

Candidate Questionnaire

An Initiative of the Bastrop Chamber of Commerce

Name (last, first, middle)	Preferred name			
Which office are you seeking?	#	# of years in the community		
Address	City	State	Zip	
Campaign Website	(Campaign Facebook		
Cell phone Campaign pl	none	Campaign Em	ail	
Preferred means of communication: Email	Phone N	1ail Text		
Why, in your opinion, are you qualified for this of	fice?			
	l'alamanta that	fa al la que a acciona d		
Please highlight your experiences and accomp elected capacity:	lishments that you	reei nave equipped	you to serve in an	
List your involvement with community organization	ons over the last 24 r	months:		

BastropV	otes.com Candidate Questionnaire, pg. 2	
Please rar	nk what you feel are the top 3 campaign issues, explaining your position	on and why
1.		
2.		
3.		
Additional	comments:	
What are y	our suggestions to increase voter turnout?	
Electronic	Signature	Date
Send to:	Bastrop Chamber of Commerce 927 Main Street Bastrop, TX 78602 phone: (512) 303-0558 / email: info@bastropchamber.com	

An Initiative of

