Supplemental FORM A APPLICATION ➔ ➔ ➔ MANDATORY: YOUR CONGRESSIONAL DISTRICT # ________ OR District-Level
CONGRESSMEMBER: ____________________________

2020 PRESIDENTIAL DELEGATES TO THE DEMOCRATIC, August 17-20, 2020 in Milwaukee, WI

USE THIS SUPPLEMENTAL FORM A TO APPLY TO RUN IN THE MAY 24, 2020 CAUCUSES, WHERE REGISTERED DEMOCRATS WILL VOTE TO CHOOSE DELEGATES. ANY CALIFORNIA REGISTERED DEMOCRAT MAY APPLY TO BE A DISTRICT-LEVEL DELEGATE FOR THE CONGRESSIONAL DISTRICT IN WHICH S/HE RESIDES. YOU MAY RUN TO BE A DELEGATE IF YOU WILL TURN 18 ON OR BEFORE NOVEMBER 3, 2020

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

![CIRCLE ONE](Michael R. Bloomberg 09 • Michael R. Bloomberg CD 10 •
Michael R. Bloomberg CD 18 • Michael R. Bloomberg CD 36 •
Michael R. Bloomberg CD 48 • Bernie Sanders CD 32 • Bernie Sanders CD 40)

(PLEASE TYPE OR PRINT)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered voting address</td>
<td>City</td>
<td>CA</td>
</tr>
<tr>
<td>Mailing address (Same?)</td>
<td>City</td>
<td>ST</td>
</tr>
<tr>
<td>County in which you reside:</td>
<td>Mobile/Cell:</td>
<td>(_______)</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Home Fax</td>
<td>Work Phone</td>
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</tbody>
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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):  

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.

www.cadem.org  
SUPPLEMENTAL FORM A (DISTRICT-LEVEL) 2020 (may be photocopied for distribution)
(Required) Signature _____________________________ _____________________________ Date

___________/__________/2020

FILING DEADLINE: Friday, April 17, 2020 @ 5pm

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

FILING INSTRUCTIONS: File online at www.cadem.org/ or fill out Supplemental Form A manually. Fax signed Supplemental Form A to (916) 442-5715, emailed 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 April 17, 2020 at 5pm, forms by mail must be postmarked by April 17, 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.