

**A RESOLUTION TO CALL FOR A SPECIAL COMMITTEE ON IMPROPER USE OF CSG MATERIALS**

**WHEREAS,** A statement has been sent out on the behalf of Central Student Government that falsely and inappropriately proclaims the support of one position toward activities of the student organization Students Allied for Freedom and Equality (SAFE) without the consent of the assembly; **AND**

**WHEREAS,** Members of the Assembly neither voted on the official position nor on the distribution of the statement to members of the University community which is required for any statement coming from the assembly; **AND**

**WHEREAS,** A conversation was alleged to have occurred in a public space was inappropriately using power to push their allured stance above; **AND**

**WHEREAS,** Both these offenses fall under the classification of improper use of CSG clerical services and power in the Compiled Code; **AND**

**WHEREAS,** The inappropriate use of Central Student Government resources and power shall be put under investigation; **THEREFORE BE IT**

**WHEREAS,** It assumed that parties are always assumed innocent and have the right to due process; **THEREFORE BE IT**

**RESOLVED,** that a select committee on oversight be created in order to investigate this incident and determine whether or not anyinappropriate use of Central Student Government resources or power occurred ;

 Authors

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lloyd Lyons, LSA

 Sponsors

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Narmeen Rehman, LSA

Attest

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alexandra Contis, LSA Ali Rosenblatt, LSA

Speaker of the Assembly Vice Speaker of the Assembly

President’s Approval

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anushka Sarkar

Presented to the Assembly for *First Reads* on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presented to the Assembly for *Second Reads* on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Abs: \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Necessary: \_\_\_\_\_\_ Signature Received By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: \_\_\_\_\_\_