

A: 2020 Organizing Unit Convention Report**Summary**

Organizing Unit: _____ Date: _____ Location: _____

_____ Delegates Automatic or Elected of whom _____ were present.

_____ Alternates present of whom _____ were upgraded.

_____ Resolutions were considered and _____ resolutions were approved (*Resolutions must be submitted online to Platform Committee by April 11, 2018*).

_____ Constitution was ____ amended ____ replaced ____ unchanged. (*Constitution must be submitted to Party Affairs*).

\$ _____ in donations was collected

Convention Officials

| Position | Name | Gender ID M-F-NB | Address | City/Zip | Phone | E-mail for official notices |
|----------------------|------|---------------------|---------|----------|-------|-----------------------------|
| Convention Convenor | | | | | | |
| Convention Chair | | | | | | |
| Convention Chair | | | | | | |
| Convention Secretary | | | | | | |

Officers elected

(Please add Outreach Officer if provided for in your Unit's Constitution)

| Position | Name | Gender ID M-F-NB | Address | City/Zip | Phone | E-mail for official notices |
|------------|------|---------------------|---------|----------|-------|-----------------------------|
| Chair | | | | | | |
| Vice Chair | | | | | | |
| Secretary | | | | | | |
| Treasurer | | | | | | |

B: 2020 Organizing Unit Convention Report

Directors

Organizing Unit: _____ Date: _____ Location: _____

Directors (if Any) _____ Allowed _____ Elected (Organizing Unit constitutions may specify 7-19 directors. If unspecified, units shall elect 11.)

| Responsibility* | Name | Gender ID M-F-NB | Address | City/Zip | Phone | E-mail for official notices |
|-----------------|------|---------------------|---------|----------|-------|-----------------------------|
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* If are elected with specific titles or responsibilities please indicate otherwise enter At Large

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| C: 2020 Organizing Unit Convention Report | State Central Delegates |
|--|--------------------------------|

Organizing Unit: _____ Date: _____ Location: _____

State Central Delegates _____ Allowed _____ Elected

| | Name | Gender ID M-F-NB | Address | City/Zip | Phone | E-mail for official notices |
|------------|------|---------------------|---------|----------|-------|-----------------------------|
| Unit Chair | | | | | | |
| Vice Chair | | | | | | |
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D: 2020 Organizing Unit Convention Report**State Central Alternates**

Organizing Unit: _____ Date: _____ Location: _____

State Central Alternates _____ Allowed _____ Elected

| Rank | Name | Gender ID M-F-NB | Address | City/Zip | Phone | E-mail for official notices |
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E: 2020 Organizing Unit Convention Report**State Convention Delegates**

Organizing Unit: _____ Date: _____ Location: _____

Delegates _____ **Allocated** _____ **Elected** *(a unit allocated fewer than 6 votes may elect twice as many 1/2 vote delegates if it's Constitution so provides)*

| Subcaucus <i>(if any)</i> | Name | Gender ID M-F-NB | Address | City/Zip | Phone | E-mail for official notices | Initials* |
|---------------------------|------|---------------------|---------|----------|-------|-----------------------------|-----------|
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* by initialing, I indicate that I have received Official **Call** to Convention**Delegation Co-Chairs**

| |
|-------------|
| Name |
| |
| |

Use additional sheets as needed

F: 2020 Organizing Unit Convention Report

State Convention Alternates

Organizing Unit: _____ Date: _____ Location: _____

Alternates _____ **Allocated** _____ **Elected** *(units allocated fewer than 6 votes may elect twice as many 1/2 vote alternates if its constitution so provides)*

| Subcaucus (if any) | Rank | Name | Gender ID M-F-NB | Address | City/Zip | Phone | E-mail for official notices | Initials* |
|--------------------|------|------|---------------------|---------|----------|-------|-----------------------------|-----------|
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* by initialing, I indicate that I have received Official **Call** to Convention

Use additional sheets as needed

G: 2020 Organizing Unit Convention Report

Pre-Convention Committees

Organizing Unit: _____

Date: _____

Location: _____

Elected for: Congressional District _____ Convention

Date: _____

Location: _____

Pre-Convention Committee Members

| Committee | D/A | Name | Gender ID M-F-NB | Address | City/Zip | Phone | E-mail for official notices |
|-----------|-----|------|---------------------|---------|----------|-------|-----------------------------|
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H: 2020 Organizing Unit Convention Report**Candidate Endorsement**

Endorsing Unit: _____ Date: _____ Location: _____

| | Senate District ____ | House District ____ A | House District ____ B |
|-------------------------|----------------------|-----------------------|-----------------------|
| Candidate Name | | | |
| Address | | | |
| Phone | | | |
| E-mail | | | |
| | | | |
| Campaign Website | | | |
| Campaign Manager | | | |
| Campaign Phone | | | |
| Campaign E-mail | | | |

This is to certify that the candidates listed above were duly endorsed by the endorsing convention in accordance with the 2020-2021 Official Call.

Convention Chair: _____ Date: _____