

***Petition of Candidacy***  
***State Level – PLEO***  
***National Delegate/Alternate***  
*(including statement of candidacy & signed pledge of support)*  
**Iowa Democratic Party, State Convention**  
**June 18, 2016**

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Candidates for the position of delegate or alternate to the Democratic National Convention may submit a petition to the State Chair twelve (12) days before the state convention, or to the chair of the rules and nominations committee on the day of the convention. (2016 Iowa Democratic Party Delegate Selection Plan IV D.2.b)

This petition must be signed by one percent (1%) of the delegates to the state convention. (2016 Iowa Democratic Party Delegate Selection Plan IV D.2.c)

Candidates filing on the day of the convention must have their petitions to the chair of the rules and nominations committee no later than fifteen (15) minutes after the credentials committee report is adopted. No PLEO delegate or alternate candidate may be nominated from the floor. (2016 Iowa Democratic Party Delegate Selection Plan IV D.2.b)

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*I certify that I, \_\_\_\_\_, am a candidate for National Convention delegate/alternate as a member of the \_\_\_\_\_ preference group.*

*I now support \_\_\_\_\_ for the Democratic nomination for President. (Use only if your preference changes.)*

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*Signature of Candidate for National Delegate/Alternate*

*Date*

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Your signature certifies that you are a delegate to the state convention at which the individual listed above is running for national delegate/alternate.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
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24. \_\_\_\_\_
25. \_\_\_\_\_

# *National Convention Delegate/Alternate*

## *Demographic Information*

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**Gender** \_\_\_\_\_

**Age** \_\_\_\_\_

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Consistent with the Democratic Party's commitment to including those historically under-represented in the Democratic Party's affairs, by virtue of race/ethnicity, age, sexual orientation, or disability, the Iowa Democratic Party has adopted specific goals for representation from these groups. Please indicate if you are a member of the following group(s):

African-American

Asian / Pacific American

Hispanic

LGBT

Native American

Person with Disability

Youth (18-35)