



# CALIFORNIA LIST

## *CANDIDATE QUESTIONNAIRE*

### **I. GENERAL INFORMATION**

Office (circle):    Assembly      Senate      Executive Branch

District Number (or executive office title): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Fax: (if available) \_\_\_\_\_

Email: \_\_\_\_\_ Website (if available): \_\_\_\_\_

Previous and Current Elected or Appointed Governmental Positions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Campaigns for Elected Office (please include dates):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your professional experience:

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Please list your community involvement:

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## II. CAMPAIGN INFORMATION

Are you accepting PAC contributions?

(Please circle)      yes              no              undecided

Amount of money raised to date: \_\_\_\_\_

Amount planning to raise: \_\_\_\_\_

Do you have a written campaign plan? \_\_\_\_\_

(Please provide a copy with this application)

Do you have a fundraising plan? \_\_\_\_\_

(Please provide a copy with this application)

Please list any endorsements that you have received:

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