POST-APPLICATION PERIOD REQUEST FOR RECONSIDERATION

Under section 60851 of title 2 of the California Code of Regulations, if the Bureau of State Audits or the Applicant Review Panel decides to exclude or remove an applicant from the pool of applicants being considered for selection to the Citizens Redistricting Commission, the applicant may request reconsideration of the decision if the decision was the result of an error relating to:

- Having a conflict of interest;
- Failing to satisfy the eligibility requirements for serving on the commission; or
- Failing to comply with the procedural requirements of the application process.

To request reconsideration of the decision to exclude or remove you from the applicant pool because the decision was based on an error, as described above, please provide the following information and submit it to the Bureau of State Audits by e-mail, facsimile, or delivery to the address stated at the bottom of this form. This form must be received by the bureau no later than 10 days after the date of the notification that you were excluded or removed from the applicant pool.

Name: DON CHURCH

Date of the notice of exclusion or removal: 4-29-10

Description of the error that caused the exclusion or removal:
I WAS NOTIFIED THAT MY SUPPLEMENTAL APPLICATION WAS NOT RECEIVED AND I AM NO LONGER BEING CONSIDERED.

Description of the correct facts establishing that you should not have been excluded or removed:
I WAS NOTIFIED BY E-MAIL, ON 4-18-10, THAT MY SUPPLEMENTAL APPLICATION HAD BEEN RECEIVED.

Description of any evidence or other information that supports the facts as you now state them:

I'M ATTACHING THIS FORM TO THE 4-18-10 E-MAIL

If this request is being submitted more than 10 days after you were sent notice that were excluded or removed from the applicant pool, an explanation for why this request is being submitted late: N/A

I affirm, by signing or typing my name below, that the statements contained in this Request For Reconsideration are true and correct to the best of my knowledge.

Signature or typed name: [signature] Date: 4-29-10

Bureau of State Audits, 555 Capitol Mall, Suite 300, Sacramento, CA 95814
Facsimile: 919-322-7801 E-mail: VotersFirstAct.bsa.ca.gov