DELEGATE TO A COUNTY CONVENTION REGISTRATION FORM

Instructions: Please complete the form in its entirety, by <u>printing</u> the information requested in the spaces provided. Incomplete forms could delay the effective date of your filing. Be sure the form is legible. Do not sign the form until you are in front of a notary public or elections official. If you have any questions on submitting this form, contact your local Election Commissioner or County Clerk. If you have any questions on the process, contact your state political party.

For Official Use Only

Filing Deadline: MARCH 1, 2024

Timing Deadune: MAINOTT, 2024			
	Required Information		
Registered Voter's Name: (First, Middle Initial, Last)	(C	ounty of Residence)	
Registered Voter's Address:(Street address where you reside & are re	egistered to vote) (City)	(State)	(Zip)
Phone Number:	or	(cuto)	(E-P)
(Home) Email Address:	(Cellular)		
Political Party:	Voting Precinct (If known):		
STATE OF NEBRASKA)) ss. COUNTY OF)			
I declare my intention to become a delegate to the (Political I	Party) County Conventi	On(County of Residence)	County.
Signature of Delegate			
(SEAL)	Subscribed in my presence and sworn to befo day of (Day) (Month)	re me this , (Year)	
	Officer Administering Oath	Title (e.g., County Clerk,	Notary Public)