



Officer or Director-at-Large
THIS NOMINATING PETITION MUST BE RECEIVED
NO LATER THAN 5:00PM ON AUGUST 26, 2022

Name:	
Address:	
City, State, Zip:	
Department:	Work City:
Classification/Title:	
Work Phone:	Home Phone:
Signature:	Date:

Any active, dues-paying CASE Member may declare his or her candidacy for one of the Officer or Director-at-Large seats.

Nominating petitions must be signed by at least five (5) active, dues-paying Members in good standing who support your candidacy. It is the individual candidate’s responsibility to confirm with the CASE office that the people signing this petition are full active CASE Members. Non-Members who sign the petition will not be accepted, and a member who submits a petition with the signatures of less than five active CASE Members will not qualify as a candidate. No exceptions will be made to this policy.

CASE is accepting Nominating Petitions via mail, facsimile, or electronic copies.
(CASE Bylaws, Article III, section 3.14(b).)¹
CASE
Attn: Elections Committee
1231 I Street, Suite 300
Sacramento, CA 95814
Email elections@calattorneys.org or Facsimile to (916) 669-4199

¹ Due to the prevalence of telework amongst our members, CASE is suspending the requirement for original nominating petitions. As such, electronic signatures will be permitted.

2022 CASE ELECTION NOMINATING PETITION

We, the undersigned active Members in good standing of California Attorneys, Administrative Law Judges and Hearing Officers in State Employment (CASE), hereby nominate the following candidate for election to the CASE Board of Directors:

Candidate's Name: _____

POSITION SOUGHT: (Office or Director-at-Large). If seeking an officer position, please specify the title of the position sought (e.g., President, Vice President, Treasurer or Secretary):

Candidates must use separate nominating petitions if running for both officer and director seats.

1. Name:	Work Address:
Department/Classification:	City, State, Zip:
E-Mail:	Phone:
Signature:	Date:

2. Name:	Work Address:
Department/Classification:	City, State, Zip:
E-Mail:	Phone:
Signature:	Date:

3. Name:	Work Address:
Department/Classification:	City, State, Zip:
E-Mail:	Phone:
Signature:	Date:

4. Name:	Work Address:
Department/Classification:	City, State, Zip:
E-Mail:	Phone:
Signature:	Date:

5. Name:	Work Address:
Department/Classification:	City, State, Zip:
E-Mail:	Phone:
Signature:	Date: