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| **Candidate Name** |  | |
| **Position Sought** |  | |
| Legislative District |  | |
| **Are you a Democrat?** |  | |
| **Campaign Contact Information** | Mailing address: | Phone:  Fax: |
| Website:  Email:  Twitter: @  Facebook:  Instagram | |
| Campaign manager or point of contact |  | |
| Consultant(s) |  | |

**Part I – Candidate Background**

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| Please briefly describe your qualifications, education, employment, community and civic activity, union affiliation, and other relevant experience. Optional: you many attach a resume with more complete history, if desired. |
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| What prompted you to run for this office? What priorities are you seeking to address with your campaign? |
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| List the notable endorsements you have received to date (Other elected officials, labor unions, community leaders) |
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| Describe the progress of your campaign and campaign goals. For example, what earned media (paid advertising versus interviews, news articles, social media buzz, etc.) has your campaign received? How much money have you raised, and from how many donors? How many doors have you knocked on? |
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| How long have you been involved with Democratic Party? Are you a current member of the Long Beach Democratic Club? |
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**Part II – Candidate Questions**

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| The COVID-19 pandemic has had a dramatic impact on the City of Long Beach. Can you share an example of you showing leadership during the pandemic? What do you think the next steps should be for the city regarding aspects of life impacted by COVID-19? |
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| What issues and policy areas do you want to immediately work on if elected to office? Who are the key organizations/groups you may approach to partner? |
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| What are 2-3 needs that must be priorities for the City of Long Beach to address? Why do you see these as needs? |
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| What are 2-3 strengths of which the City of Long Beach can be proud? Why do you classify these as strengths? |
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| What steps would you take to increase participation in city government, particularly among voices not currently engaged? |
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| Additional Comments? (Use this space to make any final comments you deem important for our members to consider about your candidacy.) |
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| **I affirm that all the information provided in response to this questionnaire is true, complete and correct, to the best of my ability, and that no relevant matter has been omitted.** | | |
| Signature | (insert scanned signature or sign electronically) | Date: |
| Printed Name |  |