



# National Women's Political Caucus

## Candidate Endorsement Questionnaire

### (Local and State Candidates)

Please email completed questionnaire to NWPC CA VP of Political Action, Karriann Farrell Hinds, [vppac@nwppca.org](mailto:vppac@nwppca.org).

Candidate Name: \_\_\_\_\_ Date: \_\_\_\_\_

Office Sought: \_\_\_\_\_

Election Date (Primary and General): \_\_\_\_\_

Campaign Website: \_\_\_\_\_

Phone (H/C): \_\_\_\_\_ Email: \_\_\_\_\_

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

Party Affiliation: \_\_\_\_\_ Congressional District: \_\_\_\_\_ State Senatorial District: \_\_\_\_\_

State Assembly District: \_\_\_\_\_

Campaign Committee Name: \_\_\_\_\_ Campaign ID#: \_\_\_\_\_

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

Campaign Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Campaign Treasurer: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Campaign Consultant: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Personal/Political Background:

The National Women's Political Caucus is a multi-partisan organization, dedicated to the election and appointment of qualified women to public office. NWPC California requires your response to the questions below:

\_\_\_\_\_ I am a current or former elected official. Office(s) and dates held: \_\_\_\_\_

\_\_\_\_\_ I currently or formerly served on a board or commission. Name of Board/Commission with dates served: \_\_\_\_\_

\_\_\_\_\_ I am a member of NWPC.

\_\_\_\_\_ I have attended a campaign training.

\_\_\_\_\_ I have attended NWPC sponsored events. Which events? \_\_\_\_\_

\_\_\_\_\_ I will provide a campaign photo when requested.

Education:

Employment:

Civic Participation:

**Demographic make-up of district:**

Political Registration: \_\_\_\_\_

Racial and Ethnic make-up: \_\_\_\_\_

Age range: \_\_\_\_\_ Rural/Urban: \_\_\_\_\_ Median income: \_\_\_\_\_

Major employers: \_\_\_\_\_

Major cities: \_\_\_\_\_

*I hereby affirm that the information provided in this questionnaire is true and complete. I understand that all information on this form is subject to verification.*

Signature: \_\_\_\_\_

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

**NWPC Bottom-Line Issues**

For the following questions, please check, Yes or No. Please provide an explanation at the end of the questionnaire, if needed, for each “No” response.

- |   | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Do you support equal rights for women?   | _____      | _____     |
| 2. Do you support the passage of the Equal Rights Amendment to the U.S. Constitution? | _____      | _____     |
| 3. Positions on Choice  |            |           |

		Yes	No
a.	A woman has the right to choose an abortion in accord with the principles of Roe V. Wade.		
b.	A woman has the right to choose an abortion at any time during her pregnancy to protect the woman’s life and health.		
c.	Each patient, in consultation with her physician, has the right to determine the best medical procedures and practices with regard to reproductive health and abortion.		
d.	All women should have the right, regardless of income level or age, to access safe, legal, confidential, and affordable abortion and reproductive health care.		
e.	Women of limited financial resources have a right to public funding for family planning and abortion services.		
f.	There should be no waiting period to obtain an abortion.		
g.	Comprehensive, medically accurate, age-appropriate sex education should be provided to all students.		
h.	From time to time, proposals are made to require parental notification before an abortion or other reproductive health care services are given to a person under 18. Do you oppose any legislation to require parental notification prior to a person under 18 obtaining reproductive health care services, including birth control or abortion?		
i.	FDA approved emergency contraception should be offered without delay to all victims of rape or incest in all hospitals and clinics.		
j.	FDA approved emergency contraception should be provided in accordance with appropriate dispensing regulations, without delay or obstruction, to all women at all pharmacies in the United States.		

- |  | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 4. Do you support increased access to child care, paid family and parental leave and other dependent care programs funded from all available sources?                          | _____      | _____     |
| 5. Do you support the protection of equal rights for all individuals, regardless of gender, gender identity, race, religion, ethnic origin, disability, or sexual orientation? | _____      | _____     |



## Campaign Information

8. What are your qualifications for this office?

9. What campaign experience and training have you had? Please specify which trainings you have participated in.

10. List key endorsements and include link to full list of endorsements.

11. Where do you expect to get your main political, financial, and volunteer support?

12. What is your projected budget? How much have you raised to date? How do you intend to raise the balance?  
Please be specific.

13. Describe your campaign organization (staff, consultant, volunteers)

14. Describe your campaign strategy (check all that apply) (mailers, forums, walking, phone banking, fundraisers, etc.)

- |   |                                      |                                       |   |
|---|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Lawn signs       | <input type="checkbox"/> Walking     | <input type="checkbox"/> Mailers      | <input type="checkbox"/> Phone banks      |
| <input type="checkbox"/> Candidate forums | <input type="checkbox"/> Fundraisers | <input type="checkbox"/> Social media | <input type="checkbox"/> Other (describe) |

15. What is your plan to win? Be specific.

16. List your top opponents below.

Name	Occupation	Political Party	Main Support	Political Background (Incumbent?)

**Explanation Sheet** (if needed)

**Question 1: Women's Rights**

**Question 2: Equal Rights Amendment**

**Question 3: Choice (indicate which sub-question (a, b, c, etc., for which you are providing information.)**

**Question 4: Child and Dependent Care**

**Question 5: Discrimination**