

26th Legislative District Democrats



Endorsement Request Form

Full Name: _____

Residential Address: _____

Email Address: _____

Office Sought: _____

Congressional district: _____

Legislative district: _____

Precinct #: _____

Years living in county: _____

Years in this jurisdiction: _____

Today's Date: _____

Are you seeking endorsement or approval from the LD 26?

Campaign Information

Official Campaign Name: _____

Campaign Manager: _____

Campaign Address: _____

Campaign Phone: _____

Campaign Email: _____

Campaign Website: _____

Overall Campaign Budget: _____

Votes needed to win this election: _____

Is your race partisan or non-partisan?



Endorsement Questionnaire

Candidate Name:
Position Sought::
Date:

Please put N/A (not applicable) when appropriate

1. Why are you running for office?

2. How has your professional/personal experience prepared you to hold this position? For example: What previous offices have you held? What affiliations with unions, service clubs, etc.? Are you a Veteran?

3. What is the most important policy issue that inspired you to run for this office?

4. Why should the 26th LD Democrats support you for this position and how have you demonstrated Democratic values? What other endorsements have you received?

5. When elected, how will you make yourself accessible to constituents, and how will you obtain their input on issues and decisions?

6. What are the most important issues to this office's constituency?

7. What do you plan to accomplish in your first 100 days?

8. Can your past bear examination by a hostile competitor? For example, crimes, bankruptcy, etc.

RETURN FORM TO: Once completed, these forms may be sent to the 26th LD Democrats via email at 26thdemocrats@gmail.com