

**2020 DEMOCRATIC NATIONAL CONVENTION
STATEMENT OF CANDIDACY**

Name: _____ *Please check your preferred means of contact:*
Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____ Work Phone: _____
Cong. District: _____ Org. Unit: _____ Cell Phone: _____
E-mail: _____

Positions(s) Seeking *(Please check all that apply):*

Delegates & Alternates

Congressional District Delegate *
Party Leader & Elected Official * **
At-Large Delegate *
At-Large Alternate *

Standing Committees

Credentials Committee *
Platform Committee *
Rules Committee *

Other Positions

Delegation Chair
Delegation Page
* *Requires pledge of support below*
** *Requires political information below*

Personal Information:

Title *(if applicable)*: _____ Salutation: _____ Highest Degree Awarded: _____
Date of Birth: _____ Marital Status: _____ Spouse Name: _____ # of Children: _____

Statistical Information *(Please check all that apply):*

| | | |
|------------------------|-------------------------------------|---------------------------------------|
| Female | African American | Ethnicity <i>(Specify)</i> : _____ |
| Male | Asian/Pacific | Religion <i>(Affiliation)</i> : _____ |
| Non-binary | Caucasian | Military <i>(Service)</i> : _____ |
| Youth <i>(18-35)</i> | Hispanic | <i>(Rank)</i> : _____ |
| Senior <i>(65+)</i> | Native Amer. <i>(Tribe)</i> : _____ | Labor <i>(Affiliation)</i> : _____ |
| LGBTQ+ | Other <i>(Specify)</i> : _____ | Veteran |
| Person with Disability | | |

Past Democratic National Convention Attendance *(List All Previous):*

Past Democratic National Conventions Attended: 2016 2012 2008 2004 2000 1996 Others: _____
Number of Democratic National Conventions attended as a Delegate, Alternate, or Committee Member: _____

Political Information *(Required for Party Leader & Elected Official Delegate. Please check all current or former that apply):*

Party Leadership *(Title)*: _____ Elected Official *(Title)*: _____
Organization Official *(Title)*: _____ Organization or Unit: _____
Political Campaign Experience: _____

Work Information: Employer: _____ Occupation: _____

Contact Information:

Emergency Name: _____ Phone: _____ Email: _____
Other Name: _____ Phone: _____ Email: _____

PLEDGE OF SUPPORT

(Required for Delegates, Alternates & Standing Committees)

I hereby pledge that if elected to the Democratic National Convention, I shall support as Presidential Candidate

Uncommitted Candidate: _____

Signature _____ Date _____

Use additional pages as necessary.

Mail to the MN DFL Party, 255 E. Plato Blvd., St. Paul, MN 55107 or deliver to the convention chair pursuant to the rules found in the 2020-21 DFL Call