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| 21st LD Logo2 | | | | | | Date: | | |  |
| Endorsement QUESTIONNAIRE | | | | | | | | | |
| Please fill this questionnaire completely. Provide the best contact information for each requested individual.Return by mail to PO Box 2455, Lynnwood, WA 98036-2455 or by email to chair@21dems.org | | | | | | | | | |
| Name (Last, First, M.I.): | | |  | | Position Sought: | | | | |
| Committee Name: | | |  | | Address: | | | | |
| Campaign office phone: | | | | Candidate’s Phone: | | | | | |
| Fax Number: | | | | Email Address: | | | | | |
| Treasurer’s Name: | | | | Treasurer’s Phone: | | | | | |
| Manager’s Name: | | | | Manager’s Phone: | | | | | |
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| Campaign information | | | | | | | | | |
| Check appropriate and provide details: | Filed w/ PDC | Date filed: | | How much money has your campaigned raised to date? | | | |  | |
| Primary Opponent | Names: | | How much does your campaign plan to spend during this race? | | | |  | |
| General Opponent | Names: | | Actively Door-belling | | | How many Precincts? | | |
| List your chief endorsements to date: | | | | | | | | | |
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| Briefly explain why you are seeking this office: | | | | | | | | | |
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| Democratic involvement | | | | | | | | | |
| Check appropriate and provide details: | Member of your local Democratic Party | Organization: | | Home LD’s endorsement**, or** | | | | Currently Seeking | |
| List any past or present involvement you have had with the Democratic Party: | | | | | | | | | |
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| Democratic Values and issues (Please provide brief answers to the questions below) | | | | | | | | | |
| What are your views on a woman’s right to choose? | | | | | | | | | |
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| What are your views regarding collective bargaining for public and/or private employees? |
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| Do you support apprenticeship set-asides for publicly funded capital projects? |
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| What do you feel is the largest environmental issue facing the area you are running for office in? |
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| What are your views on the Washington State tax structure? |
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| What are your views on the health care crisis? |
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| What are your views regarding sexual orientation based discrimination? |
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| What are your views concerning personal privacy? |
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| What are your views regarding Washington State’s public education system? |
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| What are some of the most important issues facing you should you win this race? | | |
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| Candidate’s signature (If completed electronically typing the candidate’s name below will be accepted as an electronic signature) | | |
| The answers and information above is complete and reflects my feelings or views concerning the questions asked. | **X.** | **Date:** |