LOS ANGELES COUNTY DEMOCRATIC PARTY
ENDORSEMENT RECOMMENDATION MEETING MEMBER SIGN-IN SHEET

Date: _____ AD(s)/Endorsement Recommendation Committee: _____

First Name	Last Name	AD	Time Arrived	Membership Status (Check one of the following)			Endorsement Recommendation Voting Eligibility (Yes / No)
				Regular Member	Alternate Member (Please list member name)	Associate Member	

V 08/15