

2020 NATIONAL DELEGATE FILING FORM

SOUTH CAROLINA DEMOCRATIC PARTY 1929 Gadsden Street, Columbia, SC 29201 Phone (803) 799-7798

This form <u>must</u> be received at the SC Democratic Office by 5:00 on Thursday, April 30, 2020. <u>NO NAMES WILL BE ADDED AFTER THAT TIME FOR ANY REASON (PLAN SEC VII)</u>. Scanned and emailed forms must be followed immediately by the original being mailed to SCDP 1929 Gadsden Street, Columbia, SC 29201.

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l,	(signature) de	clare that I am a deleg	gate/alternate to the 2020
State Democratic Conventio	n, and that I am committed to		(presidential
, , , , , , , , , , , , , , , , , , ,	esidential primary and that I atten	• •	•
-	inty convention. I understand tha		
	, and that the candidate or their r	•	•
•	dates. I further understand that if	•	ws or I change support, I
may not run for delegate ple	dged to another candidate. PRIN	П:	
Name (first)	(last)	Date o	of Birth
Address	City	State	Zip
Phone (Home)	(Work)	(Cell)	
Email			
County	Precinct		
Gender:MaleFema	leNon-Binary		
OPTIONAL: Check any of the	e following categories that you w	rish to have noted bes	ide your name on the ballot.
African AmericanAs	sian/PacificCaucasianF	lispanicNative Ar	nericanUnder 30
Gay/lesbian/bisexual/tra	nsgenderDisableSenio	rVeteran	
I wish to run for (check all th	at apply):		
Delegate from _	Congressional Distr	ict	
At-Large Delega	te (Requires the signatures below o	f 10 delegates with a \$5	0 filing fee)
Pledged Party Le	eader & Elected Official Delegate	. (Must be currently ar	n elected official or Party
officer at the county	or state level.) Please name the o	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