

State 2020 Delegate Selection Plan

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  
Ethnicity/Race:  African American  Asian American/Pacific Islander  Caucasian  
 Latino  Native American  Other: \_\_\_\_\_  
Age:  Under 36  Ages 36-64  Ages 65 and above  
 Disabled  
 LGBTQ

Party Leadership or Elected Positions: \_\_\_\_\_

Preferred Presidential Candidate: \_\_\_\_\_

Running as (circle):  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 Georgia Delegate to the 2020 Democratic National Convention.

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, \_\_\_\_\_, am a resident and registered to vote in the \_\_\_\_\_ 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.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE