

Nomination Form

Assemblyman Dave McDonough 19th Assembly District

Name of Nominee:				
Address of Nominee:				
		Zip	Phone	e
Name of Nominating I	ndividual:			
Address of Nominating	g Individual:			
		Zip	Phone	e
Nominee affiliation, if a	applicable:			
ALL NOMINATION	NS MUST BE RECEIVED	NO LATER	THAN Fr	iday, July 25, 2008.
	above-named woman for Assem g category: (Please check only o		McDonoug	h's WOMEN OF DISTINCTION
☐ Military/ Veterans☐ Business	☐ Humanitarian☐ Community & Civic Affairs			☐ Health Services☐ Volunteer
(1	ndividuals holding elected public	office are not	eligible for ı	nomination)
In the space below, ple additional sheets if ne	ease type or print a description of cessary.	the nominee	and her co	ntribution. Please add