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| **26th Legislative District Democrats** |  |

# Endorsement Request Form

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| 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

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| --- | --- |
| 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? |  |

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| **26th Legislative District Democrats** |  |

# Endorsement Questionnaire

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| Candidate Name:  Position Sought::  Date:  Please put N/A (not applicable) when appropriate |

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| 1. Why are you running for office? |
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| 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? |
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| 3. What is the most important policy issue that inspired you to run for this office? |
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| 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? |
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| 5. When elected, how will you make yourself accessible to constituents, and how will you obtain their input on issues and decisions? |
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| 6. What are the most important issues to this office’s constituency? |
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| 7. Please attach your one-minute presentation of yourself to new audiences. |
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| 8. What do you plan to accomplish in your first 100 days? |
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| 9. Can your past bear examination by a hostile competitor? For example, crimes, bankruptcy, etc. |
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**RETURN FORM TO:** Once completed, these forms may be sent to the 26th LD Democrats via email at [26thdemocrats@gmail.com](mailto:26thdemocrats@gmail.com)