

FORM A APPLICATION
District-Level

→ → → MANDATORY: YOUR CONGRESSIONAL DISTRICT # _____ OR
CONGRESSMEMBER: _____

2016 PRESIDENTIAL DELEGATES TO THE DEMOCRATIC, July 25-28, 2016 in Philadelphia, PA

USE THIS FORM TO APPLY TO RUN IN THE MAY 1, 2016 CAUCUSES, WHERE REGISTERED DEMOCRATS WILL VOTE TO CHOOSE DELEGATES. ANY CALIFORNIA REGISTERED DEMOCRAT MAY APPLY TO BE A DISTRICT-LEVEL DELEGATE FOR THE CONGRESSIONAL DISTRICT IN WHICH S/HE RESIDES. YOU MAY RUN TO BE A DELEGATE IF YOU WILL TURN 18 ON OR BEFORE NOVEMBER 8, 2016

I am applying to run to be a committed District-Level Delegate or Alternate and pledge my support for:

CIRCLE ONE → Hillary Rodham Clinton • Bernie Sanders

(PLEASE TYPE OR PRINT)

Last Name _____ First _____ MI _____
Registered voting address _____ City _____ CA Zip _____
Mailing address (Same?) _____ City _____ ST _____ Zip _____
County in which you reside: _____ Mobile/Cell: (_____) _____ - _____
Home Phone (_____) _____ - _____ Home Fax (_____) _____ - _____
Work Phone (_____) _____ - _____ Work Fax (_____) _____ - _____
E-mail (non-government) _____ @ _____ . _____
Please provide district number or name of elected official for the following: Assembly District _____ Senate District _____

→ → → MANDATORY information → → → Gender: ___ Male ___ Female

Your answers (optional) to these questions help the Party determine the demographics of the Delegation. Please mark "X" where applicable.

- 1. Race (check all that apply): ___ Caucasian ___ Latino/Hispanic ___ African-American ___ Asian Pacific Islander
___ Native American _____ (tribal affiliation) ___ Other: _____
- 2. Date of birth: (MM / DD / YY) _____ / _____ / _____
- 3. Do you have a disability: ___ YES ___ NO
- 4. Your sexual orientation: ___ Heterosexual ___ LGBT
- 5. Union Member: ___ YES ___ NO If YES, union and local # _____
- 6. Elected Official: ___ YES ___ NO If YES, list title(s) _____
- 7. Party Leader: ___ YES ___ NO If YES, list title(s) _____
- 8. Active Military / Veteran: ___ YES ___ NO If YES, Where Serving / Served? _____
Branch: _____ Years (e.g. 2008-2012): _____
- 9. Fluent in a Foreign Language: ___ YES ___ NO IF YES, specify _____
- 10. Occupation _____ Employer _____
If College Student, Name of College/University _____

2016 AFFIRMATIVE ACTION GOALS (quotas prohibited):			
Latino/Hispanic	29%	Asian Pacific Islander	10%
African-American	16%	LGBT	12%
Disabled	10%	Native American	1%
		Under 36	18%

By signing below, I agree that all of the above is true to the best of my knowledge.

→ (Required) Signature _____ Date _____ / _____ / 2016

FILING DEADLINE: Wednesday, April 13, 2016 @ 5pm
Submit online at www.cadem.org/ or fax signed Form A to (916) 442-5715

FILING INSTRUCTIONS: File online at www.cadem.org/ or fill out Form A manually. Fax signed Form A to (916) 442-5715 or send to California Democratic Party, Attn: Delegate Selection, 1830 9th Street, Sacramento, CA 95811. Online and fax forms must be received by April 13, 2016 at 5pm, forms by mail must be postmarked by April 13, 2016. Please keep a copy for your records.

FYI: All Delegates are responsible for their own convention expenses (approx \$2,000+). Additional information will be sent via e-mail after you have filed.