



LOCAC Candidate's Packet

2021 ELECTION OF COUNCIL MEMBERS LOS OSOS COMMUNITY ADVISORY COUNCIL

Application Deadline March 13, 2021

Return Applications to these locations by 5:00 pm, March 13, 2021

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

TO APPLY: 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**

CONDITIONS OF SERVICE – COUNCIL MEMBER – updated 1-20-21

(Signature required in order to serve on LOCAC or LOCAC committee)

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

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

I agree not to spend more than \$300 on the election, including monies spent both 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 both in spirit and letter with the Bylaws 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 leave my personal preferences out of Council discussions and will support actions of the Council even when I do not personally support the action taken.

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

I agree to serve on any committee or work group to which I am assigned, as required by LOCAC bylaws.

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 agree to disclose and disqualify myself from Council voting on any issue in which my family members or I have a legal or financial, personal or other conflict of interest as defined in Article IX of the LOCAC Bylaws. Furthermore, I agree not to attempt to persuade or influence as I participate in those discussions. (Article IX Section 5)

I agree to abide by the Standards and Code of Conduct set forth by LOCAC.

I agree to adhere to and uphold LOCAC Bylaws.

Printed Name: _____ Signature: _____

Date: _____ Address: _____

Telephone: _____ E-Mail Address: _____

Confirmed Council Member: _____ Date: _____