# 2025 COUNTY CONVENTION SIGN IN

**_____County Democratic Party DATE:_____**

**ALL PARTICIPANTS MUST SIGN THIS STATEMENT PRIOR TO THE BEGINNING OF THE COUNTY CONVENTION**

**"**I do solemnly swear or affirm that I am a registered voter in this county. I consider myself to be a Democrat. **By providing your cell phone number you consent to receive periodic campaign updates from SCDP.*

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| Name | Email | Gender |
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