FORM B APPLICATION
At-Large

2020 PRESIDENTIAL DELEGATES TO THE DEMOCRATIC NATIONAL CONVENTION
Statement of Candidacy & Pledge of Support / At-Large Delegates & Alternates ~ July 13-16, 2020 in Milwaukee, WI

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

Michael Bennet • Joseph R. Biden • Michael R. Bloomberg •
Cory Booker • Mosie Boyd • Pete Buttigieg • Julián Castro • Roque
"Rocky" De La Fuente III • John K. Delaney • Michael A. Ellinger •
Tulsi Gabbard • Mark Stewart Greenstein • Amy Klobuchar • Deval Patrick • Bernie Sanders •
Joe Sestak • Tom Steyer • Elizabeth Warren • Marianne Williamson • Andrew Yang

(PLEASE TYPE OR PRINT)

Last Name ___________________________________________ First ___________________________ MI ______
Registered voting address __________________________________ City __________________________ CA Zip ________
Mailing address (Same?) __________________________________ City __________________________ ST 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):

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latino/Hispanic</td>
<td>30%</td>
</tr>
<tr>
<td>Asian Pacific Islander</td>
<td>10%</td>
</tr>
<tr>
<td>African-American</td>
<td>16%</td>
</tr>
<tr>
<td>LGBT</td>
<td>12%</td>
</tr>
<tr>
<td>Disabled</td>
<td>10%</td>
</tr>
<tr>
<td>Native American</td>
<td>2%</td>
</tr>
<tr>
<td>Under 30</td>
<td>20%</td>
</tr>
<tr>
<td>20-29</td>
<td>20%</td>
</tr>
<tr>
<td>30-39</td>
<td>20%</td>
</tr>
<tr>
<td>40-49</td>
<td>20%</td>
</tr>
</tbody>
</table>

FORM B (AT-LARGE) 2020 (may be photocopied for distribution)
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, April 21, 2020 @ 5pm

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

**FILING INSTRUCTIONS:** File online at [www.cadem.org](http://www.cadem.org/) or fill out Form B manually. Fax signed Form B to (916) 442-5715 or send to California Democratic Party, Attn: Delegate Selection, 1830 9th Street, Sacramento, CA 95811. Online and fax forms must be received by April 21, 2020 at 5pm. Forms submitted by mail must be postmarked by April 21, 2020. Please keep a copy for your records.

**FYI:** All Delegates are responsible for their own convention expenses (approx. $3,575+). Additional information will be sent via e-mail after you have filed.