



ELECTION PETITION

NAME: _____ EMPLOYEE ID: _____
DEPARTMENT: _____ CLASSIFICATION: _____
WORK ADDRESS: _____
HOME ADDRESS: _____
EMAIL ADDRESS: _____ MOBILE PHONE: _____

CHECK:

I am petitioning to run for the office of

☐ **UNIT GOVERNOR** for MOU _____ **OR** ☐ **AT-LARGE GOVERNOR**

AND/OR

I am petitioning to run for the office of

☐ **UNIT COUNCIL** for MOU _____

PETITIONS FOR UNIT GOVERNOR OR UNIT COUNCIL MUST BE SIGNED BY TEN (10) DUES-PAYING MEMBERS IN GOOD STANDING WITHIN THE SAME UNIT. PETITIONS FOR AT-LARGE GOVERNOR CAN BE SIGNED BY DUES-PAYING MEMBERS IN GOOD STANDING IN ALL UNITS.

PRINT/TYPE YOUR NAME AS IT APPEARS ON YOUR PAYCHECK:

- | | |
|--|---|
| 1. SIGNATURE: _____
NAME (PRINT): _____ | 6. SIGNATURE: _____
NAME (PRINT): _____ |
| 2. SIGNATURE: _____
NAME (PRINT): _____ | 7. SIGNATURE: _____
NAME (PRINT): _____ |
| 3. SIGNATURE: _____
NAME (PRINT): _____ | 8. SIGNATURE: _____
NAME (PRINT): _____ |
| 4. SIGNATURE: _____
NAME (PRINT): _____ | 9. SIGNATURE: _____
NAME (PRINT): _____ |
| 5. SIGNATURE: _____
NAME (PRINT): _____ | 10. SIGNATURE: _____
NAME (PRINT): _____ |



ELECTION PETITION

To be considered valid, this Petition must be complete. The Candidate name must match the name provided by the Controller. Candidates who submit incomplete petitions will be disqualified from appearing on the ballot.

The following candidate information will be printed on the ballot:

_____ Years of City Service

_____ Years of EAA dues-paying membership

List any current or prior EAA positions held:

POSITION	DATES
_____	_____
_____	_____
_____	_____

Candidates are encouraged, but not required to submit a Candidate Statement and photo, along with their Election Petition, which will be distributed with the ballot.

All Election Petitions, Candidate Statements and photos should be submitted via the election portal at eaaunion.org/election-petition. Portal submissions are forwarded directly to electioncommittee@eaaunion.org. They can also be submitted to EAA staff at the EAA office at 2911 W Temple St., Los Angeles, CA., 90026 by the date on the Election Announcement.

Upon verification of the signatures on the Election Petition, the Election Committee will notify the candidates of their eligibility to run for the position.

I, _____, CERTIFY THAT I HAVE AUTHORIZED THE CIRCULATION OF THIS ELECTION PETITION AND THAT IF APPOINTED TO THE POSITION INDICATED, I WILL SERVE.

SIGNATURE

DATE



ELECTION PETITION

ADDITIONAL SIGNATURES

PRINT/TYPE YOUR NAME AS IT APPEARS ON YOUR PAYCHECK:

11. SIGNATURE: _____

NAME (PRINT): _____

12. SIGNATURE: _____

NAME (PRINT): _____

13. SIGNATURE: _____

NAME (PRINT): _____

14. SIGNATURE: _____

NAME (PRINT): _____

15. SIGNATURE: _____

NAME (PRINT): _____

16. SIGNATURE: _____

NAME (PRINT): _____

17. SIGNATURE: _____

NAME (PRINT): _____

18. SIGNATURE: _____

NAME (PRINT): _____

19. SIGNATURE: _____

NAME (PRINT): _____

20. SIGNATURE: _____

NAME (PRINT): _____