



# DISTRICT LEVEL AND ALTERNATE DELEGATE FILING FORM

## 2020 Democratic National Convention

### SUMMARY OF DELEGATE SELECTION RULES & DELEGATE & ALTERNATE FILING REQUIREMENTS

143 District-Level Delegates and 13 District-Level Alternates have been allocated among Florida's Congressional Districts (CDs) and will be elected at Post Primary Caucuses in each CD on April 4, 2020. Delegates will be allocated to presidential candidates to fairly reflect the expressed presidential preference of the primary voters within each respective CD. Any registered Democrat residing in the CD may vote at the respective Post Primary Caucus. Candidates who run unsuccessfully for District-Level Delegate positions are automatically considered for an Alternate position.

District-Level Delegate candidates must fully complete this statement of candidacy, pledge of support and loyalty oath form and file it with the

Florida Democratic Party between February 3, 2020 and March 7, 2020 by 12:00 PM (noon) ET.

This form may be completed online at [www.floridadems.org](http://www.floridadems.org) or mailed to 1000 NW 65th St., Suite 300A, Fort Lauderdale, FL 33309

All persons interested in running for District-Level Delegate or Alternate are encouraged to review the Delegate Selection Plan for the 2020 Democratic National Convention. For more information about the delegate selection process, visit the state's party website at [www.floridadems.org](http://www.floridadems.org) or call (850) 222-3411

### STATEMENT OF CANDIDACY *(Filing period February 3 – March 7, 2020)*

#### SECTION 1: Candidate Information (Please Type or Print)

Print Name as it appears on your Voter ID card: \_\_\_\_\_  
(Last) (First) (Middle) (Nickname, if any)

Street Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip code)

Mailing Address (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone:  Home: \_\_\_\_\_  Work: \_\_\_\_\_  Cell: \_\_\_\_\_  
(Check Preferred #)

#### SECTION 2: Delegate Category

I wish to qualify as a candidate for delegate in the following category:  District-Level Delegate  
 If I am not selected as a Delegate, I DO NOT wish to be considered for an Alternate Delegate position.

#### SECTION 3: Demographic Information

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> African American	<input type="checkbox"/> Disability <i>(please specify):</i> _____	<input type="checkbox"/> LGBT
<input type="checkbox"/> Gender Non-binary		<input type="checkbox"/> Asian/Pacific American	_____	<input type="checkbox"/> Senior (65 & up)
		<input type="checkbox"/> Caucasian	<input type="checkbox"/> Labor Union <i>(please specify):</i> _____	<input type="checkbox"/> Veteran
		<input type="checkbox"/> Hispanic	_____	<input type="checkbox"/> Youth (17-36) <small>If 17, must be 18 by 11/3/2020</small>
		<input type="checkbox"/> Native American <i>(specify Tribe):</i> _____		
		<input type="checkbox"/> Other <i>(please specify):</i> _____		

#### SECTION 4: Congressional District

County: \_\_\_\_\_ Congressional District #: \_\_\_\_\_ Elected official, public office holder or Party leader title: \_\_\_\_\_

#### SECTION 5: Security Information (required for Convention security)

Date of Birth: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

### PLEDGE OF SUPPORT

I hereby notify the Florida Democratic Party that I wish to be a candidate as indicated in Section 2 above to the 2020 Democratic National Convention pledged to support the following presidential candidate: \_\_\_\_\_  
Presidential Candidate Name

### LOYALTY OATH

I duly affirm and certify that I am a member of the Democratic Party of the United States; that I am a qualified elector of the Florida county as indicated above; that I will not support the election of the opponent of any Democratic nominee; that I will not oppose the election of any Democratic nominee, nor will I support any non-Democrat against a Democrat in any election other than in judicial races; that I am qualified under the Constitution and Laws of the State of Florida and the Charter and Bylaws of the Florida Democratic Party to hold the position as indicated above.

(Signed) X \_\_\_\_\_ (Date) \_\_\_\_\_

*To be Completed by FDP*

Form Received: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Person Receiving Form: \_\_\_\_\_