



**East Bay Women's Political Caucus PAC**  
**CANDIDATE QUESTIONNAIRE** Revised March 2016

**Please fill out the following form. Send your completed form by email to [EBWPCPAC@gmail.com](mailto:EBWPCPAC@gmail.com) by August 23, 2016 .**

***NOTE: This is a public document and anything you write here is accessible to all.***

**Endorsement meeting date August 28, 2016. Time and Location: 1625 Clay Street, Oakland from 10 am to 4 pm. Email questions to: [EBWPCPAC@gmail.com](mailto:EBWPCPAC@gmail.com)**

The purpose of the East Bay Women's Political Caucus (EBWPC) PAC is to increase women's participation in the political process and to identify, recruit, train and support women for election and appointment to public office in the Counties of Alameda and Contra Costa. While in pursuit of this goal, EBWPC PAC will strive to win equality for all women; to ensure reproductive freedom; to achieve quality dependent care; to eradicate violence and poverty; and to eliminate discrimination on any basis.

If you support these goals and purposes and would publicize EBWPC's PAC endorsement if received, please complete and submit this application for consideration to the EBWPC PAC. **Use the form where possible and include attachments where necessary.** Include samples of your campaign literature.

CANDIDATE NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

OFFICE SOUGHT \_\_\_\_\_

DATE OF ELECTION (INCLUDE PRIMARY, RUNOFF DATES) \_\_\_\_\_

PARTY AFFILIATION \_\_\_\_\_

CONGRESSIONAL DISTRICT IN WHICH YOU RESIDE \_\_\_\_\_

STATE SENATORIAL DISTRICT IN WHICH YOU RESIDE \_\_\_\_\_

STATE ASSEMBLY DISTRICT IN WHICH YOU RESIDE \_\_\_\_\_

CAMPAIGN COMMITTEE NAME \_\_\_\_\_

CAMPAIGN MANAGER \_\_\_\_\_ PHONE \_\_\_\_\_

CAMPAIGN ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CAMPAIGN PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CAMPAIGN EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

TREASURER \_\_\_\_\_ PHONE \_\_\_\_\_

CAMPAIGN CONSULTANT \_\_\_\_\_ FPPC# \_\_\_\_\_

# Part I

**We need gender equity in politics to guarantee that women's perspectives are represented on all issues. However, EBWPC PAC has a short list of issues it has prioritized as being of the utmost importance for women.**

For the questions below, please check all that apply.

- I am currently an elected official.  
Office held: \_\_\_\_\_
- I currently serve on a board or commission.  
Name of Board/Commission \_\_\_\_\_
- I am a member of EBWPC.
- I have attended EBWPC sponsored events
- You may quote from this questionnaire.
- I will provide a campaign photo when requested.

For the following questions, please check “Yes”, “No”, or “Other”. Please provide an explanation for each “Other” you checked on Explanation Sheet at the end of the questionnaire.

- |   | YES                      | NO                       | OTHER                    |
|---|--------------------------|--------------------------|--------------------------|
| 1. Do you support equal rights for women?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you support the passage of a federal Equal Rights Amendment to the U.S. Constitution as follows: <i>“Equality Of Rights under the law shall not be denied or abridged by the United States or any state on account of sex.”</i> ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you support increased access to childcare and other dependent care programs funded from all available sources?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you support legislation to protect equal rights for all individuals regardless of gender, race, age, religion, ethnic origin, disability, sexual orientation or real or perceived gender?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you support local increases to the minimum wage that do not treat workers differently based on employer size, where they work, and the type of work they do?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you support requiring employers to provide paid sick days to their employees that can also be used to care for ill family members?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The following questions seek input regarding your position on choice. Please check YES if you agree or NO if you disagree. You may provide additional information to clarify a “Yes” or “No” answer in **Part IV**, if necessary.

You must provide additional information in **Part IV** if you check “Other.”

<b>7. Do you agree that:</b>	YES	NO	OTHER
<b>A.</b> A woman has the right to choose an abortion in accord with the principles of <i>Roe v. Wade</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B.</b> A woman has the right to choose an abortion at any time during her pregnancy to protect the woman's life and health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.</b> Each patient, in consultation with her individual physician, has the right to determine the best medical procedures and practices in regard to reproductive health and abortion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D.</b> All women should have the right, regardless of income level or age to access safe, legal, confidential and affordable abortion and reproductive health care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E.</b> Women of limited financial resources have a right to public funding for family planning and abortion services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F.</b> There should be no waiting period to obtain an abortion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>G.</b> Comprehensive, medically accurate, age appropriate sex education should be provided to all students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>H.</b> FDA-approved emergency contraception should be offered without delay to all victims of rape or incest in all hospital or clinics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I.</b> 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions request input on your commitment to supporting women’s political leadership development and other women's issues.

**8.** What have you done or will you do to mentor other women?

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9. If you are currently in public office, please provide examples of votes taken or positions promoted which supported women's gender equality and/or reproductive health.

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10. Why is it important to your race to receive the endorsement of EBWPC?

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## **Part II**

**A candidacy is part ideas and part practicalities. This section addresses a candidate's electability.**

**II-A** What are your qualifications for this office? (Attach separate sheets if needed.)

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**II-B** What campaign experience training have you had? (Attach separate sheets if needed.)

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**II-C** List major endorsements. (Attach separate sheets if needed.)

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**II-D** Where do you expect to get your main political, financial, and volunteer support?

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**II-E** What is your projected budget, how much have you raised to date, and how do you intend to raise the balance? (Attach separate sheets if needed.)

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**II-F** Describe your campaign organization (staff, consultant, volunteers). (Attach separate sheets if needed.)

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**II-G** Describe your campaign strategy. (mailers, forums, walking, phone banks, fundraisers, etc.) (Attach separate sheets if needed.)

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**II-H** List your top opponents (up to six) below. If you have more than six opponents, list the additional opponents in PART IV.

NAME	OCCUPATION	MAIN SUPPORT	INCUMBENT (Y/N) / POLITICAL BACKGROUND


**II-I** What is the demographic make-up of your district?

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**II-J** What is the political make-up of your district?

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**PART III:**

**Please provide personal background (occupation, education, family, community involvement).  
(Attach separate sheets if needed.)**

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## **PART IV: Explanation Sheet**

**Use this sheet to provide additional explanation for any question where you checked “Other” as your answer. Please include the question number to which the explanation applies.**

### **IV-A Women's Rights**

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### **IV-B Equal Rights Amendment**

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### **IV-C Choice (indicate which sub-question, e.g., A, B, C, etc. for which you are providing information.)**

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### **IV-D Child and dependent care.**

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### **IV-E Discrimination.**

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**ADDITIONAL OPPONENTS**

NAME	OCCUPATION	MAIN SUPPORT	INCUMBENT (Y/N) / POLITICAL BACKGROUND

CANDIDATE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*Thank you for taking the time to fill out this questionnaire.*

***Send your completed form by email to:***

**[EBWPCPAC@gmail.com](mailto:EBWPCPAC@gmail.com)**

**no later than August 23, 2016**