

ALABAMA DEMOCRATIC PARTY
Statement of Candidacy and Pledge of Support for Candidates
for Delegate to the 2016 Democratic National Convention

1. County

County of Legal Residence (where registered to vote): _____

CONTACT INFORMATION- Please Print

NAME: (Print Clearly, as you wish it to appear on the ballot. NO TITLES.)

Mailing Address: _____

City/State/Zip _____

Residential Address (if different) _____

Telephone Numbers:

Work: (____) _____

Home: (____) _____

Cell: (____) _____

Fax: (____) _____

Email: _____

PLEGDED DELEGATE CLASSIFICATION AND PREFERENCE

I hereby notify the Chair of the Democratic Party of Alabama that I wish to be a Candidate for Delegate to the 2016 Democratic National Convention, and (Check one)

2. Choose one & enter name if needed

___ I pledge to support _____
(Presidential Candidate)

___ I pledge to run Uncommitted.

Check one (check more, if not elected at the District Level, and you wish to run as a PLEO, or At-Large Delegate):

3. Enter your Congressional District

District-level Delegate in Congressional District Number _____

___ Party Leader and Elected Official (PLEO) Delegate
(Please Specify) _____

___ At-Large Delegate

WORK INFORMATION

Employer: _____

Profession: _____

Contact Person at work, if not you: _____

PERSONAL INFORMATION

Preferred Title or Salutation: _____

Date of Birth (month/day/year) _____

Social Security #: _____
(for security purposes only)

4. Enter all that apply. Race info is needed to meet delegation

Diversity Information

(Please Circle ALL that Apply)

5. This info is mainly used to choose selected (not elected) delegates, but fill it in anyway!

Male _____ Labor _____
(Affiliation)

Female _____ LGBT _____

African American _____ Person with Disabilities _____

Asian/Pacific Islander _____ Senior Citizen (60 and over) _____

Caucasian _____ Veteran _____

Hispanic _____ (Specify Branch of Service) _____

Native American _____ Youth (35 and under) _____
(Tribal Affiliation and # required)

Other Ethnicity _____
(Please Specify)

Political Information

(Current or Former)

Elected Official: _____
(Please Specify)

Organization Official: _____
(Please Specify) (Organization)

Party Position: _____
(Please Specify)

“organization” refers to Democratic party clubs & groups or labor groups.

Past Conventions Attended (Circle All that Apply)

2012 2008 2004 2000 1996 1992

Other _____
(Specify Years) **“party position” is an elected position on a local county or state party committee.**

Political Campaign Experience: _____

6. Don't forget to sign! People do!

Signature of Delegate Candidate _____ Date _____

Sworn and subscribed before me on this the _____ day of _____, 20_____.

Notary Public's Signature _____ Date Commission Expires _____

Print Notary's Name _____

For Party Office Use Only:	
Date Rec'd	_____
Amt. Pd.	_____
Receipt #	_____
Pmt. Type	_____
Computer	_____

7. It MUST be notarized & sent certified mail. Keep a copy of this form & get a return receipt.