

**LOS ANGELES COUNTY DEMOCRATIC PARTY
 PETITION TO REMOVE ENDORSEMENT RECOMMENDATION FROM CONSENT CALENDAR**

Date: _____ **Name of Circulator:** _____ **AD:** _____

Name of Race: _____ **Name of Candidate/Measure:** _____

In order to remove a name from the consent calendar, twenty (20) members of LACDP must petition to do so. Petitioners must be present at the time the race is being pulled for discussion. If a petitioner is an Alternate, the appointer must NOT be present. The Chair will call the names of those seeking to pull a recommendation prior to doing so, to verify these prerequisites:

By signing below, I am indicating that I wish to remove the recommendation of the (circle one) Candidate Interview Committee / Assembly District (AD number) _____ Delegation Endorsement Recommendation / Ballot Measure Committee of (name of candidate/measure) _____ for the (name of race/office) _____ from the consent calendar and discuss this recommendation prior to voting on it:

	First Name	Last Name	AD	Membership Status (Member or Alternate)	Signature
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