DEKALB DEMOCRATS

COUNTY COMMITTEE OF THE DEMOCRATIC PARTY OF GEORGIA

Committee Member Nomination Form

Nominee Information (please print):

Name

Address

Phone | Email | House District

Signature of Nominee | Date

Nominator Information:

Is the person you are nominating from your House District?

- [ ] Yes
- [ ] No

Which position are you nominating?

- [ ] Post Seat # _____
- [ ] Alternate # _____
- [ ] At-Large Member

Has the nominee's House District been verified in Vote Builder or mvp.sos.ga.gov?

House District must be verified prior to nominating Post Seat Holders or Alternates. At-Large members must live in DeKalb County.

- [ ] Yes
- [ ] No

Has the nominee's voting record been verified in Vote Builder?

Voting records must be verified in Vote Builder prior to nominating Post Seat Holders, Alternates, or At-Large Members.

- [ ] Yes
- [ ] No

Do you pledge the person you are nominating is, to the best of your knowledge, a strong Democrat who will work tirelessly for the success of the DeKalb Democratic Party, our platform, and our candidates?

Signature of Nominator *(Must be from the same House District as nominee.)* | House District