

2020 Candidate Registration Form – Page 1 of 3

OFFICE: (AD, SD, CD & Dist. #):

Filing Deadline: Sunday, April 26 2020 – 5 PM.

Please fill out completely – type or print. <u>The campaign public address, social media aliases,</u> website, and campaign phone may be posted on the CDP website. All other information is for internal use only and will not be shared publicly.

Candidate Name			
Elected Position/Present Occupat	ion		
Committee Name		Committee ID#	£
Campaign Public Physical Addres	S		
(Cross-streets:)
City	County	Z	ip
Other Counties in District			
Candidate's Permanent Mailing A	ddress		
City	County	Z	ïp
Campaign: Phone ()	Fax ()	E-mail:	
Personal: Mobile ()	Day ()	E-mail:	
Website:	Social Media (Twitter/F	acebook/etc.):	
E-mail@		Website	
Facebook	Twitter	Instagram	
Campaign Manager:			
Mobile ()	_ Day ()	_ E-mail	
Consultant:			
Address	City		Zip
Mobile ()	_ Day ()	_E-mail	
Press Secretary:			
Mobile ()	_ Day ()	_ E-mail	
CANDIDATE'S INITIALS:			PAGE 1 OF 3

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Treasurer (or Name of Person Filing Campaign Reports):			
Campaign Report Filing Address (if different from Campaign Address)			
Phone () Fax () E-mail			
Mobile () Other Internal ()			
Key Contact #1			
Title/Relation to Candidate			
Mobile () Day () E-mail			
Key Contact #2			
Title/Relation to Candidate			
Mobile () Day () E-mail			
By initialing here, I affirm that I have been provided a link to the most current CDP Platform Candidate's Initials By initialing here, I affirm that I have read the most current CDP Platform. Candidate's Initials By initialing here, I affirm that I have read the most current CDP Platform. Candidate's Initials By initialing here, I affirm that I have read the most current CDP Platform. Candidate's Initials By signing this form, I acknowledge that I am a registered Democrat seeking the endorsement of the California Democratic Party (CDP). I agree to abide by the CDP's By-Laws and I will seek to resolve any and all problems in accordance with the CDP By-Laws. I am seeking this partisan office with the Democratic Party as my party preference.			
Signature:Date:			
Please mail the completed form, along with the appropriate non-refundable filing fee of \$250 for State Assembly, \$350 for U.S. House of Representatives, or \$500 for State Senate (payable to the California Democratic Party), biography, and photo to:			
California Democratic Party Attn: Unique Wilson, Political Dept. 1830 9th Street Sacramento, CA 95811 unique@cadem.org (916) 442-5707 / FAX (916) 442-5715			
Questions? Comments? Call our Sacramento office or e-mail Unique Wilson at unique@cadem.org Information can also be found on our website at www.cadem.org.			
For CDP office use: Fee Rec'd Biography Rec'd Photo Rec'd PAGE 2 OF 3			



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Please fill out completely if you are submitting candidate filing fee by credit card. Type or print.			
OFFICE: (AD, SD, CD): Candidate Name			
NAME OF INDIVIDUAL, COMMITTEE OR ORGANIZATION TO BE USED FOR REPORTING PURPOSES			
CREDIT CARD NUMBER EXP. DATE/			
NAME AS IT APPEARS [] INTERMEDIARY			
BILLING ADDRESS FOR CARD CVV			
CITY, STATE, ZIP			
PHONE			
Include Business Name if Self- CORR OCCUPATION			
Employed [] I CONFIRM THAT I AM A UNITED STATES CITIZEN OR A PERMANENT RESIDENT ALIEN			
By signing this form, I am authorizing the California Democratic Party to charge a non-refundable filing fee of \$250 for State Assembly, \$350 for U.S. House of Representatives or \$500 for State Senate.			
Signature Date:			
Fax: California Democratic Party. Attention Unique Wilson – (916) 442-5715. Questions? Please contact Unique Wilson – (916) 442-5707 or unique@cadem.org			
Contributions are not tax deductible. Your contribution will be used in connection with federal elections and is subject to the limitations and prohibitions of the Federal Election Campaign Act.			
Corporate and union contributions are acceptable under California Law to be used in connection with nonfederal elections. California law permits contributions up to \$38,800 per calendar year for use in supporting state elections. California law imposes no limits on contributions used for purposes other than supporting state candidates.			
Federal law requires Political committees to use our best efforts to collect and report the name, mailing address, occupation and employer for each individual whose contributions exceed \$200 in a calendar year.			
If paying by check: Please make your checks payable to 'California Democratic Party.' (FPPC, State ID # 741666. FEC, Federal ID # C00105668.)			
Paid for by the California Democratic Party 1830 9 th Street, Sacramento CA 95811 Not authorized by any candidate or candidate committee PAGE 3 OF 3			