



Republican Party of Mohave County

CANDIDATE & CAMPAIGN INFORMATION

This questionnaire is due in its entirety no later than: _____

AN INCOMPLETE ENDORSEMENT QUALIFICATION FORM WILL INVALIDATE THE APPLICATION.

Name as Listed on the Ballot: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Office Sought: _____ District: _____

Age: _____ Married: _____ Children: _____ How long have you resided in Mohave County? _____

Registered Republican: _____ Date of Registration: _____

Campaign Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Committee Title: _____ FPPC#: _____

Staff Contact: _____ Title: _____

Phone: _____ Email: _____

(If you require additional space, please feel free to attach additional information to this questionnaire labeled accordingly)

1. List any Political Party you have registered for within the past five years? _____

2. Do you hold, or have you held an elected or appointed political office? _____

3. In the space below, please explain why you are running for this office? _____

4. Please describe your involvement in the Republican Party and any political or community organizations.

5. Why should the Republican Party of Mohave County endorse you for this position? _____

6. Please give your policy positions in a few sentences on two of the following topics:

Taxes	Religious Freedom	Immigration Laws
Family & Life Issues	2nd Amendment	Education
Election Processes	Healthcare	Environment
Transportation	Free Speech	
National Security	Private Property Rights	

This section is FOR INTERNAL USE ONLY for the Republican Party of Mohave County, its Executive Committee, and Committee Members. This information will not be made available to the public unless given permission and will not be shared with or sold to any third party.

(Please complete the following questions on a separate attached document when necessary.)

- _____ 1. How much money do you believe you will need to compete successfully and win?
- _____ 2. How much have you raised to date? (FYI - Personal loans to your campaign committee do not count.)
- _____ 3. Please include a list of all your official endorsements, to date, for verification.
- _____ 4. Are you currently serving in the military?
- _____ 5. Have you ever previously served in the military, and did you receive anything other than an honorable discharge.
- _____ 6. Have you ever been convicted of a Misdemeanor or a Felony?
- _____ 7. Please include your post-secondary education history.
- _____ 8. Do you now or have you ever owned your own business? If so, for how long?
- _____ 9. Have you previously run for elected political office? If so, please include office(s), election date(s).
- _____ 10. Are you current on all your financial obligations, including child support?
- _____ 11. Is there anything else in your past record, that you have not already included, but not limited to: civil actions against you or your spouse, financial or sexual misconduct, or anything else on public record that you feel may serve to harm your campaign or cause the Republican Party of Mohave County to rescind an endorsement?

By signing this document, you swear or affirm that all information provided above and attached by you and your campaign is true and correct to the best of your knowledge.

Print Name

Signature

Date

The Republican Party of Mohave County Executive Committee reserves the right to revoke an endorsement with due cause and deliberation.

PLEASE RETURN THE COMPLETED FORM TO:

_____, Republican Party of Mohave County

