

Statement of Candidacy & Pledge of Support

I _____ do hereby declare that I would like to be elected from the meeting of _____ County, Township or Ward to serve as a _____ Congressional District Delegate.

Signature _____

Date _____

I agree to limit my nomination speech to no more than one minute

Yes ___ No ___

If I am not selected as a delegate, I want to be considered for an Alternate position

Yes ___ No ___

Contact Information

Please print or type all information

Please fill out completely and check your preferred means of contact.

Name: _____

Work: _____

Mailing Address: _____

Home: _____

Fax: _____

Cell: _____

Singular Presidential Candidate Preference: _____

Email: _____

Work Information

Personal Information

Employer: _____

Mr. Mrs. Ms. Dr. Hon. _____

Profession: _____

Date of Birth: _____

Title: _____

Social Security: _____
(Optional- if you are chosen as a national delegate you must provide this number)

Diversity Information

(Please check all that apply)

Male Female Non-binary/

African-American

Youth

Asian/Pacific

Senior Citizen

Caucasian

LBGQTQ

Hispanic

Labor affiliation _____

Native American

Veteran (branch) _____

Other: _____

Disabled

Political Information (Please check all that apply)

Congressional District _____

Elected Official (specify) _____

Organization Official (specify) _____

Organization _____

Party Position (specify) _____

Past Conventions Attended:

2020 2016 2012 2008 2004 Other ___

This form must be submitted by April 11, 2024 by 7:30pm to the relevant Mass Meeting Chair or in advance to the Missouri Democratic Party. Submit all advance and in-person forms to the Missouri Democratic Party Chair, Russ Carnahan. Missouri Democratic Party via email to delegate@missouridems.org. NOTE: Congressional District meetings must occur on or before May 9, 2024 and State Democratic Convention is June 22, 2024.

For more information visit: www.missouridems.org

One Copy to Mass Meeting Chair
One Copy to Party Chair