## ASSOCIATED ADMINISTRATORS OF LOS ANGELES **SELF-NOMINATION FORM**

## FOR THREE-YEAR TERM OF OFFICE 2019-2022

I submit my name as a candidate for the office indicated: (All candidates must be active members of the Association)

CANDIDATE INFORMATION	OFFICE: (Check one)
(Name)	Adult Director Elementary Director Secondary Director School Support Director Unit J Director
(Position)	2 2 3
(Location)	_
opponents in their candidate statement exactly as submitted to the AALA office	tes may not use the names of incumbents or other s. The statements of candidates shall be reproduced . There will be no corrections, alterations or changes of allots and other election material. Please limit your
(Signature of Candidate)	(Date)