



# Candidate Questionnaire

Full legal name: \_\_\_\_\_

Your name as it will appear on the ballot: \_\_\_\_\_

Candidate for: \_\_\_\_\_  
*(Please include position number, if applicable)*

Telephone: Campaign \_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_

E-mail address: \_\_\_\_\_ Website: \_\_\_\_\_

Address *(Please include city and zip):*

Campaign \_\_\_\_\_

Home \_\_\_\_\_

Occupation: \_\_\_\_\_

Years of resident in Washington State: \_\_\_\_\_ Years of residence in Mason County: \_\_\_\_\_

Major civic interests: \_\_\_\_\_

Education: \_\_\_\_\_

*Please provide comprehensive answers for all questions. You may attach additional pages.*

- Why are you seeking the endorsement of the Mason County Democrats?

- What other endorsements have you received?

- How do you contrast yourself with your opponent(s)?

- Please list your qualifications and reasons for seeking this office:

Signed \_\_\_\_\_

Date: \_\_\_\_\_