CCEA
Clark County Education Association
the union of teaching professionals

2017 NOMINATION FORM

INSTRUCTIONS: COMPLETE THE APPROPRIATE BOX INDICATING YOUR CANDIDACY SELECTION. **THE COMPLETED FORM MUST BE RECEIVED BY THE CCEA ELECTIONS COMMITTEE (AT THE CCEA OFFICE) NO LATER THAN 1:00 P.M., DECEMBER 13, 2016.** ADDITIONAL NOMINATION FORMS WILL BE ACCEPTED FROM THE FLOOR DURING THE ASSOCIATION REPRESENTATIVE COUNCIL MEETING BEING HELD AT THE TEACHERS HEALTH TRUST (2950 E. ROCHELLE AVE, LAS VEGAS, NV 89121) ON ***DECEMBER 13, 2016,*** AT WHICH TIME NOMINATIONS WILL BE DECLARED CLOSED. ***THIS NOMINATION FORM CANNOT BE ACCEPTED WITHOUT THE CANDIDATE'S SIGNATURE***.

AS A CANDIDATE FOR THIS RACE, I UNDERSTAND THAT IT IS MY RESPONSIBILITY AND OBLIGATION TO FULLY UNDERSTAND AND COMPLY WITH THE 2017 CCEA STANDING ELECTIONS PROCEDURES.

CANDIDATE STATEMENT IN THE CCEA ELECTION NEWSLETTER: Candidates who have filed a Nomination Form **must** submit a typed campaign statement by **4:30 p.m. on December 15, 2016** or it will not be published. ***ALL CAMPAIGN STATEMENTS SUBMITTED MUST BE TYPED; NO HAND-WRITTEN STATEMENTS WILL BE ACCEPTED.*** Candidate photographs may be taken by the CCEA photographer or may be provided by the candidate. Photographs can be taken at the December 13, 2016 Association Representative Council meeting or by appointment December 14 and December 15 at the CCEA offices, no later than 4:30 p.m. The Elections Committee shall publish the photograph and typed campaign statement, up to 150 words, in the CCEA Elections Newsletter. Any excess words will be deleted.

The statement must: 1) Be informational in nature; 2) Contain factual statements; 3) Be limited to objective facts. **The statement may:** 1) Not include subject statements; 2) Not contain testimonials; 3) Not include explicit or implicit references to or comparisons with other candidates.

*Please print your legal name, and your name as you would like it to appear on the official ballot.

You may only run for one office in this section.

CCEA Executive Officer: 2-year term (2017-2019)

Please be notified that I wish to be a candidate for CCEA Executive Officer:

❑ **Secretary** ❑ **Treasurer**

* Legal Name (Please Print): _____

*Name on Ballot (Please Print): _____

Home Address: _____

City/ State/Zip: _____ Email: _____

School Site and Phone: _____ Home Phone: _____

Signature of Nominee: _____ Date: _____

Placed in Nomination By: _____

First **PRINT THEN SIGN**

_____

Second **PRINT THEN SIGN**