



2020 NATIONAL DELEGATE FILING FORM

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

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

I, _____(signature) declare that I am a delegate/alternate to the 2020 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 their 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 _____
Gender: Male Female Non-Binary

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

I wish to run for (check all that apply):
 Delegate from _____ Congressional District
 At-Large Delegate (Requires the signatures below of 10 delegates or 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.

