## DECLARATION OF CANDIDACY FOR AT-LARGE DELEGATE TO THE 2024 DEMOCRATIC NATIONAL CONVENTION

| THE UNDERSIGNED,                           | , of,   |  |  |  |  |
|--|---|--|--|--|--|
| New Hampshire, hereby declares my ca       | andidacy for Democratic Party At-large Delegate   |  |  |  |  |
| for the                                    | Congressional District.                           |  |  |  |  |
| I hereby pledge my support for _           | , candidate for                                   |  |  |  |  |
| President of the United States (the "Ca    | andidate"), and hereby pledge to cast my vote in  |  |  |  |  |
| all good conscience to reflect the senting | nents of those who elect me if I am selected as a |  |  |  |  |
|  | delegate.   |  |  |  |  |
| I further certify that I am a regis        | tered Democrat, qualified to vote in the State of |  |  |  |  |
| New Hampshire and the                      | Congressional District, or                        |  |  |  |  |
| will be eligible to vote                   | e in the 2024 General Election.                   |  |  |  |  |
| Dated:                                     |   |  |  |  |  |

| Please provide your contact information:             |                         |                    |         |              |            |  |
|--|-------------------------|--------------------|---------|--------------|------------|--|
| Name:  | _ Sex (c                | ircle):            | Male    | Female       | Non-binary |  |
| Phone Number (home):                                 |                         |                    |         |              |            |  |
| Phone Number (work):                                 |                         |                    |         |              |            |  |
| Phone Number (cell):                                 |                         |                    |         |              |            |  |
| E-Mail Address:                                      |                         |                    |         |              |            |  |
|  |                         |                    |         |              |            |  |
| In order to assist us in meeting our affirmative ac  | ction goals             | s, pleas           | se chec | k below if y | ou are a   |  |
| member of any of the following communities:          |                         |                    |         |              |            |  |
|  | □ Afric                 | □ African American |         |              |            |  |
|  | □ Hisp                  | □ Hispanic         |         |              |            |  |
|  | □ Nativ                 | □ Native American  |         |              |            |  |
|  | □Asian/Pacific American |                    |         |              |            |  |
|  | □ Senior (65 and older) |                    |         |              |            |  |
|  | □ Yout                  | □ Youth (18-36)    |         |              |            |  |
|  | □ Disa                  | □ Disabled         |         |              |            |  |
|  | □ LGB                   | ST.                |         |              |            |  |
| Please list any elected offices (state, county or lo | ocal) that y            | ou ho              | ld:     |              |            |  |
| <del></del>  |                         |                    |         |              |            |  |
| <del></del>  |                         |                    |         |              |            |  |
| <del></del>  |                         |                    |         |              |            |  |
|  |                         |                    |         |              |            |  |