

# REPUBLICAN PARTY OF MINNESOTA

## CHALLENGE FORM

### *Challenger Information (Please Print Clearly)*

Name of Challenger:	
Address:	
City, State, ZIP:	
Phone:	
Email:	
Jurisdiction:	
Congressional District:	
BPOU / Organizing Unit:	
Precinct:	
Event:	
Event Date:	
Type of Challenge:	
Grounds for Challenge:	
Detailed Explanation of Challenge:	
Specific Remedy Sought:	
Person(s) or Action(s) Challenged:	

### **Certification**

I affirm that the information provided above is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Filing Instructions**

All challenges must be submitted in writing within ten (10) calendar days of the challenged action.

**Chair, Republican Party of Minnesota**

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Edina, MN 55439

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