

# Wesley Wilcox

## Supervisor of Elections Marion County

## Executive Committee Member Change Form

	Member Name and Address <i>(please print)</i>	DOB	Precinct	Status
1	_____	_____	_____	<input type="checkbox"/> Member <input type="checkbox"/> Alternate <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Update
2	_____	_____	_____	<input type="checkbox"/> Member <input type="checkbox"/> Alternate <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Update
3	_____	_____	_____	<input type="checkbox"/> Member <input type="checkbox"/> Alternate <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Update
4	_____	_____	_____	<input type="checkbox"/> Member <input type="checkbox"/> Alternate <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Update
5	_____	_____	_____	<input type="checkbox"/> Member <input type="checkbox"/> Alternate <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Update
6	_____	_____	_____	<input type="checkbox"/> Member <input type="checkbox"/> Alternate <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Update
7	_____	_____	_____	<input type="checkbox"/> Member <input type="checkbox"/> Alternate <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Update
8	_____	_____	_____	<input type="checkbox"/> Member <input type="checkbox"/> Alternate <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Update
9	_____	_____	_____	<input type="checkbox"/> Member <input type="checkbox"/> Alternate <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Update
10	_____	_____	_____	<input type="checkbox"/> Member <input type="checkbox"/> Alternate <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Update

Return form and oath (new members only) to:  
Marion County Election Center  
981 NE 16<sup>th</sup> Street • PO Box 289 • Ocala, FL 34478  
*Effective date will be Chairman signature date*

\_\_\_\_\_  
*Signature of Chairman*

\_\_\_\_\_  
*Date*