

LAST	SUFFIX	Date Received			NICKNAME
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NAME LAST FIRST MIDDLE INITIALS SUFFIX NICKNAME	TITLE POSITION DEPARTMENT DIVISION OFFICE SYMBOL TELEPHONE	ADDRESS (Residence or Business) CITY STATE ZIP	MESSAGE LAST DATE
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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General	Special	13 OFFICE	OFFICE HELD (if any)	14 ADDRESS
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Position 4

Additional Pages	COMMITTEE TYPE COMMITTEE NAME CHAIRMAN MEMBERS COMMITTEE CHAIRMAN TRAVELING UNIT
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with the NAME

APPROVED: _____ DATE: _____

STATE OF CALIFORNIA
COUNTY OF _____

APPROVED: _____
TITLE: _____

1,232.33

202-1234-5678

APPROVED: _____ DATE: _____

8:00

LEGAL DETAILS

100-1234-5678

The State of California

not to be subject to any

[Handwritten Signature]

Notary Public for California

Notary Public for California

Notary Public for California



[Handwritten Signature]

Notary Public for California

[Handwritten Signature]

Notary Public for California

[Handwritten Signature]

Notary Public for California

Notary Public for California

My commission expires _____

and my date of birth is _____

My commission expires _____

APPROVED: _____ DATE: _____

Notary Public for California

Notary Public for California