

## Biography Form



Veteran's Master S Name Clint Da	Sergeant, E-8 vis	Deceased KIA	MIA POW	Active Retired
If you are filling this form out for and relationship to the Veteran h	а Deceased, KIA or MIA Veteran, ј ете:	please write your name		
Branch of Service	U.S. Army	Rank Upon Discharge		
Years of Service	19 1/2	Specialties:		
Highlights of Military Se	ervice:			
Medal/Honors Received	l:		(2)	
				Holeston Burgon and the Control of t
Foreign Countries Statio	oned At-		.,	
1 oreign Countries State				
Why you believe it is im	portant for our citizens to	get involved, register and VOTE?		
,				
	H. H.		**************************************	
			,	
Submitters Name: Lis	sa McClelland		Date: 11/07	7/2015
Please return the comple		P.O. Box 3448, Sebring, FL 3	33871	Attn: Penny Ogg
Call: 863-402-6655 if you	u have any questions or co	mments about this program.		+ * * *



Don't forget to include a photo (no larger than 5x7") if you would like this included, or you can email it to SOE@VoteHighlands.com.

Please feel free to reproduce this form if needed. If you have any questions, please contact
The Supervisor of Elections' Office. Also visit our website www.VoteHighlands.com for
additional information.



VOTE IN HONOR OF A VETERAN

