



Representing the State's Legal Professionals

2019 CASE NOMINATING PETITION Office and Director-at-Large

THIS ORIGINAL NOMINATING PETITION MUST BE RECEIVED AT THE
CASE OFFICE NO LATER THAN 5:00 p.m. ON AUGUST 30, 2019.

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

- Any active, dues-paying Voting Member, as defined by Art. III, Sec. 3.02 and Art. IV, Sec. 4.04, of the CASE Bylaws, may declare his or her candidacy for one of the office seats (President, Vice-President, Secretary or Treasurer) or candidacy for a Director-at-Large seat.
- Nominating petitions must be signed by at least five (5) active, dues-paying Voting 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 Voting 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 full Voting Members will not qualify as a candidate. No exceptions will be made to this policy.

PLEASE MAIL OR HAND DELIVER THE COMPLETED ORIGINAL NOMINATION FORM TO:

CASE

Attn: Elections Committee

1231 I Street, Suite 300

Sacramento, CA 95814

Fax or electronic copies of the nominating petition will not be accepted.

PLEASE COMPLETE THE REVERSE SIDE WITH AT LEAST FIVE (5) SUPPORTING MEMBERS' INFORMATION

2019 CASE ELECTION NOMINATING PETITION

We, the undersigned active Voting Members in good standing of the 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, 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: