

HENDERSON COUNTY DEMOCRATIC PARTY - DISCLOSURE STATEMENT

*This information is required by the NC Board of Elections to accompany any contribution.
Please use one form per person.

PLEASE PRINT:

*LAST NAME: _____ *FIRST NAME: _____

*STREET: _____ *CITY: _____

*STATE: _____ *ZIP: _____

*OCCUPATION (profession or job title or retired): _____

*EMPLOYER (employer or self-employed or retired): _____

E-MAIL: _____

PHONES: (cell): _____ (home): _____

DATE: _____ PRECINCT: _____ PARTY REGIST.: _____

MAY WE CONTACT YOU? YES NO MAY WE TEXT YOUR CELL # WITH VOTING INFORMATION? YES NO

PREFERRED METHOD OF CONTACT: EMAIL PHONE POSTAL MAIL (ADD MAILING ADDRESS, IF DIFFERENT)

(REV.12/2021) (2)

HENDERSON COUNTY DEMOCRATIC PARTY - DISCLOSURE STATEMENT

*This information is required by the NC Board of Elections to accompany any contribution.
Please use one form per person.

PLEASE PRINT:

*LAST NAME: _____ *FIRST NAME: _____

*STREET: _____ *CITY: _____

*STATE: _____ *ZIP: _____

*OCCUPATION (profession or job title or retired): _____

*EMPLOYER (employer or self-employed or retired): _____

E-MAIL: _____

PHONES: (cell): _____ (home): _____

DATE: _____ PRECINCT: _____ PARTY REGIST.: _____

MAY WE CONTACT YOU? YES NO MAY WE TEXT YOUR CELL # WITH VOTING INFORMATION? YES NO

PREFERRED METHOD OF CONTACT: EMAIL PHONE POSTAL MAIL (ADD MAILING ADDRESS, IF DIFFERENT)

(REV.12/2021) (2)