



Local 1000 AFSCME, AFL-CIO

# Election Committee and Election Meeting Chairperson Data Form

**\* PLEASE PRINT \***

Complete and mail, email, or fax with Executive Board meeting minutes (below) to CSEA's Membership Department, Attn: Election Processing Team, 143 Washington Avenue, Albany, NY 12210, fax number: 518-465-2382, email: sec@cseainc.org. If you have any questions about this form, please call: 1-800-342-4146, ext. 1447.

*\*For Administratorships, the Administrator may skip to Part B.*

## PART A: EXECUTIVE BOARD MEETING MINUTES

*(for the purpose of appointing an Election Committee or Election Meeting Chairperson)*

The Local/Unit Executive Board held a meeting on \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_\_ a.m./p.m. The following individuals were present at the meeting:

Name:

Title:

The Local/Unit President advised that it was appropriate to appoint the following individual(s) for the purpose of conducting the election. Upon motion duly moved, seconded and carried, it was resolved that:

The following person(s) is appointed to serve as the Election Committee (or in the alternative, an Election Meeting Chairperson), as set forth below:

***Election Chairperson, (Election Meeting option only available to locals/units with 150 members or less).***

Name	Title
	Check one: <input type="checkbox"/> Election Committee Chairperson or <input type="checkbox"/> Election Meeting Chairperson

***Additional Election Committee members, if applicable (Add additional sheets if necessary.)***

Name	Title

There being no further business, on motion duly made, seconded and carried, the meeting was adjourned.

\_\_\_\_\_  
CSEA Local/Unit President Signature

\_\_\_\_\_  
Other Officer Signature

\_\_\_\_\_  
Date:

**PART B - BARGAINING UNIT INFORMATION**

Region: \_\_\_\_\_

Local Name & Number: \_\_\_\_\_

Unit Name & Number (Where Applicable): \_\_\_\_\_

President's Name (Please Print): \_\_\_\_\_

Signature Of President: \_\_\_\_\_

Signature Date: \_\_\_\_\_

Email Of President: \_\_\_\_\_  
(Will contact only if there's an issue with this form.)

*\* For Administratorships, the Administrator may complete this form in lieu of a President \**

**NO MEMBER WHO AGREES TO SERVE IN THIS CAPACITY SHALL BE ELIGIBLE FOR NOMINATION OR ELECTION TO ANY OFFICE EVEN IF S/HE WERE TO STEP DOWN TO RUN.**

**PART C - CHAIRPERSON**

Check here if Election Meeting Chairperson.

<p>CHAIRPERSON NAME (print): _____</p> <p>10-Digit CSEA ID #: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Email: _____</p>	<p>CHAIRPERSON SIGNATURE (required): _____</p> <p><i>I acknowledge I am ineligible to run for office, even if I step down.</i></p> <p>Work Location: _____</p> <p>Daytime Phone: (____) _____</p> <p>Cell Phone: (____) _____</p>
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**Note: Election Meeting option only available to locals/units with 150 members or less. Call the SEC with any questions about the meeting option at 1-800-342-4146, ext. 1447.**

**COMMITTEE MEMBERS - If Applicable**

<p>COMMITTEE MEMBER (print): _____</p> <p>COMMITTEE MEMBER SIGNATURE (required) <input type="checkbox"/> Check here if Vice Chair <i>I acknowledge I am ineligible to run for office, even if I step down.</i></p> <p>10-Digit CSEA ID #: _____</p> <p>Work Location: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Daytime #: (____) _____ Cell #: (____) _____</p> <p>Email: _____</p>	<p>COMMITTEE MEMBER (print): _____</p> <p>COMMITTEE MEMBER SIGNATURE (required) <i>I acknowledge I am ineligible to run for office, even if I step down.</i></p> <p>10-Digit CSEA ID #: _____</p> <p>Work Location: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Daytime #: (____) _____ Cell #: (____) _____</p> <p>Email: _____</p>
<p>COMMITTEE MEMBER (print): _____</p> <p>COMMITTEE MEMBER SIGNATURE (required) <i>I acknowledge I am ineligible to run for office, even if I step down.</i></p> <p>10-Digit CSEA ID #: _____</p> <p>Work Location: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Daytime #: (____) _____ Cell #: (____) _____</p> <p>Email: _____</p>	<p>COMMITTEE MEMBER (print): _____</p> <p>COMMITTEE MEMBER SIGNATURE (required) <i>I acknowledge I am ineligible to run for office, even if I step down.</i></p> <p>10-Digit CSEA ID #: _____</p> <p>Work Location: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Daytime #: (____) _____ Cell #: (____) _____</p> <p>Email: _____</p>

\* Add additional sheets for more Committee Members if necessary.