Newport News Democratic City Committee Officer Filing Form

First Name: _					
Last Name: _					
Email Addres	s:				
Cell Phone N	umber:				
Address:					
City:					
Zip:		_			
Officer Position Sought: (Circle One)					
Chair(s)	Vice Chair	Treasurer	Secretary	Parliamentarian	
Sergeant-at-Arms					
Signature:					
Date:					