

**LOS ANGELES COUNTY DEMOCRATIC PARTY  
ENDORSEMENT RECOMMENDATION/CANDIDATE INTERVIEW  
MEETING LOCATION PLANNING FORM**

**Please complete and return this form by \_\_\_\_\_ to the Los Angeles County Democratic Party by fax at (213) 382-1278 or by email at [clarklee@lacd.org](mailto:clarklee@lacd.org). Please contact Clark Lee, Political Director, at (213) 382-1211 if you have any questions.**

Assembly District(s): \_\_\_\_\_ Election Date (Month/Date/Year): \_\_\_\_\_

Delegation or Committee Co-Chair (or Lead Contact, if more than one AD): \_\_\_\_\_

Contact Cell Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Race(s) Considered: \_\_\_\_\_

\_\_\_\_\_

**Meeting Location Information**

Date of Endorsement Recommendation Meeting (Month/Date/Year): \_\_\_\_\_

Meeting Time: \_\_\_\_\_:\_\_\_\_\_ AM / PM to \_\_\_\_\_:\_\_\_\_\_ AM / PM (Ending time approximate)

Meeting Location Name: \_\_\_\_\_

Meeting Location Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parking Information/Other Notes: \_\_\_\_\_

Site Contact Person: \_\_\_\_\_ Site Phone: \_\_\_\_\_

- I have confirmed that the meeting location is ADA accessible.
- Candidate Waiting Area: Yes / No
- On-Site Parking Lot: Yes / No
- Restrooms (Wheelchair Accessible): Yes / No

**Meeting Interview Schedule (Please use reverse or another sheet if necessary)**

Race: \_\_\_\_\_ Interview Time: \_\_\_\_\_:\_\_\_\_\_ AM / PM

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