



**LEAGUE OF WOMEN VOTERS®
OF LOS ANGELES EDUCATION FUND**

**LWVLA EASY VOTER GUIDE
STATEMENT OF DISTRIBUTION**

I. General Information

Name: _____ Date: _____

Name of Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Email: _____

Number of Guides Requested: _____ Language(s): _____

How did you hear about our Easy Voter Guide? _____

II. Proposed Method of Distribution

☐ Fixed Location ☐ Mail (Targeted) ☐ Door-to-Door ☐ Other _____

Briefly explain your distribution plan (where will the Easy Voter Guides be distributed, by whom, and what population will be the audience, etc.).

(Office Use Only)

Request approved by: _____ Approved date: _____

Quantity approved: _____

Method of delivery: _____ Date of delivery/pick-up: _____

SUBMIT THIS FORM TO:

League of Women Voters of Los Angeles
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