



CSULB Associated Students, Inc. Elections

**PUBLIC ENDORSEMENT FORM**

(Submit completed form to the Government Elections Officer via [asi-elections@csulb.edu](mailto:asi-elections@csulb.edu))

**TO BE COMPLETED BY THE PARTY WISHING TO ENDORSE A CANDIDATE**

I (we), \_\_\_\_\_  
hereby endorse \_\_\_\_\_  
for the office of \_\_\_\_\_

*I (we) understand that campaign expenses incurred on behalf of said candidate(s) shall be considered part of the candidate(s) expenses.*

Signature of person endorsing: \_\_\_\_\_ Date: \_\_\_\_\_

Title of person endorsing: \_\_\_\_\_ Date: \_\_\_\_\_



**TO BE COMPLETED BY THE CANDIDATE(S)**

I, (we) \_\_\_\_\_  
candidate(s) for the office of \_\_\_\_\_  
hereby accept the endorsement of \_\_\_\_\_

*I understand that any campaign expenses incurred on my behalf by the party/parties listed above shall be considered part of my campaign expenses and must be included on my Campaign Income and Expense Record Form.*

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_