

Precinct Organizing Meeting Attendees

Please Print Clearly

Precinct: _____

Please Return these forms to your County Chair

County: _____

Full Legal Name: _____

Voter Registration Address: _____

Email Address: _____ Phone: _____

Sustaining Fund: \$ _____ Employer/Occupation: _____

- Attended Meeting
 Chair
 Vice Chair
 Pct Committee Member
 Sec/Treas Member
Mark If Appropriate

Full Legal Name: _____

Voter Registration Address: _____

Email Address: _____ Phone: _____

Sustaining Fund: \$ _____ Employer/Occupation: _____

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