

California State Auditor – Nomination Form

Nominee Information

Full Name

Profession/Job Title

Current Employer (If Any)

Email Address

Phone Number

Mailing Address

Describe how the nominee's education and experience in auditing, management and leadership qualify the nominee to be the California State Auditor.

Describe other attributes and information that support this nomination.

Nominator Information

Full Name

Entity (If Any)

Relationship to Nominee

Email Address

Phone Number

Mailing Address

The completed nomination form should be submitted to Wesley Opp, Chief Consultant, at Wesley.Opp@asm.ca.gov or 1020 N Street, Room 107, Sacramento, CA 95814.