



2023-25 PICKENS COUNTY REPUBLICAN PARTY FORM 1 \_\_\_\_\_precinct

Voter Registration Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zipcode: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Voter Registration verified by: \_\_\_\_\_ Voter registration card

\_\_\_\_\_ SCVotes.org

_____ I attended my precinct meeting	
_____ I was elected as an officer of the precinct as noted below:	
_____ Executive Committeeperson	_____ 2 <sup>nd</sup> VP
_____ President	_____ Secretary
_____ 1 <sup>st</sup> VP	_____ Treasurer

Signature of Voter: \_\_\_\_\_

Secretary: \_\_\_\_\_

President: \_\_\_\_\_