



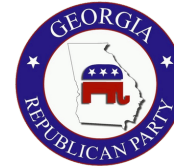
By signing below, I acknowledge that I have willingly and knowingly provided my unsealed voter registration application to the Georgia Republican Party, and I give my express, written consent to the Georgia Republican Party to copy my voter registration form so they may verify the timely and proper receipt and processing of my application.

SIGNATURE

PRINTED NAME

DATE

Paid for by the Georgia Republican Party, Inc.
Not authorized by any candidate or candidate's committee
Post Office Box 550008 • Atlanta, Georgia 30355
404.257.5559 WWW.GAGOP.ORG 404.257.0779 fax
David J. Shafer, Chairman • Joseph Brannan, Treasurer



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