ADDA CANDIDATE NOMINATION FORM

I nominate _____for the position of _____ the ADDA Board of Directors for the November 23, 2010 election to fill Board vacancies.

Printed Name / Signature / Employee Number

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

NOTE: Please return to ADDA Secretary DDA James Bozajian no later than 30 days after this notice has been posted under the bylaws.

Association of Deputy District Attorneys

C/O AFSCME District Council 36, 514 Shatto Pl Los Angeles, CA 90020
ADDA Message Line: 213-974-ADDA

ADDA Website: LA-ADDA.COM•