## CTA DECLARATION OF CANDIDACY FOR STATE COUNCIL REPRESENTATIVE AND ALTERNATE FOR MULTIPLE GROUP HE-6

This form must be received in the CCA HE office no later than 5:00 p.m., October 11, 2019. If you are elected, the information on this form is needed for Governance records and will be kept confidential. I hereby declare that I intend to be a candidate for CTA State Council representative or alternate for Multiple HE-6.

Please print:				
Home Address		_School address	<u>.</u>	
City and Zip		City and Zip School Phone (		
Home Phone (	)	School Phone (	)	
Personal Email Addr	ess:		-tti	
	Email address must not re	eference any association name, lea	aersnip position	or school.
Candidate for:				
☐ CTA State Co	ouncil Representative Se	eat #4		
	ouncil Representative <b>Se</b>		Council Alte	rnate
	·			
Term for seat #4	representative is comp	lete unexpired term fror	n June 26, 2	2019 to June 25, 2022
		lete unexpired term fror		
Term for alternate	is complete unexpire	d term from June 26, 20	19 to June 2	25, 2022
I am a member of	California Teachers Assi	ociation    National Edu	cation Assoc	ciation and
Talli a member or				
	□спартет			
Ethnicity:	African American	☐American Indian/Alas	ka Native	☐Asian/Pacific Islander
	Caucasian	□Hispanic [	∃Other:	
O a ra do m.	□Mala	***************************************	ш.	
Gender: □Female	e ∐Male	**CTA/NEA Member ID  **CTA/NEA Member ID # can be		
		CTA/NEA Member ID # can be	Hourid on the Ci	A/NEA Membership Card.
Educational Position	on: □Teacher	☐Other:		
Eddodional Footis	71. Treasmen			
☐Community Coll	ege			
<b>,</b>	, <u> </u>			
Political Party Affili	ation (Optional) □Demo	crat □Republican	□Othe	er:
•	` . ,	•		
duties: (CTA Bylaws		f Education Representative	snall be to p	erform the following
	I meeting of the State Counc	eil of Education		
	in the work of committees to			
		nal matters in the chapter(s)	or organization	n represented and be
		sals or recommendations original		
		the deliberations and action		
		vities of the Service Center Co		
part.	3			
f. Perform such other	duties as may be assigned to	to representatives by action o	f the State Co	uncil of Education.
I leave autematical a a				
Signed	ampaign statement on the		ate	
-				
Please return the	JOMPLETED Declaration	n by mail, email or fax to:		
		CCA Higher Education		

CCA Higher Education
4100 Truxel Rd. \* Sacramento, CA 95834
Phone: 916-288-4921 \*\*\* Fax: 916-288-4911
Bonita Lovell: blovell@cta.org

Bonita Lovell: <u>blovell@cta.org</u>

Deadline for receiving declarations in the CCA HE office is no later than 5:00 p.m., on October 11, 2019.

Any Declaration of Candidacy received after the deadline will not be accepted.

IT IS THE RESPONSIBILITY OF THE CANDIDATE TO INSURE THAT THIS DOCUMENT IS COMPLETED AND RECEIVED BY THE DEADLINE DATE AND TIME.

Please use the following campaign statement/biographical sketch on the flyer that accompanies the ballot. I understand that only the first 30 words will be used, but a reference to ethnic minority identification will not be counted in the limitation of words.  Please <b>print</b> name as you wish it to appear on the ballot:						
Date	Signed					