

## 2018 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 11, 2017. ADDITIONAL NOMINATION FORMS WILL BE ACCEPTED FROM THE FLOOR DURING THE ASSOCIATION REPRESENTATIVE COUNCIL MEETING BEING HELD AT KO KNUDSON MS (2400 ATLANTIC ST, LAS VEGAS, NV 89104) ON DECEMBER 12, 2017, 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 2018 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who have filed a Nomination Form must submit a typed campaign statement by 4:30 p.m. on December 15, 2017 or it will not be published.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 12, 2017 Association Representative Council meeting or by appointment December 13, 14 or 15th at the CCEA offices, no later than 4:30 p.m. The Elections Committee will publish the photograph and typed campaign statement, up to 150 words, in the CCEA Elections Newsletter. 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 subjective statements; 2) Not contain testimonials; 3) Not include explicit or implicit references to or comparisons with other candidates.

*Please print y		•	s you would like <i>ne office in thi</i> s	it to appear on the official ballot. s section.
	CCEA Exe	cutive Bo	oard: 2-year t	erm (2018-2020)
Please	e be notified tha	t I wish to be a	candidate for	CCEA Executive Board:
☐ Seat1B	Seat 2B	☐ Seat3B	☐ Seat 4B	☐ Seat5B ☐ SeatOLP
* Legal Name (Please Print	i):			
*Name on Ballot (Please P	rint):			
Home Address:				
City/ State/Zip:			Email:	
School Site and Phone:			Home Pho	ne:
Signature of Nominee: _			Date:	
Placed in Nomination By:				
F	irst	PRINT THEN	I SIGN	
S	Second	PRINT THEN	SIGN	