

DEADLINE
12:00 p.m. EST
Friday, May 22, 2020

Postmarks will NOT be accepted.

2020 Democratic National Convention
Milwaukee, Wisconsin

Delegate Filing Form

(Space for Office Use Only)

STATE OR TERRITORY OF LEGAL RESIDENCE: INDIANA

I am filing my candidacy for:

- | | |
|--|---|
| <input type="checkbox"/> District-Level Delegate | <input type="checkbox"/> At-Large Delegate |
| <input type="checkbox"/> Pledged Party Leader & Elected Official | <input type="checkbox"/> At-Large Alternate |
| <input type="checkbox"/> Page | <input type="checkbox"/> 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. By signing this form, I also affirm that I meet the membership eligibility requirements as set forth in Rule 8 of the Rules of the Indiana Democratic Party.

I, the undersigned, do hereby certify my pledge of support for _____ (candidate) as a delegate or alternate from the State of Indiana and will represent the above stated candidate for President at the 2020 Democratic National Convention to be held in Milwaukee, WI, Aug 17-20, 2020.

Signature: _____