

CAPITOL CORRESPONDENTS ASSOCIATION OF CALIFORNIA

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2019-2020 Application for Accreditation

In conformity with Rule 32 of the Joint Rules of the California Legislature, I hereby apply for press accreditation for the 2019- 2020 Session of the California Legislature. I am familiar with the press rules as stated in the Temporary Joint Rules, and I am qualified for accreditation under those rules.

I am qualified under the provisions of Rule 32 (c), which states that accredited correspondents must be “employed by periodic publications of general circulation, providing that the applicant are employed on a full-time basis in the Capitol area preparing articles dealing with state government and politics and that their publications are not organs or organizations involved in legislative advocacy.”

I am also in compliance with Rules 32 (f), which states: “No accredited member for the Capitol Correspondents Association of California shall, for compensation, perform any service for constitutional officers or members of their staffs, for state agencies, for the Legislature, for candidates for state office, or for a state officeholder, or for any person registered or performing as a legislative advocate.”

I am listing below all full-time and part-time employers. I understand that the Officers of the Capitol Correspondents Association of California shall be notified of any change in my employment status in 2019-2020.

I recognize that any violation of Assembly and Senate rules may result in a revocation of my media pass.

Name _____ **Title** _____

Principal Media Employer _____

Business Address _____

City _____ **State** _____ **Zip** _____

Business Phone _____ **Cell** _____

Email (Must be from media employer) _____

Do these media employers provide you with more than one half of your earned income? _____

If you have any other employment, media and non-media, including self-employment, list below.

New Application _____ **Renewal** _____

Are you replacing a member of the News Media? _____

If so, list person replacing

Name of Editor/Producer _____

Telephone _____ **Email** _____

Members may be terminated for willful misrepresentation of their qualifications on their application for membership.

I declare that the information I have provided is true and correct.

Signature _____ **Date** _____

<p>For Office Use Only:</p> <p>Capitol Correspondents Association _____</p> <p>Assembly Speaker _____</p> <p>Senate President pro Tempore _____</p>
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Members of the media must fill out the media credential application form. The application form should be emailed to Emily.Penrod@asm.ca.gov . Once your media credential application is approved by the Legislature and the Capitol Correspondents Association of California, you will need to set up a photograph appointment with the Assembly Photo ID department.

Call Trysh O'Connor at (916) 319-2887 or send her an email at PhotoID.Keys@asm.ca.gov to schedule an appointment.