

# 2016 NATIONAL DELEGATE FILING FORM

DEMOCRATIC PARTY OF SOUTH CAROLINA  
PO Box 5965, Columbia, SC 29250 - 915 Lady St. Suite 111 Columbia, SC  
29201 Phone (803) 799-7798 - Fax (803) 765-1692

This form must be received at the SC Democratic Office by 5:00 on Monday, April 4, 2016. NO NAMES WILL BE ADDED AFTER THAT TIME FOR ANY REASON (PLAN SEC VII). Scanned and emailed and faxed forms must be followed immediately by the original being mailed to SCDP PO Box 5965 Columbia, SC 29250.

I, \_\_\_\_\_ (signature) declare that I am a delegate/alternate to the 2016 State Democratic Convention, and that I am committed to \_\_\_\_\_ (presidential candidate). I voted in the presidential primary and that I attended my precinct meeting and I was a delegate/alternate to my county convention. I understand that I may file for more than one delegate slot for the same presidential candidate, and that the candidate or his representative has the right to remove my name from the list of eligible candidates. I further understand that if my candidate withdraws or I change support, I may not run for delegate pledged to another candidate. PRINT:

Name (first) \_\_\_\_\_ (last) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

County \_\_\_\_\_ Precinct \_\_\_\_\_ SS# \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female

OPTIONAL: Check any of the following categories that you wish to have noted beside your name on the ballot.

\_\_\_ African American \_\_\_ Asian/Pacific \_\_\_ Caucasian \_\_\_ Hispanic \_\_\_ Native American \_\_\_ Under 30

\_\_\_ Gay/lesbian/bisexual/transgender \_\_\_ Disable \_\_\_ Senior \_\_\_ Veteran

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I wish to run for (check all that apply):

\_\_\_ Delegate from \_\_\_\_\_ Congressional District

\_\_\_ At-Large Delegate (Requires the signatures below of 10 delegates with a \$50 filing fee)

\_\_\_ Pledged Party Leader & Elected Official Delegate. (Must be currently an elected official or Party officer at the county or state level.) Please name the office you hold: \_\_\_\_\_

ALTERNATES WILL BE ELECTED FROM AMONG THOSE QUALIFYING FOR AT-LARGE DELEGATE WHO ARE NOT ELECTED AS DELEGATES.

**\*\*AT-LARGE DELEGATE CANDIDATES MUST INCLUDE THE SIGNATURES OF AT LEAST TEN DELEGATES TO THE STATE CONVENTION. NO DELEGATE MAY SIGN MORE THAN ONE PETITION. A delegate may sign his/her own petition. Petition signers may be from any county. ONLY ONE PETITION PER ENVELOPE IS PERMITTED. INSTEAD OF THE SIGNED PETITION, A CHECK FOR \$50.00 PAYABLE TO THE SC DEMOCRATIC PARTY MAY ACCOMPANY THIS FORM.**

(Plan, Section VII.B.)

**Delegate Candidate name:** \_\_\_\_\_

**Signature of Delegate**

**Printed Name of Delegate**

**County of Residence**

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