

# California State Auditor – Nomination Form

## Nominee Information

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**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**

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**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](mailto:Wesley.Opp@asm.ca.gov) or 1020 N Street, Room 107, Sacramento, CA 95814.