

ALABAMA DEMOCRATIC PARTY
Statement of Candidacy and Pledge of Support for Candidates
for Delegate to the 2024 Democratic National Convention

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

CONTACT INFORMATION- Please Print

NAME: (Print clearly, as you wish name 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 2024 Democratic National Convention, and (Check one)

____ 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).

____ 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)

Diversity Information

(Please Circle ALL that Apply)

Male _____ Labor _____
(Affiliation)

Female _____
Gender Non Binary _____ LGBT+ _____

African American _____
Asian/Pacific Islander _____ Person with Disabilities _____

Caucasian _____
Hispanic _____ Senior Citizen (60 and over) _____
Veteran _____

(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)

(Please Specify) (Organization)

(Please Specify)

Party Position: _____

Party Conventions Attended (Circle All that Apply)

2020 2016 2012 2008 2004 2000

Other _____
(Specify Years)

Political Campaign Experience: _____

I certify under penalty of perjury that the foregoing is true and correct.

Signature of Delegate Candidate _____ **Date** _____

For Party Office Use Only:

Date Rec'd _____

Amt. Pd. _____

Receipt # _____

Pmt. Type _____

Computer _____