal E-mail: _____

Please send mail to: ❑ HOME ❑ WORK   Employment
JOB TITLE: _____

ER-1

ALTERNATE DELEGATE # of votes received: _____   10-Digit CSEA ID # _____

First Name	MI	Last Name

(Sr., Jr., III)

Preferred First Name: _____   Gender: ❏ Male   ❏ Female
(nickname)

D.O.B.: _____

Work Address: _____

_____

City	State	Zip + 4

Work Phone: (_____) _____   Extension _____

Work Phone: (_____) _____   Extension _____ (or beeper)

Fax: (_____) _____   Cell: (_____) _____

Home Address: _____

City	State	Zip + 4

Home Phone: (_____) _____   Is it unlisted? ❏ yes   ❏ no

Personal E-mail: _____

Please send mail to: ❏ HOME   ❏ WORK   Employment
JOB TITLE: _____

• •

ALTERNATE DELEGATE # of votes received: _____   10-Digit CSEA ID # _____

First Name	MI	Last Name

(Sr., Jr., III)

Preferred First Name: _____   Gender: ❏ Male   ❏ Female
(nickname)

D.O.B.: _____

Work Address: _____

_____

City	State	Zip + 4

Work Phone: (_____) _____   Extension _____

Work Phone: (_____) _____   Extension _____ (or beeper)

Fax: (_____) _____   Cell: (_____) _____

Home Address: _____

City	State	Zip + 4

Home Phone: (_____) _____   Is it unlisted? ❏ yes   ❏ no

Personal E-mail: _____

Please send mail to: ❏ HOME   ❏ WORK   Employment
JOB TITLE: _____