

DEADLINE
5:00 p.m. EST
March 1, 2020

Postmarks will NOT be accepted.

Temporary Standing Committee Filing Form

STATE OR TERRITORY OF LEGAL RESIDENCE: INDIANA

I am filing my candidacy for:

Temporary Platform
Standing Committee

CONTACT INFORMATION

Name: _____

Mailing Address: _____

Congressional District: _____

County: _____

Please list all, but check (v) your preferred means of contact:

Work: _____

Home: _____

Cell: _____

E-mail: _____

Other: _____

WORK INFORMATION

Employer: _____

Profession: _____

Assistant: _____

Assistant Phone/E-mail: _____

PERSONAL INFORMATION

Title: _____

Salutation: _____

Date of Birth: _____

Spouse name: _____

DIVERSITY INFORMATION (please circle all that apply)

Female
Male
Non-Binary

African-American
Asian-American/Pacific Islander
Caucasian
Hispanic/Latino
Native American*
*Please provide tribal affiliation: _____

Other: _____
(please specify)

Ethnicity: _____
(please specify)

Youth
Senior Citizen
LGBT
Person w/ Disability

Veteran _____
(service)

Labor _____
(affiliation)

POLITICAL INFORMATION: (Current or former, please check all that apply)

Elected Official: _____
(please specify)

Organizational Official: _____
(please specify)

Organization: _____

Party Position: _____
(please specify)

PAST CONVENTIONS ATTENDED:

2016 2012 2008 2004 2000 1996 Other: _____

Political Campaign Experience: _____

By signing this form, I understand that my candidacy for delegate at any level or Standing Committee is subject to the Presidential Right of Review process as outlined by the 2020 Indiana Delegate Selection Plan. I also affirm that I meet the membership eligibility requirements set forth in Rule 8 of the Rules of the Indiana Democratic Party.

Signature: _____

Date: _____