FORM C APPLICATION ➔ ➔ ➔ MANDATORY: YOUR CONGRESSIONAL DISTRICT #_______ OR CONGRESSMEMBER: __________________________

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 May 24th DISTRICT-LEVEL CAUCUSES. THIS FORM IS FOR THE June 14th 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:

➔ 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 Men
_____ 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): ___________________________

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FORM C (PLEO) 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

FILING DEADLINE: Tuesday, May 26, 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 May 26, 2020 at 5pm. Forms submitted by mail must be postmarked by May 26, 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.