



Municipal Candidate Questionnaire 2018

Florida LGBTQA
Democratic Caucus
P.O. Box 6246
Gainesville, FL 32627
(727) 469-DEMS

Candidate name: _____ Office sought: _____
Incumbent? _____

Are you a member of the Florida LGBTQA Democratic Caucus?

Party Affiliation?

District?

Election Date?

Address:

Phone: _____ Email: _____ Website: _____

Facebook URL:

Twitter:

Please attach a photo of you. If selected for endorsement, this photo will be used for all communications to our members.

Answer the following with a brief YES, NO, or NO ANSWER.

Safe Schools

1. Would you support safe school policies that include protections from bullying and harassment based on race, religion, ethnicity, sexual orientation, gender, gender identity or expression, national origin or disability?

Domestic Partnerships

2. Do you support providing domestic partnership benefits to unmarried public employees, regardless of sexual orientation?

3. Do you support marriage equality for same-sex couples?

4. An equal benefits ordinance requires companies that contract with the city/county to provide the same benefits to domestic partners that they provide to married employees and their spouses. Would you support adding an equal benefits ordinance to your city/county?

Training

5. Would you support including specific training regarding sexual orientation and gender identity or expression in diversity training programs for public employees?

Non-Discrimination Policy

6. Do you support policies banning discrimination based on sexual orientation and gender identity or expression in housing, employment, public accommodations?

Transgender Equality

7. Do you support transgender inclusive healthcare for city or county employees?

8. Do you support fair adoption rights for LGBT people?

9. Do you believe that a woman has the legal right to terminate an unwanted pregnancy?

Financial

10. What is the overall budget for the campaign?

11. If you have a primary, what is your fundraising goal for the primary, and 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 LGBT community should support your candidacy?

By signing this questionnaire, you are stating that if selected you would accept the Florida LGBT Democratic Caucus' public support and endorsement.

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 14 days after the qualifying period.

Return your questionnaire by email to Campaign@floridalgbtademics.org

Questions should be emailed to the Campaign@floridalgbtademics.org