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Candidate name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office sought: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incumbent?\_\_\_\_

Are you a member of the Hillsborough County LGBTA Democratic Caucus?**\_\_\_\_\_\_**

Are you a member of the Florida LGBTQ+ Democratic Caucus?**\_\_\_\_\_\_**

Are you a member of the Hillsborough County Democratic Executive Committee?**\_\_\_\_\_\_**

Campaign Contact:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Campaign Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campaign Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campaign Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campaign Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campaign Facebook URL:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Campaign Twitter:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Campaign Instagram:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please attach a recent photo of you. If selected for endorsement, this photo will be used for all communications to our members and posted on our website and social media.

1. Why are you running for this office?

2. Are you a current member or affiliated with any other LGBTQ+ Organizations?

a. If Yes, please list current and past memberships::

b. Have you ever donated time or money to any pro-LGBTQ+ organization?

Please list any of significance:

3. Please describe any work you have done to promote LGBTQ+ Rights in Hillsborough County or elsewhere.

4. Are you a current member of any other Democratic Clubs or Caucuses in Hillsborough or elsewhere? List any positions held.

5. Please describe any community involvement. This can include city boards, civic associations, non-profits, etc.

6. Would you condemn instances of hate speech in your organization?

7. Do you support maintaining sexual orientation, gender identity, and gender expression as protected categories in employment?

8 Would you support gender confirmation surgery as a healthcare benefit for HCTC employees?

Financial

10. What is the overall budget for your campaign?

1. Who is your Campaign Manager?
2. Who is your Campaign Treasurer?
3. Who are your paid staff?

11. If you have a primary, what is your fundraising goal for the primary?

1. What is your goal for the general?

12. How much has the campaign raised thus far? (required)

Other

13. Please list other endorsements you have received:

14. Is there anything else you would like us to know about why the LGBTQ+ community should support your candidacy?

15. How long have you been a registered Democrat?

By signing this questionnaire, you are stating that, if selected, you would accept the Hillsborough County LGBTA Democratic Caucus’ public support and endorsement including, but not limited to, our website and other social media.

By signing below I (candidate’s printed name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. confirm that these answers have been reviewed and approved by me and reflect my views on these issues.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (MM/ DD/ YYYY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments (due to space limitations, comments may not be included in all candidate summaries):

***We ask that you return your completed questionnaire no later than 10 days after the qualifying period.***

Return your questionnaire by email to:  [campaign@hclgbtadc.org](mailto:campaign@hclgbtadc.org)

Questions should be emailed to:  [campaign@hclgbtadc.org](mailto:campaign@hclgbtadc.org)