



# CALIFORNIA STATE FRATERNAL ORDER OF POLICE

## CALIFORNIA STATE FOP POLITICAL ENDORSEMENT REQUEST FORM

### CANDIDATE/BALLOT MEASURE INFORMATION (if applicable)

Name: \_\_\_\_\_ Office/Measure No.: \_\_\_\_\_

Committee Address: \_\_\_\_\_

ID Number: \_\_\_\_\_

Date of Election: \_\_\_\_\_ District: \_\_\_\_\_

Jurisdiction:  Local  State  Federal

Type of Election:  Primary  General  Special

### Request Submitted By:

Lodge # \_\_\_\_\_

Lodge Contact Person: \_\_\_\_\_

Contact info: Ph# \_\_\_\_\_ 2<sup>nd</sup> Ph# \_\_\_\_\_ E-mail: \_\_\_\_\_

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### FOP-Endorsement Committee Review:

Requirements Meet, Request approved for Vote of the Board

Requirements NOT Meet, Request for endorsement denied

Reason for denial: \_\_\_\_\_

Endorsement Committee Signature: \_\_\_\_\_ Date: \_\_\_\_\_