

**2017 City Council Candidate Questionnaire**

*Completed questionnaires will be public documents available on our website, so put your best foot forward. If we ultimately hold an endorsement vote in your race, your questionnaire will be circulated to our membership before the vote.*

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| Name |  |
| Council District number and neighborhoods represented |  |
| How long have you lived in the above district? |  |
| Preferred campaign contact information: name, email address, phone number |  |
| Why do you want to serve as a member of the NYC Council? |  |
| What have you accomplished in public life that you are most proud of? |  |
| What are the greatest strengths and struggles of your council district? |  |
| Why do you want New Kings Democrats’ endorsement? |  |
| If elected, what will your top three legislative and budgetary priorities be while in office? |  |
| What is one thing you would do while in office to make New York City government more transparent, accountable, or inclusive? |  |
| In what ways would you like to expand voting access, and how can you do this as a member of the NYC Council? |  |
| What criminal justice reforms would you like to see the Council implement? |  |
| Do you support the Right to Know Act? |  |
| Will you be participating in the NYC Matching Funds program? |  |
| NKD supports holding a New York State Constitutional Convention. Do you? Why or why not? |  |
| What is your vision for the Brooklyn Democratic Party? |  |
| What funds have you raised for this campaign? What are the major sources of your campaign funds? |  |
| What endorsements have you received from publications, electeds, community leaders, or political organizations? |  |
| Of the other people who hold the office you're running for, who do you admire most and why? |  |
| What are some of the ways you think New York City residents can best participate in civic life? |  |
| What is one fun fact about you? |  |

I have reviewed this questionnaire and agree that the responses set forth in this document are accurate:

Candidate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***You must sign this questionnaire! When complete, please e-mail your signed and scanned questionnaire to*** [***politics@newkingsdemocrats.com***](mailto:politics@newkingsdemocrats.com) ***and*** [***info@newkingsdemocrats.com***](mailto:info@newkingsdemocrats.com)