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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:       |
|  |
| 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: |
|       |
| Briefly explain why you are seeking this office: |
|       |
| 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:**       |