



APPLICATION FOR CSL CANDIDACY

PSA _____ Incumbent ____ New Candidate _____

Name of Candidate _____

Address _____

City & Zip _____

Telephone(s) (Home) _____ (CP) _____

Email _____

My State Senator is: _____ District # _____

My State Assembly member is: _____ District # _____

My Congressional Representative is: _____ District # _____

For the Office of _____ I certify that
(Senior Senator/Senior Assemblymember)

- I am 55 years of age on election day,
- I am a registered voter
- I reside in the Planning and Service Area (PSA) for which the election is held,
- I own or have access to a functioning computer and a printer. (Note: Ideally, the printer would be an all in one printer, fax, copier and scanner.)
- I have a personal email account and basic access to and knowledge of how to use email, transmit documents, and open MSOffice and PDF documents,
- I possess the ability to take top senior concerns/issues at local level and draft them into a legislative proposal following a template.
- I have the ability to navigate the Capitol Building in Sacramento as well as my local community.
- I can commute to and from the Capitol Building in the same day.

I agree that all decisions regarding my candidacy, election and/or recall are the responsibility of the CSL JRC and are final and binding.

Signature _____ Date Signed _____