ORANGE COUNTY DSA ENDORSEMENT PETITION

Candidate/Measure:_____ **Office:** _____

1

Name: _____
Email: _____ **Phone:** _____
IF ENDORSED, I WILL VOLUNTEER FOR THIS CANDIDATE: YES ☐ NO ☐

Signature: _____ **Date:** _____

2

Name: _____
Email: _____ **Phone:** _____
IF ENDORSED, I WILL VOLUNTEER FOR THIS CANDIDATE: YES ☐ NO ☐

Signature: _____ **Date:** _____

3

Name: _____
Email: _____ **Phone:** _____
IF ENDORSED, I WILL VOLUNTEER FOR THIS CANDIDATE: YES ☐ NO ☐

Signature: _____ **Date:** _____

4

Name: _____
Email: _____ **Phone:** _____
IF ENDORSED, I WILL VOLUNTEER FOR THIS CANDIDATE: YES ☐ NO ☐

Signature: _____ **Date:** _____

5

Name: _____
Email: _____ **Phone:** _____
IF ENDORSED, I WILL VOLUNTEER FOR THIS CANDIDATE: YES ☐ NO ☐

Signature: _____ **Date:** _____