

## LETTER NOMINATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Congressional District: 4 \_\_\_\_\_ County Unit/Senate District: SD64 \_\_\_\_\_

Precinct: Ward 3 - Precinct \_\_\_\_\_ (See <http://pollfinder.sos.state.mn.us>)

**Position:** I wish to be elected to the position(s) indicated, but I am unable to attend the caucus, convention or other meeting at which the election(s) occurs.

I wish to run for party office (specify):

I wish to participate at the Ward 3 Convention (after recess) to be held on a date to be determined later (May or June 2011) as (check all that apply):

Delegate

Alternate

Preconvention committee, if desired (please specify): \_\_\_\_\_

\_\_\_\_\_

I wish to participate at the Saint Paul City DFL Convention to be held on April 9, 2011 as (check all that apply):

Delegate

Alternate

Preconvention committee, if desired (please specify): \_\_\_\_\_

\_\_\_\_\_

**Preferences (optional):** In the event that a subcaucus process is used to fill the position(s), I provide the following so that this request may be considered by an appropriate subcaucus.

I am currently uncommitted to any candidate

I support the following candidate(s): \_\_\_\_\_

\_\_\_\_\_

I support the following issue(s):

\_\_\_\_\_

\_\_\_\_\_

**Additional (optional):** The following information should be shared with those voting for the position: \_\_\_\_\_

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**Eligibility:** I live at the address indicated above, which is within the precinct or district. By November 8, 2011, I will be at least 18 and eligible to vote as required to become a delegate or alternate; or I will be at least 16 as required to hold party office. I consider myself a member of the DFL Party and am not an active member of any other political party. I agree with the principles of the DFL Party as stated in the DFL Constitution and Bylaws.

**Signature:** I affirm that the above is true and correct and I further recognize that it is my responsibility to determine whether or not I have been elected.

Signature:

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Date: \_\_\_\_\_