FORM B APPLICATION

At-Large

Mandatory: Your Congressional District #_______

Or Congressmember: ____________________________

2020 PRESIDENTIAL DELEGATES TO THE DEMOCRATIC NATIONAL CONVENTION
Statement of Candidacy & Pledge of Support / At-Large Delegates & Alternates ~ August 17-20, 2020 in Milwaukee, WI

This form is not for the June 7th district-level caucuses. This form is for the June 28th Delegation Meeting, to apply as a statewide at-large delegate. Any California registered democrat may apply to be an at-large delegate.

You may apply to be a delegate if you will turn 18 on or before November 3, 2020.

I am applying to be a committed At-Large Delegate or Alternate and pledge my support for:

[CIRCLE ONE]

Joseph R. Biden • Bernie Sanders

(Please type or print)

Last Name

First

Middle

City

State

Zip

Registered voting address

Mailing address (Same?)

City

State

Zip

County in which you reside:

Mobile/Cell:

Home Phone

Home Fax

Work Phone

Work Fax

E-mail (non-government)

Please provide district number or name of elected official for the following: Assembly District

Senate District

Mandatory information

Gender Identity: Female Male Trans Women Trans Man

Transgender Gender Fluid Intersex Non-Binary Other

Your answers (optional) to these questions help the party determine the demographics of the delegation. Please mark "X" where applicable.

1. Race (check all that apply): Caucasian Latino/Hispanic African-American Asian Pacific Islander

Native American [tribal affiliation]

Other:

2. Date of birth: (MM/DD/YY) _______ / _______ / _______

3. Do you have a disability: YES NO

4. Your sexual orientation: Heterosexual Queer Gay

Bisexual Pansexual Asexual Other

5. Union Member: YES NO If YES, union and local #________

6. Elected Official: YES NO If YES, list title(s)

7. Party Leader: YES NO If YES, list title(s)

8. Active Military / Veteran: YES NO If YES, Where Serving / Served?

Branch: _______ Years (e.g. 2016-2020):

2020 AFFIRMATIVE ACTION GOALS (quotas prohibited):

Latino/Hispanic 30% Asian/Pacific Islander 10% Under 36 20%

African-American 16% LGBT 12%

Disabled 10% Native American 2%

www.cadem.org
9. Fluent in a Foreign Language:  ____ YES  ____ NO  IF YES, specify

10. Occupation_________________________________________ Employer

If College Student, Name of College/University ____________________________________________

By signing below, I agree that all of the above is true to the best of my knowledge.

 ➤  (Required) Signature_________________________________________ Date __________/__________/2020

FILING DEADLINE: Tuesday, June 9, 2020 @ 5pm

Submit online at www.cadem.org/ or fax signed Form B to (916) 442-5715

FILING INSTRUCTIONS: File online at www.cadem.org/ or fill out Form B manually. Fax signed Form B to (916) 442-5715, email to Delegate2020@cadem.org, or send to California Democratic Party, Attn: Delegate Selection, 1830 9th Street, Sacramento, CA 95811. Online and fax forms must be received by June 9, 2020 at 5pm. Forms submitted by mail must be postmarked by June 9, 2020. Please keep a copy for your records.

FYI: All Delegates are responsible for their own convention expenses (approx. $ 3,070+). Additional information will be sent via e-mail after you have filed.