

PC Appointment Form 2022-2024
PIMA COUNTY DEMOCRATIC PARTY
HQ at 4639 E 1st St

PCT _____
 LD _____

MAIL TO: Pima County Democratic Party
 4639 E 1st St, Tucson, 85711

Date Submitted _____

Please accept the APPOINTMENT RESIGNATION of the following individual as a Democratic Party Precinct Committeeman:

Last Name	First Name	Middle Initial
-----------	------------	----------------

Residence Address (ADDRESS BEING APPOINTED TO OR RESIGNING FROM)

Mailing Address (if different from above)	Email Address
---	---------------

City	Zip Code	Precinct #	Phone Number
------	----------	------------	--------------

APPOINTMENT
 I accept the appointment to a vacancy in the office of Democratic Precinct Committeeperson. I will support the principles and goals of the Democratic Party and will assist in and support the election of Democratic candidates of my choice. I will NOT publicly endorse candidates of an opposing party in any primary, general, or special election.

RESIGNATION
 I hereby resign the position of Pima County Democratic Precinct Committeeperson.

All Precinct Committee appointments are submitted by the County Chair (ARS 16-821B). County Chair's signature required below: _____ <i>Authorized Signature, County Chairperson</i> <i>Pima County Democratic Party</i>	<table style="width:100%;"> <tr> <td style="width:80%;">_____ <i>Signature of Appointee or Resignee</i> <i>Pima County Democratic Party</i></td> <td style="width:20%;">_____ <i>Date</i></td> </tr> <tr> <td>_____ <i>LD Chair Approval</i></td> <td>_____ <i>Date</i></td> </tr> </table>	_____ <i>Signature of Appointee or Resignee</i> <i>Pima County Democratic Party</i>	_____ <i>Date</i>	_____ <i>LD Chair Approval</i>	_____ <i>Date</i>
_____ <i>Signature of Appointee or Resignee</i> <i>Pima County Democratic Party</i>	_____ <i>Date</i>				
_____ <i>LD Chair Approval</i>	_____ <i>Date</i>				

LD _____ CD _____ Supv _____ JP _____ WD _____

PIMA COUNTY ELECTIONS DEPARTMENT	
OFFICE USE ONLY	
___ CHECK ALLOTTED NUMBER	V.R.# _____
___ APPOINTMENT DATE: _____	CONGRESSIONAL DISTRICT # _____
___ RESIGNATION DATE: _____	LEGISLATIVE DISTRICT # _____
___ AGENDA ITEM TO COB	SUPERVISOR DISTRICT # _____
___ ENTERED INTO MASTER FILE	
___ APPOINTMENT NOTIFICATION MAILED	Revised 4/09/2014