

LOCAC Candidate's Packet

2018 ELECTION OF COUNCIL MEMBERS
LOS OSOS COMMUNITY ADVISORY COUNCIL

Application Deadline April 27, 2018

Return Applications to these locations by 5:00 pm, April 27, 2018:

LOCAC Monthly Meetings

LOCAC Committee Meetings

LOCAC Members

By mail: Post Office Box 7170, Los Osos, CA 93412

By email: cwomack1968@gmail.com

Questions: Contact Christine Womack, LOCAC Treasurer, at
cwomack1968@gmail.com

Fill out the form that follows and attach a one page or less statement of why you want to be a LOCAC member and what District you would represent.



Los Osos Community Advisory Council

Email: cwomack1968@gmail.com

Website: www.locac.info

LOCAC Member Application

Conditions of Service

I, _____, intend to run for election to the Los Osos Community Advisory Council in **2018**. By my signature, I state that I am of at least 18 years of age and that my legal address is in the area I intend to represent and thereby qualify to run in the Geographical Voting Area # _____.

I agree to abide by and comply with any and all LOCAC rules concerning election procedures.

I agree to not spend more than \$300 on the election, including monies spent by me and on my behalf, and including any "in kind" goods or services.

I agree, if elected to LOCAC, that I will to the best of my ability comply with both the spirit and letter with the By-Laws of LOCAC.

I agree to consult with my constituents and to bring the knowledge, opinions and concerns of my constituents to LOCAC in order to best represent their interests.

I agree to attend all LOCAC meetings and to be prepared to make informed decisions representing constituents.

I agree to serve on any Committee or Work Group to which I am assigned, as provided by LOCAC By-Laws.

I agree to conduct myself in an honorable and ethical manner in all LOCAC matters. I will refrain from representing my personal opinions as LOCAC positions. I will not speak on behalf of LOCAC unless specifically authorized to do so by the Chair.

I will disclose and disqualify myself from Council voting on any issue in which my family members or I have a legal, financial, or other conflict of interest as defined in Article IX of the LOCAC By-Laws.

Signed: _____ Printed Name: _____

Address: _____ Telephone _____

Email address: _____ Date _____

Confirmed by Election Committee Member _____ Date _____