

Date of Election: _____
50-Day Deadline Date: _____

Date _____
Directorial District _____ Region # _____
**EMAIL, FAX, OR MAIL to CTA/ABC Member and
EMAIL, FAX, OR MAIL a copy to Regional Political
Organizer.**

NOTICE OF CTA CHAPTER INTENTION TO SEEK CTA/ABC FUNDS

PLEASE TYPE OR PRINT CLEARLY.

INSTRUCTIONS: The following questionnaire is designed to notify the CTA/ABC Committee of your intention to help with their budget planning. **The completed intention must be received by the ABC Committee Member no later than 50 days prior to the election. Contact your ABC Committee member for confirmation of receipt of your INTENTION FORM. NOTE: This must be followed by the appropriate APPLICATION FORM(s).**

For information call 916/325-1594.

I. Chapter may be requesting CTA/ABC funds for: School/College Board _____, Parcel Tax _____, County Superintendent/County Board** _____, School/College Bond _____, Recall _____, District Reorganization** _____, Other Local Measures*** _____, Local PAC Campaign _____

Number of Registered Voters* _____

II. Chapter Name/Service Center: _____

(Address)

(City)

(Zip)

Chapter President: _____
(Print Name) (Signature)

Telephone Numbers: (O) _____ (H) _____ (C) _____

Office/Home Fax _____ Office/Home E-Mail _____

Chapter Political Action Committee Chair: _____
(Print Name)

Telephone Numbers: (O) _____ (H) _____ (C) _____

Office/Home Fax _____ Office/Home E-Mail _____

CTA Primary Contact Staff: _____

CTA Board Member _____

III. School District Name: _____

Unified _____ High School _____ Elementary _____ CC _____

CTA/ABC Committee Member: _____
(Print Name) (Signature)

*Contact County Clerk or Registrar of Voters
** With approval of all local Associations impacted
*** In concurrence with CTA Policy

NEXT STEP:
Complete and submit **APPLICATION FORM(s)** which must be received no later than 35 days prior to election.