Chugach Electric Association, Inc.
Anchorage, Alaska

Candidate Information

Please provide the following information for the candidate brochure, which will be provided to Chugach members with other election materials.

Name: (Exactly as you wish it to be printed on all election materials – if you use a nickname, the suggested format is First Name, Middle Initial, "Nickname in Quotes," Last Name.)

_____

Subdivision or area of residence: _____

How long have you been a Chugach member? _____

Occupation: _____

Employer: _____

Educational history (please include school name and degree, if applicable):

_____

_____

_____

_____

_____

In accordance with the Chugach bylaws, Article III, Section 9, (b), (2), you must specify whether you are:

(i) A member, officer, director, or employee of any union local currently acting as a bargaining agent for Association employees.

☐ Yes ☐ No

(ii) A person who has within the last two years had a financial interest, as defined in Board Policy No. 604 (attached), in a bid, proposal, project, or contract with Chugach. If applicable, you must make any disclosures required under Board Policy No. 604, II. I. 2. b. i-iii below:

☐ Yes ☐ No

_____

_____

_____

(iii) A spouse, child, brother, sister, parent, stepparent, stepchild or stepsibling of: a) any person included in subparagraph (I) or (ii) above or b) an employee of the Association.

☐ Yes ☐ No

Civil and felony offense statement

I have not been found guilty of a felony offense within the last five (5) years. I have not had a judgment ordered against me in a civil claim based on fraud, theft, deceit, misrepresentation, civil conspiracy, breach of trust, breach of fiduciary duty, insider trading, failure to disclose material facts or changes, or similar conduct. I am not involved in any litigation against Chugach, am in good standing with my account, have not been prohibited or otherwise removed as a Director of an organization, and if a member of a professional body, must not have, during the previous five (5) years, been involuntarily prohibited or restricted from practicing as a member of that body.

☐ By checking this box, I confirm the statement above is true.

CERTIFICATION: I certify the information I have entered on this form is true to the best of my knowledge and belief.

Signature: _____ Date:_____

The following information is so we can contact you and will not be published in the candidate brochure.

Mailing address: _____

E-mail address: _____

Telephone numbers: Home: _____ Work: _____

Cell: _____ Fax: _____ E-mail: _____