



## Declaration of Candidacy for Delegate

All information must be completed and submitted on time to be considered.

For more information about the Delegate Selection process or our Diversity Goals, please call 402-434-2180 or email [info@nebraskademocrats.org](mailto:info@nebraskademocrats.org).

The deadline for the Declaration of Candidacy for Delegate is **May 31, 2024 at 5pm CT** for all levels of Delegates including District-Level, At-Large and Party Leader and Elected Official (PLEO).

The form must be completed, signed and submitted by 5pm CT on May 31, 2024 in-person or via email to:

NDP  
c/o Delegate Selection  
3701 O Street, Ste 200  
Lincoln NE 68510  
[info@nebraskademocrats.org](mailto:info@nebraskademocrats.org)

For a complete copy of the Nebraska Democratic Party's Delegate Selection Plan, please visit: <https://nebraskademocrats.org/2024-delegate-selection-plan/>

In order to ensure the proper receipt of all 2024 Declaration of Candidacy for Delegate applications, you will receive an email notification from the Nebraska Democratic Party, 3701 O Street, Ste 200, Lincoln NE 68510 to confirm that the application was received. If your confirmation does not arrive within 10 days of your submission, your application was not processed by the NDP and we ask that you email or call our office.

Pursuant to Rule 13.D of the 2024 DNC Delegate Selection Rules, the Presidential candidate(s), or their authorized representative(s), have right of refusal for all District-Level, At-Large, PLEO and Alternate delegate candidates. Pursuant to Rule 10.A.1 and Regulation 4.16 of the 2024 DNC Delegate Selection Rules, individuals shall be eligible for the pledged Party Leader and Elected Official (PLEO) delegate positions

according to the following priority in order: big city mayors and state-wide elected officials (to be given equal consideration); state senators in leadership positions (i.e. committee chairs and vice chairs), state senators, and then any other state, county and local elected officials and party leaders.

**Declaration:**

“I, \_\_\_\_\_ (*insert name*), of \_\_\_\_\_ (insert County), Nebraska, hereby declare my candidacy for (*please check all that apply*):

\_\_\_\_\_ District-Level Delegate or Alternate

\_\_\_\_\_ At-Large Delegate

\_\_\_\_\_ Pledged Party Leader and Elected Official (PLEO) Delegate

“I certify that I am a qualified and registered voter of \_\_\_\_\_ County in the State of Nebraska and the \_\_\_ (1, 2 or 3) Congressional District.”

“I further certify that I am a member of the Democratic Party, and understand that I must vote in the Democratic Presidential Primary Election to be eligible to be a Delegate/Alternate to the Democratic National Convention (aka “Convention”) to be held for the nomination of candidates for President and Vice-President of the United States.”

“I further declare that, if selected as a Delegate, I will attend Convention unless I shall be prevented by sickness or other occurrence over which I have no control. I also understand that any expenses incurred to attend Convention (e.g. travel, airfare, hotel, etc.) are my responsibility.”

**Pledge of Support:**

“I hereby pledge my support for \_\_\_\_\_ (insert candidate name), candidate for President of the United States, and, if elected as a Delegate, will cast my vote in good conscience to reflect the sentiments of those who elect me.”

**Contact Information:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: Nebraska

Zip: \_\_\_\_\_

Congressional District: \_\_\_\_\_

County: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

**Self-Identification Questionnaire:**

The Nebraska Democratic Party is committed to having a diverse delegation that is representative of our state for the 2024 Democratic National Convention.

Help us meet our diversity goals by checking any of the fields below that apply to you:

\_\_\_\_\_ African American

\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ Latinx

\_\_\_\_\_ LGBTQIA+

\_\_\_\_\_ Native American (must be an enrolled member)

\_\_\_\_\_ Person with Disability

\_\_\_\_\_ Youth (Ages 18-36)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NDP Office Use Only:**

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Received By (staff name): \_\_\_\_\_

Confirmation Sent to Applicant (date and time emailed): \_\_\_\_\_