



CSULB Associated Students, Inc. Elections

PUBLIC ENDORSEMENT FORM 2025

(Submit completed form to the Government Elections Officer via 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: _____

Candidate's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____