

SENATOR JOEL ANDERSON

THIRTY- EIGHTH SENATE DISTRICT



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LEGISLATIVE PROPOSAL FORM

Thank you for taking the time to complete this form thoroughly, to assist Senator Anderson with giving your legislative request the full review and consideration it deserves.

BILL SPONSOR – To get started, please tell us about yourself and how our office may reach you.

Name: _____

Organization: _____

Address: _____

E-mail: _____ Telephone: _____ Fax: _____

PURPOSE OF BILL – What is the problem or deficiency in existing law that this bill seeks to correct? Attach draft legislative language, if available.

STUDIES, REPORTS, & BACKGROUND – Please document sources indicating that a problem exists, and attach examples. Specifics and details are most helpful, as are news articles and reports.

STATE FISCAL IMPACT – Notwithstanding the bill’s benefits, what will it cost the government to implement the change?

URGENCY STATUS – Urgency bills require a two-thirds majority vote, more than a regular majority, to pass the Legislature. Must this bill be considered an urgency measure? Please check the appropriate box, and if “Yes,” please explain.

No Yes, because _____

LIKELY SUPPORTERS AND OPPONENTS – Please name those who would be inclined to support or oppose the bill, and indicate their anticipated position.

Key Legislators (Committee chairs, caucus leaders, etc.)

Circle one

Support Oppose

Support Oppose

Support Oppose

State Agencies and Departments

Support Oppose

Support Oppose

Support Oppose

Interest Groups and Associations

Support Oppose

Support Oppose

Support Oppose

Support Oppose

PRIOR OR SIMILAR LEGISLATION – Please specify the bill number, author, session, and final disposition of any related legislation.
