

**ERIE COUNTY FEDERATION OF REPUBLICAN WOMEN  
APPLICATION FOR CONSIDERATION OF ENDORSEMENT**

Please submit this completed application (and resume if desired), no later than **June 15<sup>th</sup>** of the current election year to ECFRW, PO Box 293, Buffalo NY 14240 or to [ecrwfederation@gmail.com](mailto:ecrwfederation@gmail.com). Applications will be accepted after this date with good cause shown. If you have any questions, please contact the ECFRW Endorsement Committee at [ecrwfederation@gmail.com](mailto:ecrwfederation@gmail.com).

An electronic version of this application is available at [www.ECFRW.com/endorsementprocess](http://www.ECFRW.com/endorsementprocess).

**Note: Applications will NOT be accepted without an ECFRW member as your sponsor.**

**(Please refer to our website for a list of current members: [www.ECFRW.com/MEMBERSHIP](http://www.ECFRW.com/MEMBERSHIP)).**

**Candidate/Campaign Information**

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

Name of Office Sought & District: \_\_\_\_\_

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

Resident (Voting) Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Campaign Committee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Campaign Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Website / Social Media link(s): \_\_\_\_\_

**Treasurer Information**

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Have you received an Endorsement by a Republican Committee? \_\_\_\_\_

If YES, which committee(s) were you endorsed by: \_\_\_\_\_

Please specify the name of the ECFRW Member that is Sponsoring this Application:

\_\_\_\_\_

**(Prior approval from sponsor must be obtained)**

I declare that I am a registered voter in the State of New York and that the above statements on this page and those in any attachments are true and correct. If any part of this application or any information provided during the endorsement process is found to be false, it may be cause for an immediate revocation of any endorsement. I understand that my application is available to any ECFRW Endorsement Committee Member upon request.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date

**Candidate Questionnaire**

**Please provide written answers to the questions below (please use a separate page if necessary):**

1. Do you currently hold this office?     Yes     No

2. Are you opposed or unopposed?     Opposed     Unopposed

3. Why are you running and what are your top issues?

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4. What are your qualifications for this office?

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5. What is your party affiliation and how long have you been registered with said party? Have you been registered as a member of another political party? If so, which party and why?

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6. How long have you lived in the district in which you are running? \_\_\_\_\_

7. What are the top three (3) items you expect to accomplish, if elected?

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8. Please list any Republican clubs and/or organizations with which you are a member, including the length of your membership and any leadership position you have held in each.

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9. Please list any other organizations with which you are a member, including the length of your membership and any leadership position you have held in each organization.

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10. What women's issues are important to you and why?

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11. Have you ever been convicted of a crime? \_\_\_\_\_

a. If Yes, what crime, when did it happen and where did it occur?

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12. Please feel free to include any other information you would like us to know about you.

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(Include further detail below if desired and / or on a separate sheet of paper)