

Committee “For” and “Against” Appointment Form

Name of Jurisdiction/Proposition No.: _____

Jurisdiction Contact Name: _____

Email: _____ Phone: _____

Jurisdiction’s responsibility:

1. Submit completed form to Chelan County Auditor on or before the resolution submittal deadline:

auditor@co.chelan.wa.us
 Questions? Call (509) 667-6808

2. Provide committee members with statement submission requirements and deadlines.
 (Requirements and deadlines can be found in the Elections Guide for Jurisdictions)

“For” Committee (1-3 members)
*1st Committee Member:
Name
Email
Phone
Website
2nd Committee Member:
Name
Email
3rd Committee Member:
Name
Email

“Against” Committee (1-3 members)
*1st Committee Member:
Name
Email
Phone
Website
2nd Committee Member:
Name
Email
3rd Committee Member:
Name
Email

**1st Committee Member must provide at least one method of contact, which will be published in the voters’ guide/pamphlet.*