

MISSOURI DEMOCRATIC PARTY
2016 Certification List of Delegates and Alternates

FORM C

Congressional District _____ County _____

Meeting Date/Type (check one):

April 7 County Mass Meeting _____

***April 7** Ward, Township or Legislative District Mass Meeting _____ *Name/Number of Ward, Township or Legislative District _____

April 28 Congressional District Convention _____

PLEASE PRINT LEGIBLY AND COMPLETE ALL INFORMATION.

LAST	NAME	FIRST	SEX	ADDRESS	CITY & ZIP	DEL. or ALT.	PRESIDENTIAL PREFERENCE	PHONE
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

As meeting chairperson, I hereby state that the delegates and alternates listed above were duly elected and are certified to attend the following:

_____ April 7 _____ Mass meeting OR

_____ April 28 _____ Congressional District Convention

Chairperson

Meeting Secretary

WHITE COPY TO MISSOURI DEMOCRATIC PARTY WITHIN 24 HOURS (FAX: 573-634-8176 or EMAIL INFO@MISSOURIDEMS.ORG)
 YELLOW COPY TO CONGRESSIONAL DISTRICT CHAIR
 PINK COPY TO COUNTY CHAIR

Paid for by the Missouri Democratic State Committee, Airick West, Treasurer
 www.missouridems.org
 Not authorized by any candidate or candidate committee.