



DELEGATE FILING FORM

2019 State Democratic Convention

October 2019 *[Dates and Location to be announced]*

SUMMARY OF DELEGATE SELECTION RULES & DELEGATE FILING REQUIREMENTS

Seventy-five percent (75%) and any fraction thereof of the State Convention Delegates elected from each county shall be members of the County Democratic Executive Committee (DEC) and the remainder shall be non-members.

All delegates must be registered Democrats in the State of Florida. Any registered Democrat may run for a delegate position in the county where he or she is registered. All candidates are required to file this Delegate Filing Form with their County Chair, Vice Chair, State Committeewoman or Committeeman **between June 24 and July 31, 2019.**

County Party officers must make the Filing Form available to any Democrat seeking to apply during the filing period. To qualify to be elected as a delegate to the 2019 State Convention, this form must be **fully** completed, including the Loyalty Oath section (*the **only** exception is for representatives of organizations not able to make partisan endorsements).

County DEC's are required to hold meetings for the purpose of electing delegates between the dates of July 22 and August 30, 2019. The election may take place at regularly scheduled DEC meetings during these dates or at specially called meetings. The election shall be conducted pursuant to the

Charter and Bylaws of the Florida Democratic Party. Only members of the County DEC, or their proxy, shall vote.

It will be the decision of the County Chair whether candidates will be allowed to speak on behalf of their election. If allowed, each candidate will have one (1) minute to speak. Speeches on behalf of other candidates or a slate of candidates are not permitted.

Upon his or her election, the elected delegate shall submit a non-refundable \$45 registration fee (or \$25 student registration fee) made payable to the Florida Democratic Party (see paragraph below).

Each County DEC shall be responsible for its own expenses incurred in holding the election. County DEC's may vote to add a surcharge of up to \$15 per delegate to defray local expenses related to the Convention. This surcharge may be included with registration fee with payment made to the County DEC. The County DEC is responsible for ensuring each elected delegate's registration fee is paid to the FDP.

(NOTE: Non-delegates will be allowed to attend the convention workshops and seminars. The fee for non-delegates is \$75.)

STATEMENT OF CANDIDACY *(Filing period June 24-July 31, 2019)*

SECTION 1: Candidate Information (Please Type or Print)

Print Name as it appears on your Voter ID card: _____
(Last) (First) (Middle) (Nickname, if any)

Street Address: _____
(Street Address) (City) (State) (Zip code)

Mailing Address (if different): _____

Email Address: _____

Phone (check preferred #): Home: _____ Work: _____ Cell: _____

County: _____ Precinct: _____ County DEC Member:

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 2: Demographic Information

| | | | | |
|--|-------------------------------|---|--|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> African American | <input type="checkbox"/> Disability (please specify): _____ | <input type="checkbox"/> LGBT |
| <input type="checkbox"/> Gender Non-binary | | <input type="checkbox"/> Asian/Pacific American | _____ | <input type="checkbox"/> Senior (65 & up) |
| Employer (required): _____ | | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Labor Union (please specify): _____ | <input type="checkbox"/> Veteran |
| Occupation (required): _____ | | <input type="checkbox"/> Hispanic | _____ | <input type="checkbox"/> Youth (18-36) |
| | | <input type="checkbox"/> Native American (specify Tribe): _____ | _____ | |
| | | <input type="checkbox"/> Other (please specify): _____ | _____ | |

Elected official, public office holder or Party leader title: _____

LOYALTY OATH *(Box must be checked, except as indicated above*)*

I duly affirm and certify that I am a member of the Democratic Party of the United States; that I am a qualified elector of the Florida county as indicated above; that I will not support the election of the opponent of any Democratic nominee, nor will I support any non-Democrat against a Democrat in any election other than in judicial races; that I am qualified under the Constitution and Laws of the State of Florida and the Charter and Bylaws of the Florida Democratic Party to hold the position of delegate; that I have not violated any of the laws of the State of Florida relating to election or the Charter and Bylaws of the Florida Democratic Party.

I am committed to working actively for the election of Democratic candidates in the 2019 elections.

(Signed) **X** _____ (Date) _____

To be Completed by County Party Officers (Please Print)

County Name: _____ Date: _____
 Qualified by (print name): _____ Chair _____ Vice Chair _____ SCW _____ SCM _____
 Reported in Vote Builder Entered into the FDP reporting system