

2009 FLORIDA DEMOCRATIC PARTY STATE CONFERENCE

DELEGATE SELECTION

OCTOBER 9-11 2009

DISNEY'S YACHT & BEACH CLUB RESORT

LAKE BUENA VISTA, FLORIDA

SUMMARY OF DELEGATE SELECTION RULES

Seventy-five percent (75%), and any fraction thereof, of the State Conference Delegates elected from each county shall be members of the County Democratic Executive Committee (DEC), and the remainder shall be non-members.

All Delegates must be registered Democrats in the State of Florida. Any registered Democrat may run for a Delegate position in the county where registered. All interested candidates are required to file with their County Chair, Vice Chair, State Committeewoman, or State Committeeman between April 6 and May 11, 2009.

It is the responsibility of the County Party officers to make qualification forms available to any Democrat seeking them during the above mentioned dates. At the time of qualifying, all Delegate candidates shall sign a loyalty oath and a statement that commits them to working actively for the election of Democratic candidates in the 2010 elections.

County DEC's are mandated to hold meetings for the purpose of electing Delegates between the dates of June 1 and July 3, 2009. The elections may take place at regularly scheduled DEC meetings during these dates or at specially called meetings.

County Chairs are required to notify the state headquarters of the date of their election at least two (2) weeks prior to that date. The election shall be conducted pursuant to the Charter and Bylaws of the Florida Democratic Party.

It will be the decision of the County Chair whether or not candidates will be allowed to speak on behalf of their election. If so, each candidate will be allowed one (1) minute to speak. There will be no speaking on behalf of other candidates or on behalf of a slate of candidates.

Only members of that County DEC, or their proxy, shall vote.

At the time of the election, each delegate shall complete the appropriate registration form and accompany the form with a nonrefundable \$35.00 regular registration fee or a \$20.00 student registration fee made payable to the County DEC.

Each County DEC shall be responsible for its own expenses incurred in holding the elections. County DEC's may vote to add a \$15.00 surcharge per delegate to defray local expenses related to the Conference. This surcharge should be included with registration fee.

(NOTE: Non-delegates will be allowed to attend conference workshops and seminars. The fee for non-delegates is \$50.00.)

DELEGATE QUALIFICATION FORM (Qualification Period: April 6-May 11, 2009)

CANDIDATE INFORMATION (Please Print)

Name as it appears on your Voter ID Card: _____ (Last) (First) (Middle)

Street address: _____ (City) (State) (Zip Code)

Mailing address (if different): _____

Phone (circle preferred): (Home) _____ - _____ - _____ (Work) _____ - _____ - _____ (Cell) _____ - _____ - _____

Fax: _____ - _____ - _____ E-mail Address: _____

County: _____ Precinct Number: _____ County D.E.C. Member: YES _____ NO _____

DEMOGRAPHIC INFORMATION (optional):

- Female African American Disabled GLBT
Male Asian/Pacific American Labor Senior (65 & Up)
Caucasian Native American Youth (18-30)
Hispanic Other (Please specify)
Native American Other (Please specify)

I certify that I am a registered Democrat in the county named above. I am committed to working actively for the election of Democratic candidates in the 2010 elections.

(Signed) _____ (Date) _____

I HAVE COMPLETED THE FDP LOYALTY OATH (SEE BACK OF QUALIFICATION FORM)

I was a delegate to the 2007 Florida Democratic Party State Convention

(Signed) _____ (Date) _____

FOR COUNTY USE ONLY

County Name: _____ Date _____ Qualified by (initials): _____ CC VC SCW SCM

Florida Democratic Party

LOYALTY OATH

County of _____, Florida

I, _____, having been duly sworn, say that I am a member of the Democratic Party, that I am a qualified elector of _____ County, Florida; that during my term of office, I will not support the election of the opponent of any Democratic nominee, I will not oppose the election 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 office I am seeking, or to which I have been elected; 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.

Print Name

Signature

(Use either Option 1 OR Option 2)

(OPTION 1)

SIGNED BY A NOTARY PUBLIC.

State of Florida, County of _____

Sworn to and subscribed before me this _____ day of _____,

20____ by _____.

Signature of Notary Public- State of Florida

Personally Known ___ -OR- Produced Identification ___

Type of Identification Produced _____

(OPTION 2)

SIGNED BY TWO WITNESSES

Date: _____

Witness #1 Name (PRINT): _____ Address: _____

City: _____ State: _____ Zip: _____

County: _____ Signature: _____

Date: _____

Witness #1 Name (PRINT): _____ Address: _____

City: _____ State: _____ Zip: _____

County: _____ Signature: _____
