Georgia Delegate - Statement of Intent

Please complete this Georgia Statement of Intent (1) to officially declare your Presidential Candidate of choice and

(2) to acknowledge your financial responsibilities if selected ad a Georgia Delegate. Complete Name: Occupation: Congressional District where you live and are registered to vote: Complete home address: Home Phone: _____ Mobile: Email Address: The Democratic Party of Georgia is committed to sending a diverse delegation to Philadelphia. Please help us achieve these goals by checking all that you self-identify with. Please check ALL that apply: Gender: ____ Male ____ Female ____ Non-Binary Gender Ethnicity/Race: ____ African American ____ Asian-Pacific Islander ____ Caucasian Latino Native American Other (please state)

Age: Under 36 Ages 36-64 Ages 65 and above LGBTO: Party Leadership or Elected Positions: Preferred Presidential Candidate: Running as (circle one): District Level Delegate Public Leader and Elected Official (PLEO) At-Large Delegate Alternate Delegate Receipt of this Statement of Intent certifies that I,
_______, officially intend to seek election as a Please initial the following two statements to indicate that you have read and understood them: I understand that the Presidential Candidates have the right to deny my candidacy. I understand that if elected, I am financially responsible for ALL delegated related expenses including, but not limited, travel, lodging, meals, registration fees, entertainment, etc. I hereby declare my candidacy as a Georgia Delegate to the 2020 Democratic National Convention. PRINTED NAME SIGNATURE DATE

Georgia Delegate: Candidates' Party Declaration and Presidential Preference Form

Please Note- Failure to fill out this form accurately may result in disqualification

Please complete this Candidates' Party Declaration to officially declare your Party affiliation and your preferred Presidential candidate. All portions of this form must be completed. Complete Name (printed): Congressional District that you live and vote in: Email Address: Preferred Presidential Candidate: Receipt of this Party Declaration Form certifies that I, ______ Congressional District, located in County, GA. My initials below signify and proclaim that the below statements are true and accurate: I believe in the goals of the Democratic Party of Georgia I am not a member of any other political party or body (as defined in the Georgia Election Code. I am not affiliated with any political group whose ideas, goals, and methods are incompatible with that of the Democratic Party of Georgia (as identified by the Executive Committee of the Democratic Party of Georgia). If it is found that I have submitted this Party Declaration under false pretenses, I am subject to immediate disqualification as a Georgia Delegate or Alternate Delegate. Georgia law provides that any pledged delegate must vote for the delegate to whom they are pledged. You may not be released from the pledge unless your candidate receives less than 35% of the vote of all delegates or two convention nominating ballots have been completed. I meet all the qualifications and hereby declare my candidacy as a Georgia Delegate to the 2020 Democratic National Convention. **SIGNATURE** DATE PRINT NAME