

**LOS ANGELES COUNTY DEMOCRATIC PARTY
APPLICATION FOR CONSIDERATION OF ENDORSEMENT AND CANDIDATE QUESTIONNAIRE**

Please bring this completed application (along with at least 10 copies, or at least 30 copies if for Candidate Interview Committee) and the appropriate fee to the Endorsement Recommendation Meeting. If you have any questions, please contact LACDP Political Department at info@lacdp.org | (213) 382-0063. An electronic version of this application is downloadable at www.lacdp.org/endorsementprocess.

Election Information

Election Date: _____ Complete Name of Office Sought & District/Seat Number: _____

Candidate/Campaign Information

Candidate Name: _____ Email: _____

Phone (Cell): _____ Phone (Home): _____ Phone (Work): _____

Phone (Campaign): _____ Fax: _____ Website: _____

Resident (Voting) Address: _____ City: _____ ZIP: _____

Campaign Committee Name: _____ ID Number: _____

Campaign Address: _____ City: _____ ZIP: _____

Treasurer Information

Name: _____ Email: _____

Phone (Cell): _____ Phone (Home/Office): _____ Fax: _____

Address: _____ City: _____ ZIP: _____

Consultant Information

Name: _____ Email: _____

Phone (Cell): _____ Phone (Home/Office): _____ Fax: _____

Campaign Manager Information

Name: _____ Email: _____

Phone (Cell): _____ Phone (Home/Office): _____ Fax: _____

Administrative Fee

Application must be accompanied by payment of an administrative fee of **\$50 for races outside the City of Los Angeles whose jurisdictions include no more than four Assembly Districts, or \$100 for races within the City of Los Angeles** or whose jurisdictions include more than four Assembly Districts. This fee may be reduced by \$1 for each Democratic voter registered within the immediately preceding three (3) months from the date of the endorsement recommendation meeting, up to the entire fee.

Attached to this application include (check all that apply):

- Check in the amount of \$_____ payable to the Los Angeles County Democratic Party.
- Cash in the amount of \$_____.
- Credit card information (please complete information requested below).
- Evidence of registration of _____ Democratic voters within the past three months.

If the fee is paid by personal check, cash, or credit card, please provide the payer information below:

Name: _____ Phone: _____

Address: _____ City: _____ ZIP: _____

Occupation (Required): _____ Employer (Required): _____

Credit Card Information (only complete this portion for the original application submitted to the meeting chair, not on copies)

Name: _____ Phone: _____

Card Type (Visa/MasterCard): _____ Card Number: _____ Exp. Date: _____

Address: _____ City: _____ ZIP: _____

Occupation (Required): _____ Employer (Required): _____

I declare under penalty of perjury under the laws of the State of California that I am a registered Democrat and that the above statements on in this document and those in any attachments are true and correct. If any part of this application or any information provided during the endorsement process is found to be false, it may be cause for an immediate revocation of any endorsement. I understand that my application is available to any LACDP member upon request.

Signature of Candidate

Print Full Name

Date

Name of Candidate: _____ Name of Office Sought & District/Seat Number: _____

Candidate Questionnaire

In order to focus on specific questions pertaining to the office you are seeking, please provide written answers to the questions below (please use a separate page if necessary):

1. Why are you running?

2. What are your top issues?

3. Why are you a Democrat?

4. How long have you been a registered Democrat? Have you been registered as a member of another political party? If so, which party and why?

5. How often have you voted in previous elections?

6. How long have you lived in the district for which you are running?

7. How much do you expect your campaign to cost? How much money have you raised? How do you plan to fund the rest of your budget?

8. Who do you see as your main opponents in this election?

9. What are the top three (3) items you expect to accomplish at the completion of your first term of office, if elected?

10. Please list your top five (5) individual and organizational endorsements.

11. Please list any Democratic clubs and/or organizations with which you are a member, including the length of your membership and any leadership position you have held in each Democratic club and/or organization.

12. Please list any organizations with which you are a member, including the length of your membership and any leadership position you have held in each organization.

13. Please feel free to include any other information you would like us to know about you.

Initial **I have reviewed the latest California Democratic Party Platform, as found at <http://www.cadem.org/our-party/standing-committees/platform-committee>.**

Initial **Neither I nor my campaign will be a part of any communication which misrepresents who the Democratic Party has endorsed.**

Note: Candidates for Los Angeles County, City of Los Angeles, Los Angeles Unified School District, Los Angeles Community College District, Los Angeles County Superior Court, and other select election contests may be required to submit supplemental candidate questionnaire. Please contact the LACDP Political Department for details.