

# PBCDP FILING FORM 2024 State Executive Committee Election

for the term January 1, 2025 through December 31, 2028

## STATEMENT OF CANDIDACY (Filing period ends at midnight on December 1, 2024)

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

Print Name as it appears  
on your Voter ID card:

\_\_\_\_\_ (First)

\_\_\_\_\_ (Middle)

\_\_\_\_\_ (Last)

Street Address:

\_\_\_\_\_ (Street Address)

\_\_\_\_\_ (City)

\_\_\_\_\_ (State) (Zip code)

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

Email Address (mandatory): \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Precinct: \_\_\_\_\_

County DEC Member:

Yes

No

**SECTION 2: Category Choice: You may check as many categories as you believe include you. You will be listed on each ballot in the categories you choose. If you choose no category, you will be listed on the final ballot, if needed, for the second round of the State Committee Member election. If you do not select a gender, you will be counted under Section 6 of the State Committee Selection Plan. [See [www.PalmBeachDemocraticParty.org](http://www.PalmBeachDemocraticParty.org)]**

Female

Male

African American

Asian/Pacific  
American

Hispanic

Native American

Disability:

Labor Union (please  
specify): \_\_\_\_\_

LGBTQ+

Senior (65 & up)

Veteran

Youth (18-25)

### LOYALTY OATH

I affirm the accuracy of the above statements and duly affirm and certify that I am a member of the Democratic Party of the United States; that I am a qualified elector of Palm Beach County, Florida; 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 State Executive Committee member; 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.

WITNESSES MUST BE REGISTERED DEMOCRATS IN PALM BEACH COUNTY

(Signed) \_\_\_\_\_

(Date) \_\_\_\_\_

WITNESS #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Palm Beach  
County

WITNESS #2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Palm Beach  
County

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address