CHALLENGE FORM

Name of challenger (please print):			
Address:			
City:		State:	Zip:
Jurisdiction (insert name or numbers):			
Congressional District: Organiz	zing Unit:		Precinct:
If there is more than one challenger, pleas	e provide the contact inf	formation for ea	ch on additional signed form(s).
Event:			Event Date:
Type of challenge (check at least one): M	ember/Delegate/Alternate	e election	Endorsement
• • • • • • • • • • • • • • • • • • • •	Platform/Resolutions		pecify):
Grounds for challenge (check at least one):	Improper procedure Other (specify):		nother political party
Detailed explanation of challenge:			
Specific remedy sought:			
Name (a) of manager (a) an action (a) shallow and			
Name(s) of person(s) or action(s) challenged			
	() 1 H 1 (10)		
Address, phone number, and/or e-mail of per	rson(s) challenged (if avai	ilable):	
I affirm that the above is true and correct.			
Signature:			Date:
	State DFL Chair, 255 Ea	ast Plato Blvd., S	ax or email within 10 calendar days after the date t. Paul, MN 55107, by email at chair@dfl.org or oll free 1-800-999-7457.
Date Received:	Received by: _		
(Adopted 12 August 2023)	A-3	WW	vw.dfl.org 651-293-1200 or 1-800-999-7457