



**HUDSON VALLEY STONEWALL DEMOCRATS**  
**CANDIDATE QUESTIONNAIRE – 2020**

**A. INTRODUCTION:**

The Hudson Valley Stonewall Democrats mission is to work to elect pro-LGBTQ Democrats in Federal, State and Local elections throughout Westchester, Putnam, Rockland, Orange and Dutchess counties while addressing LGBT governmental issues and increasing the number of LGBTQ voters at the polls.

This Candidate Questionnaire is being circulated throughout Westchester, Putnam, Rockland, Orange and Dutchess counties to provide judicial and non-judicial candidates running for offices in the 2020 election cycle the opportunity to secure the endorsement and support of the Stonewall Democrats. Interested candidates should complete this Questionnaire and submit it to the Stonewall Democrats by e-mail to [hvstonewalldems@gmail.com](mailto:hvstonewalldems@gmail.com) and upon receipt the candidate may be called to schedule an in-person or telephone interview, and thereafter will be informed as to the decision of the Stonewall Democrats regarding if the endorsement will be provided. If required, please add additional pages. **The deadline for submission is March 27, 2020 and decisions are expected in May.**

Name: \_\_\_\_\_

Office Sought: \_\_\_\_\_

**B. QUESTIONS:**

**1. Please provide the following employment information for your current employer:**

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**2. If you are or were in the last five (5) years a member of any civic associations please provide the following information:**

**(a)**

Organization Name: \_\_\_\_\_  
Organization Address: \_\_\_\_\_  
Organization Telephone: \_\_\_\_\_  
Leadership Roles (if any): \_\_\_\_\_  
Dates of Membership: \_\_\_\_\_

**(b)**

Organization Name: \_\_\_\_\_  
Organization Address: \_\_\_\_\_  
Organization Telephone: \_\_\_\_\_  
Leadership Roles (if any): \_\_\_\_\_  
Dates of Membership: \_\_\_\_\_

**(c)**

Organization Name: \_\_\_\_\_  
Organization Address: \_\_\_\_\_  
Organization Telephone: \_\_\_\_\_  
Leadership Roles (if any): \_\_\_\_\_  
Dates of Membership: \_\_\_\_\_

**3. What is your current political party affiliations (including political party and any affiliated political clubs or organizations) and are you, or have you in the last five (5) years held any leadership positions in any such parties, clubs or organizations?**

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\_\_\_\_\_  
\_\_\_\_\_

**4. Have you ever been registered for any other political parties and if so, when and why did you change your political registration?**

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**5. Have you ever ran for political and/or elected office before and if so: (a) name of political and/or elected office; (b) date you campaigned; (c) political party and other endorsements received, and; (d) Election history (how many terms and how long are terms).**

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**6. What position are you currently seeking and are you an incumbent?**

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**7. What other political party lines have you received and/or will you be seeking?**

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**8. What endorsements have you received as of the date of this questionnaire?**

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**9. As of the date of this questionnaire:**

**a. What amount do you need for as a budget for your campaign: \$ \_\_\_\_\_**

**b. What amount have you raised in campaign contributions: \$ \_\_\_\_\_**

**c. What is your plan to raise additional funds:**

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**10. Please provide the following:**

**(a) Internet address for your campaign website, if any:**

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**(b) Campaign Facebook page, if any:**

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**(c) Campaign Twitter Account, if any:**

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**11. Please provide the address for your campaign office if any:**

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**12. Please provide the name and telephone number for your campaign manager, if any:**

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**13. Please provide the name and telephone number for your campaign treasurer, if any:**

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**14. Please provide any campaign training that you have attended in preparation for your run for office:**

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**15. Please provide the reason why you are seeking the elected office you are campaigning for:**

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**16. What are your top two (2) priorities (LGBTQ or otherwise) if and when you get elected to the office for which you are campaigning?**

**(1)**

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**(2)**

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**17. Please detail any specific policy proposals you may have that will affect the LGBTQ community.**

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**18. Do you support efforts to ensure that the New York State Human Rights Law remains in effect and properly funded, preventing discrimination against protected classes, including persons perceived to be members of the LGBTQ community?**

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**19. Do you support legislation allowing for gestational surrogacy in New York State?**

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**20. Do you support the programs and funding of the New York State Human Rights Division and municipal Human Rights Commissions throughout the State of New York?**

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**21. What do you believe to be the top two (2) issues facing the LGBTQ community in the State of New York and if elected, how will you seek to advance those issues on behalf of the LGBTQ community:**

**(1)**

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**(2)**

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**22. Have you taken part in any LGBTQ advocacy in the past, if so please identify your efforts?**

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**THEIR PROVIDING ME WRITTEN NOTIFICATION BY E-MAIL TO THE E-MAIL ADDRESS I HAVE PROVIDED HEREIN.**

**UPON RECEIPT OF SUCH NOTICE OF REVOCATION OF ENDORSEMENT I PROMISE, PLEDGE AND AGREE TO REMOVE THE PREVIOUSLY PROVIDED ENDORSEMENT OF THE HUDSON VALLEY STONEWALL DEMOCRATS FROM ALL MY CAMPAIGN MATERIALS, ELECTRONIC, PRINT OR OTHERWISE.**

\_\_\_\_\_  
**Printed Name:** \_\_\_\_\_

\_\_\_\_\_  
**Date**