FORM C APPLICATION

PLEO

2020 PRESIDENTIAL DELEGATES TO THE DEMOCRATIC NATIONAL CONVENTION

Statement of Candidacy & Pledge of Support / Party Leaders-Elected Officials (PLEOs) ~ July 13-16, 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 PLEO DELEGATE. ANY CALIFORNIA REGISTERED DEMOCRAT MAY APPLY TO BE PLEO 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 PLEO delegate and pledge my support for:

CIRCLE ONE

☞ Joseph R. Biden • Bernie Sanders

(PLEASE TYPE OR PRINT)

Last Name ___________________________ First ___________________ MI ____________________________________________________________

Registered voting address ___________________________ City ___________________ CA Zip ___________________

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%
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 C to (916) 442-5715

FILING INSTRUCTIONS: File online at www.cadem.org/ or fill out Form C manually. Fax signed Form C 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.