This form is ONLY for Delegates or Alternates who have been raised to Delegate status.

EXHIBIT A (2010)

PAGE _____OF _____

PLEASE PRINT FIRMLY
USING A BALLPOINT PEN

TO BE USED AT THE 2010
COUNTY/SENATORIAL DISTRICT CONVENTIONS
MARCH 20, 2010

SENATE DISTRICT NO. _____ **TOTAL NUMBER OF PARTICIPANTS _____** **COUNTY _____**

	PLEASE PRINT NAME	ADDRESS (INCLUDING ZIP)	EMAIL ADDRESS	VOTER CERTIFICATE NUMBER	PHONE (OPTIONAL) Phone #'s provided will be posted on the TDP's Voter File & will be accessible to Democratic parties and candidates, inc. for robocalls.	Persons with Disabilities	LGBT (Lesbian/Gay/ Bisexual/Transgendered)	35 & Under (Y) Yes, (N) No	Sex (F) Female, (M) Male	Ethnicity (AA) African American, H (Hispanic), (W) White, (AS) Asian, (NA) Native American
1	First: / Last:	CITY: ZIP:			H ( ) O ( ) C ( )					
2	First: / Last:	CITY: ZIP:			H ( ) O ( ) C ( )					
3	First: / Last:	CITY: ZIP:			H ( ) O ( ) C ( )					
4	First: / Last:	CITY: ZIP:			H ( ) O ( ) C ( )					
5	First: / Last:	CITY: ZIP:			H ( ) O ( ) C ( )					
6	First: / Last:	CITY: ZIP:			H ( ) O ( ) C ( )					
7	First: / Last:	CITY: ZIP:			H ( ) O ( ) C ( )					
8	First: / Last:	CITY: ZIP:			H ( ) O ( ) C ( )					
9	First: / Last:	CITY: ZIP:			H ( ) O ( ) C ( )					
10	First: / Last:	CITY: ZIP:			H ( ) O ( ) C ( )					
11	First: / Last:	CITY: ZIP:			H ( ) O ( ) C ( )					
12	First: / Last:	CITY: ZIP:			H ( ) O ( ) C ( )					