

Committee For and Against Appointment Form

Name of Jurisdiction/Proposition No: _____

Jurisdiction Contact Name: _____

Email: _____ Phone: _____

Jurisdiction's responsibility:

- Email completed form to elections@co.cowlitz.wa.us on or before the resolution submission deadline. (Submission deadlines are located on page 20)
- Provide committee members with statement submission requirements and deadlines. (Requirements and deadlines are located on pages 15-18)

Questions? Call (360) 577-3005 or email elections@co.cowlitz.wa.us

**1st Committee Member must provide contact information for print in the local voters' pamphlet.*

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