

Committee "For" and "Against" Appointment Form

Name of Jurisdiction/Proposition No: _____

Jurisdiction Contact Name: _____

Email: _____ Phone: _____

Jurisdiction's responsibility:

- Submit completed form to Clallam County Elections Department on or before the resolution submittal deadline:
 - Email: khugoniot@co.clallam.wa.us
 - Mail: Attn: Elections Supervisor, 223 E. 4th St., Ste 1, Port Angeles, WA 98362
- Provide committee members with statement submission requirements and deadlines. (Requirements and deadlines can be found in the *Guidelines for Ballot Measures.*)

Questions? Call (360) 417-2217 or email khugoniot@co.clallam.wa.us

**1st Committee Member must provide an email address for inclusion in the Voters' Guide/Pamphlet.*

"For" Committee (1-3 members)

1st Committee Member
Name
*Email <i>(published in pamphlet)</i>
Phone <i>(optional)</i>
Website <i>(published in pamphlet)</i>
2nd Committee Member
Name
Email
3rd Committee Member
Name
Email

"Against" Committee (1-3 members)

1st Committee Member
Name
*Email <i>(published in pamphlet)</i>
Phone <i>(optional)</i>
Website <i>(published in pamphlet)</i>
2nd Committee Member
Name
Email
3rd Committee Member
Name
Email