



Candidate Biographical Information Form

Full Name: _____

Address _____
City State zip

Phone No. _____

E-Mail _____

Education _____

Office sought _____

First Time Running for Public Office ____ Yes ____ No

If Not, How Many Terms In Current Office _____

Other Public Offices previously held _____

Profession/Occupation _____

How Long _____

In 300 words or less, please tell us other information you'd like the public to know about you. This is not required, but you may want to address:

- The most significant challenges facing the office you're running for and what you'd do to overcome them
- What single change you'd make in your area of responsibility
- Why you feel you're more qualified than your opponent(s) for the position you're seeking

