



# DELEGATE FILING FORM

## 2017 State Democratic Conference

October 27-29, 2017

Disney's Coronado Springs Resort

1000 West Buena Vista Drive, Orlando, FL 32830

### SUMMARY OF DELEGATE SELECTION RULES & DELEGATE FILING REQUIREMENTS

Seventy-five percent (75%) and any fraction thereof, of the State Conference Delegates elected from each county shall be members of the County Democratic Executive Committee (DEC), and the remainder shall be non-members.

All delegates must be registered Democrats in the State of Florida. Any registered Democrat may run for a delegate position in the county where he or she is registered. All candidates are required to file this Delegate Filing Form with their County Chair, Vice Chair, State Committeewoman or Committeeman **between August 1 and September 1, 2017.**

County Party officers must make the Filing Form available to any Democrat seeking to apply during the filing period. To qualify to be elected as a delegate to the 2017 State Conference, this form must be fully completed, including the Loyalty Oath section (\*the only exception is for representatives of organizations not able to make partisan endorsements).

County DEC's are required to hold meetings for the purpose of electing delegates between the dates of August 4 and September 8, 2017. The election may take place at regularly scheduled DEC meetings during these dates or at specially called meetings. The election shall be conducted pursuant to the

Charter and Bylaws of the Florida Democratic Party. Only members of the County DEC, or their proxy, shall vote.

It will be the decision of the County Chair whether candidates will be allowed to speak on behalf of their election. If allowed, each candidate will have one (1) minute to speak. Speeches on behalf of other candidates or a slate of candidates are not permitted.

Upon his/her election, the elected delegate shall submit a non-refundable \$45 registration fee (or \$25 student registration fee) made payable to the Florida Democratic Party (see paragraph below).

Each County DEC shall be responsible for its own expenses incurred in holding the election. County DEC's may vote to add a surcharge of up to \$15 per delegate to defray local expenses related to the Conference. This surcharge may be included with registration fee with payment made to the County DEC. The County DEC is responsible for ensuring each elected delegate's registration fee is paid to the FDP.

(NOTE: Non-delegates will be allowed to attend the conference workshops and seminars. The fee for non-delegates is \$75.)

### STATEMENT OF CANDIDACY *(Filing period August 1-September 1, 2017)*

#### SECTION 1: Candidate Information (Please Type or Print)

Print Name as it appears on your Voter ID card: \_\_\_\_\_  
(Last) (First) (Middle) (Nickname, if any)

Street Address: \_\_\_\_\_  
*(Street Address) (City) (State) (Zip code)*

Mailing Address (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone (check preferred #):  Home: \_\_\_\_\_  Work: \_\_\_\_\_  Cell: \_\_\_\_\_

County: \_\_\_\_\_ Precinct: \_\_\_\_\_ County DEC Member: Yes  No

#### SECTION 2: Demographic Information

<input type="checkbox"/> Female	<input type="checkbox"/> African American	<input type="checkbox"/> Disability (please specify): _____	<input type="checkbox"/> LGBT
<input type="checkbox"/> Male	<input type="checkbox"/> Asian/Pacific American	_____	<input type="checkbox"/> Senior (65 & up)
Employer (required): _____	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Labor Union (please specify): _____	<input type="checkbox"/> Veteran
Occupation (required): _____	<input type="checkbox"/> Hispanic	_____	<input type="checkbox"/> Youth (18-36)
	<input type="checkbox"/> Native American (specify Tribe): _____	_____	
	<input type="checkbox"/> Other (please specify): _____	_____	

Elected official, public office holder or Party leader title: \_\_\_\_\_

### LOYALTY OATH *(Box must be checked, except as indicated above\*)*

I duly affirm and certify that I am a member of the Democratic Party of the United States; that I am a qualified elector of the Florida county as indicated above; that I will not support the election of the opponent of any Democratic nominee, nor will I support any non-Democrat against a Democrat in any election other than in judicial races; that I am qualified under the Constitution and Laws of the State of Florida and the Charter and Bylaws of the Florida Democratic Party to hold the position of delegate; that I have not violated any of the laws of the State of Florida relating to election or the Charter and Bylaws of the Florida Democratic Party.

**I am committed to working actively for the election of Democratic candidates in the 2018 elections.**

(Signed) X \_\_\_\_\_ (Date) \_\_\_\_\_

#### To be Completed by County Party Officers (Please Print)

County Name: \_\_\_\_\_ Date: \_\_\_\_\_

Qualified by (print name): \_\_\_\_\_ Chair \_\_\_\_\_ Vice Chair \_\_\_\_\_ SCW \_\_\_\_\_ SCM

Reported in Vote Builder  Entered into the FDP reporting system