I am applying to run to be a committed At-Large Delegate or Alternate 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%

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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, May 19, 2020 @ 5pm

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

FILING INSTRUCTIONS: File online at 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 May 19, 2020 at 5pm. Forms submitted by mail must be postmarked by May 19, 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.