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| **Ballot Short Title** |  |
| **Election Date** |  |
| **Date that Ballot Measure would take effect** |  |
| **Ballot Full Title** |  |
| **Voter Question** (yes/no; approved/rejected, etc.) |  |
| **Jurisdiction** |  |
| **Campaign Contact Information** | Mailing address:  | Phone: Fax: |
| Website: Email: Twitter: Facebook: |
| Campaign manager or point of contact |  |
| Consultant(s) |  |

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| **Briefly, what is the primary purpose of this ballot measure?** |
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| **Who is supporting this ballot measure?** (organizations and leaders) |
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| **Please answer the following questions.**  | **Yes** | **No** | **%** |
| 1 | Does your campaign have a code of conduct for staff and volunteers? If not, are you willing to implement one? |  |   |  |
| 2A | Does your campaign employ paid staff? (eg. Women, BIPOC, LGBTQ, etc.) |  |  |  |
| 2B |  What percentage of your paid staff are women? |  |  |  |
|  |  What percentage of your paid staff are BIPOC? |  |  |  |
|  |  What percentage of your paid staff are LGBTQ? |  |  |  |
| 3A | Does your campaign employ paid consultants? |  |   |  |
| 3B |  What percentage of your paid staff are women? |  |  |  |
|  |  What percentage of your paid staff are BIPOC? |  |  |  |
|  |  What percentage of your paid staff are LGBTQ? |  |  |  |
| 4 | Is your campaign’s PDC reporting up to date? |  |  |  |

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| If you answered “No” to questions 1, 2A, 3A, or 4 above, please explain.  |
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**Part II – Background**

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| Please describe the need and reason for this ballot measure.  |
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| Describe the history of the subject of this ballot measure. Has it been submitted to the legislature, county council, or the voters before in another form? |
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| Describe the progress of your campaign and campaign goals. What is your plan to win? If you have received endorsements, please list them here.  |
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| Describe the fiscal impact of this ballot measure if passed. What revenue will be raised? What expenses will be incurred? Who will benefit? |
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| Who is opposing this measure, if known? |
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| Is there anything else the membership of the 46th District Democrats should know about this measure? |
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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 of Campaign Representative  |   | Date:  |
| Printed Name and title |  |