



OFFICE: (AD, SD, CD & Dist. #): Assembly District 45

Filing Deadline (Prior to Endorsing Caucus): Friday, January 26, 2018 – 5 PM. Candidates who file by this deadline will receive the Endorsing Caucus eligible voter list for the relevant district. After this deadline, a candidate may file on-site at the appropriate Endorsing Caucus prior to the consideration of the relevant district at which the district is considered.

Please fill out completely – type or print. The campaign public address, social media aliases, website, and campaign phone may be posted on the CDP website. All other information is for internal use only and will not be shared publicly.

Candidate Name _____

Elected Position/Present Occupation _____

Committee Name _____ Committee ID# _____

Campaign Public Physical Address _____

(Cross-streets: _____)

City _____ County _____ Zip _____

Other Counties in District _____

Candidate's Permanent Mailing Address _____

City _____ County _____ Zip _____

Campaign: Phone (____) _____ Fax (____) _____ E-mail: _____

Personal: Mobile (____) _____ Day (____) _____ E-mail: _____

Website: _____ Social Media (Twitter/Facebook/etc.): _____

E-mail _____@_____ Website _____

Facebook _____ Twitter _____ Instagram _____

Campaign Manager: _____

Mobile (____) _____ Day (____) _____ E-mail _____

Consultant: _____

Address _____ City _____ Zip _____

Mobile (____) _____ Day (____) _____ E-mail _____

Press Secretary: _____

Mobile (____) _____ Day (____) _____ E-mail _____

CANDIDATE'S INITIALS: _____

2018 Special Election Candidate Registration Form – Page 2 of 3

Treasurer (or Name of Person Filing Campaign Reports): _____

Campaign Report Filing Address (if different from Campaign Address) _____

Phone (____) _____ Fax (____) _____ E-mail _____

Mobile (____) _____ Other Internal (____) _____

Key Contact #1 _____

Title/Relation to Candidate _____

Mobile (____) _____ Day (____) _____ E-mail _____

Key Contact #2 _____

Title/Relation to Candidate _____

Mobile (____) _____ Day (____) _____ E-mail _____

Candidate's Initials **By initialing here, I affirm that I have been provided a link to the most current CDP Platform**
(www.cadem.org/platform).

Candidate's Initials **By initialing here, I affirm that I have read the most current CDP Platform.**

By signing this form, I acknowledge that I am a registered Democrat seeking the endorsement of the California Democratic Party (CDP). I agree to abide by the CDP's By-Laws and I will seek to resolve any and all problems in accordance with the CDP By-Laws. I am seeking this partisan office with the Democratic Party as my party preference.

Signature: _____ **Date:** _____

Please mail the completed form, along with the appropriate non-refundable filing fee of \$250 for State Assembly, \$350 for U.S. House of Representatives, or \$500 for State Senate (payable to the California Democratic Party), biography, and photo to:

California Democratic Party
Attn: Kasey Walukones, Political Dept.
1830 9th Street
Sacramento, CA 95811
endorsements@cadem.org
(916) 442-5707 / FAX (916) 442-5715

Questions? Comments? Call our Sacramento office or e-mail Kasey Walukones at endorsements@cadem.org. Information can also be found on our website at www.cadem.org.

For CDP office use:

Fee Rec'd

Biography Rec'd

Photo Rec'd



**2018 Special Election Candidate Endorsement Filing Fee
Credit Card Authorization – Page 3 of 3**

Please fill out completely if you are submitting candidate filing fee by credit card. Type or print.

OFFICE: (AD, SD, CD): AD 45 Candidate Name _____

NAME OF INDIVIDUAL, COMMITTEE OR ORGANIZATION TO BE USED FOR REPORTING PURPOSES
_____ ID NUMBER _____

CREDIT CARD NUMBER _____ EXP. DATE ____/____

NAME AS IT APPEARS _____ [] INTERMEDIARY

BILLING ADDRESS FOR CARD _____

CITY, STATE, ZIP _____

PHONE _____

Include Business
Name if Self-
Employed

EMPLOYER _____ OCCUPATION _____

[] I CONFIRM THAT I AM A UNITED STATES CITIZEN OR A PERMANENT RESIDENT ALIEN

By signing this form, I am authorizing the California Democratic Party to charge a non-refundable filing fee of \$250 for State Assembly, \$350 for U.S. House of Representatives, or \$500 for State Senate.

Signature _____ Date: _____

Fax: California Democratic Party. Attention Kasey Walukones - (916) 442-5715.
Questions? Please contact Kasey Walukones - (916) 442-5707 or endorsements@cadem.org

Contributions are not tax deductible. Your contribution will be used in connection with federal elections and is subject to the limitations and prohibitions of the Federal Election Campaign Act.

Corporate and union contributions are acceptable under California Law to be used in connection with nonfederal elections. California law permits contributions up to \$36,500 per calendar year for use in supporting state elections. California law imposes no limits on contributions used for purposes other than supporting state candidates.

Federal law requires Political committees to use our best efforts to collect and report the name, mailing address, occupation and employer for each individual whose contributions exceed \$200 in a calendar year.

If paying by check: Please make your checks payable to 'California Democratic Party.' (FPPC, State ID # 741666. FEC, Federal ID # C00105668.)

Paid for by the California Democratic Party
1830 9th Street, Sacramento CA 95811
Not authorized by any candidate or candidate committee