FORM C APPLICATION
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 for the June 14th delegation meeting, to run as a statewide PLEO delegate. Any California registered democrat may apply to be PLEO delegate.
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 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):

______________________________________________________________________________
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 19, 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 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.