



Name: _____ D.O.B. _____

*Please use your name as it appears on **Voter Registration Records***

GENDER: ____ Pronoun Preference: ____ Congressional District: _____

IDENTIFY AS LGBTQ or ALLY? _____

STREET ADDRESS: _____

CITY, ZIP: _____

PHONE _____ Email: _____

SOCIAL MEDIA PLATFORMS and Screen Names?

EDUCATIONAL ACHIEVEMENT: Please list your educational achievement, levels of education, institutions, and awards.

Municipal Endorsement

Office for Endorsement:

Indicate Previous Offices/Years:

(Party)

(Government)

(Civic)

(Religious; membership/office(s))

*Please answer these questions briefly.
Use and attach additional pages if necessary.*

1. Does the above address match your voter registration?

2. May primary party choice the last 3 elections:

(2015, 2016, 2018)

3. Have you (in the last ten years) publicly supported or donated to any candidate for elected office, other than a Democratic Party candidate?

If so, please list date and candidate supported:

4. Does your city have a Human Rights Ordinance?

a. If yes, were you active in its passage? _____

b. If no, will you support the passage of a strong HRO?

(Why/Why not)

5. Will you support the entire 2018 platform of the Indiana Democratic Party?*

<http://www.indems.org/wp-content/uploads/2018/06/2018-IDP-Platform-FINAL-AS-PASSED-AT-CONVENTION.docx.pdf>

a. _____

b. If "no," please indicate why:

6. What community issue helped you decide to seek office?

(Please specify your plan):

7. Why do you seek the ISD endorsement?

8. How would you assist the marginalized LGBTQ youth in your community, if elected?

If you've already done so as a citizen, please detail your activity:

9. How would you use your position as a municipal official, promoting full Equality and LGBTQ inclusiveness?

10. Assume you're part of a corporate recruitment team for your city. Please detail how you'd persuade Company X to locate in your city:

11. Additional Information:

By signing below, you indicate the answers provided herein are accurate and complete. You also consent to these answers being used in public endorsement announcements and other public platforms used by Indiana Stonewall Democrats. You also consent to assist ISD in promoting your endorsement. Any endorsement can be withdrawn at the discretion of ISD.

_____ DATE: _____

CANDIDATE SIGNATURE

Indiana Stonewall Democrats

Is an officially-recognized caucus of

The Indiana Democratic State Central Committee

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instonewall@gmail.com

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