

P.O. BOX 58337
Renton, Washington 98058
Phone 425.255.2679 / FAX 425.255.2146

E-mail: kingcountymocrats@msn.com Web Page: <http://www.kcdems.org>

This is **NOT** a Declaration of Candidacy for Elected PCO. That form is supplied by King County Elections.

APPLICATION FOR APPOINTED OR ACTING PRECINCT COMMITTEE OFFICER

I am willing to serve as a Democratic Precinct Committee Officer (PCO) until the end of the current biannual term.* I recognize that it is my responsibility to know the boundaries of my precinct and be familiar with its residents and registered voters. I understand that my duties also include:

- Conducting a precinct caucus in the spring of an even-numbered year
- Doorbelling with campaign material for endorsed candidates prior to each primary and general election
- Get-out-the-vote activities
- New voter registration

In order to keep informed of Party projects and issues, I agree to regularly attend meetings of my Democratic Legislative District organization. In order to fulfill my responsibilities to elect Democratic Party officers and to help form Democratic Party platforms and policy positions, I also agree to participate in precinct, Legislative District and King County caucuses and conventions, as well as meetings of the King County Democratic Central Committee. In addition,

(for prospective Appointed PCOs)

I understand that **service as an Appointed PCO will be contingent upon remaining legally registered to vote in the precinct served** and that, upon any move or other change of legal domicile that entails a change of registration to a new precinct, I agree to inform my district chair at the earliest opportunity.

(for prospective Acting PCOs)

I understand that, not being a resident of my service precinct, my primary task will be to find a willing Democratic resident of voting age to become the Appointed PCO for that precinct.

Signed _____ Date _____

Name as Registered (Print) _____

Registration Street Address _____

Registration City _____ Zip _____ Registration Precinct

Legislative District *(Acting PCO only)* Service Precinct

Phone _____ E-mail _____

Mailing Address (if different) _____

Mailing City _____ State _____ Zip _____

There is currently no Democratic PCO for this service precinct. In order for Democrats residing in the precinct to be fully represented in the formation of Party Policy and in the selection of candidates and party officials, it is essential that a PCO be appointed.

Therefore, in general meeting on _____, the Democratic Party organization for the Washington state legislative district named above voted to approve the appointment of the person named above to be the Democratic Precinct Committee Officer for the designated precinct, in accordance with district and county bylaws.

Submitted by District Chair _____ Date _____ Signature sheet attached

Appointed by County Chair _____ Date _____ CD KCCD

* PCO terms begin and end on December 1 in even-numbered years.

King County Democratic Central Committee

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Note to applicant:
Check first if your district organization actually requires this page; some do not.

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RESIDENT SIGNATURE SHEET
for Precinct Committee Officer Application

Explanation for Precinct Residents: In order for Democrats residing in a given precinct to be fully represented in the formation of Party Policy and in the selection of candidates and party officials, it is essential that said precinct have a Precinct Committee Officer (PCO). Under State Law, the County Chair of a political party has the authority to fill PCO vacancies in the county in accordance with the state party charter/bylaws and the bylaws of the respective county and legislative district organizations.

This sheet must be accompanied by an **Application for Appointed or Acting Precinct Committee Officer**. Applicant is representing either that

- there is currently no Democratic PCO at all serving your precinct, or that
- your precinct is currently being served by a non-resident ("Acting") PCO and that applicant is himself/herself a resident

If you are legally registered to vote in the precinct named and support this applicant, you may sign below.

This legislative district's Democratic organization requires the signatures of at least 10 voters registered in the precinct in order for the application to be considered. When sufficient signatures have been gathered, application will voted upon by the other PCOs of the district at the organization's next general meeting, a public meeting which you are welcome to attend.

We, the undersigned registered voters in Precinct _____ of Legislative District ____ in the State of Washington, hereby support the appointment of

(Applicant Name) _____ of

(Registered Street Address) _____

to be our Democratic Precinct Committee Officer.

Signature	Date	Name as Registered (Print)	Registered Street Address	Zip	Phone
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					