

SMGOP Endorsement Application (FPPC)								
For Election Date:	Election Type:							
Office Sought								
Name of Office	Jurisdiction							
Candidate Information (Please us info as registered in the San Mateo County Voter Registration File)								
Last:		Cell Phone:						
Middle:		E-mail						
First:		Ballot Designation	on:					
	Campaign Team		FPPC#					
	Name	Cell Phone	Fo	rms Filed	Y/N			
Manager:			FPPC Form	501				
Treasurer:			FPPC Form	FPPC Form 410				
Asst Treasurer:								
	Onli	ne Presence						
Website:			Twitter:					
Facebook:			Instagram:					
Political Experience (most recent)								
Offices Elected To								
Office	Jurisdiction		From	То				
	_							
Ran for office but not elected								
Office	Jurisdiction		Year					
	Works	nd an Campaigna						
Your Duty	Jurisdiction	ed on Campaigns	didate/Measure	Year				
Your Duty	Jurisdiction	Cano	iluate/ivieasure	fear				
Community Involvement								
Appointed to City, School or County Boards or Commissions								
Jurisdiction	Name of Board or Commiss							
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				+				
Non-Profit								
HOILLOID								



Role	Name of Non-Profit	From	То			
Campaign Questions						
1. Why you are running for public office? (In less than 100 words)						
2. How long have you planned about running for this office?						
3. List up to three key issues and your position on them. (Bullet points)						
a.						
b.						
C.						
4. How many seats are up for election?						
5. How many candidates qualified for the ballot?						
6. How many incumbents are running?						
7. How many registered voters are in your jurisdiction?						
8. How many voters do you project to vote in this election?						
9. How many votes do you need to win this election?						
10. How much of your own money to you plan to spend on this campaign?						
11. Do you plan to raise money for the campaign? If so, how much?						
12. Do you have a Get Out the Vote plan? (Yes/No)						
13. Will the sample ballot contain your candidate statement? Yes/No. If yes, please attach a copy.						
Your Questions of the SMGOP						
1						
2						
3						
Certification						
I certify that I am the candidate listed above, that I authored the answers to this form, and that the information on the form is true and complete to the best of my knowledge.						
Signature			Date			