

WEST SIDE SOUTH SIDE NEWS
Leader Leader

Election Candidate Bio

RETURN FORM TO: Leader Publications
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For WSL office use — Photo: Yes No Coming

PERSONAL INFORMATION

Name: _____

Full mailing address: _____

List community you reside in: _____

Number of years in municipality: _____

Home phone: _____

Work phone: _____

Fax: _____

E-mail address: _____

Age: _____

Marital status: _____

Number of children/grandchildren: _____

Education (please note degrees earned and list dates and institution names): _____

Current employer: _____

Title/position: _____

Number of years with employer: _____

Previous recent employer(s): _____

Title/position: _____

POLITICAL ACTIVITY

Campaign Web site address: _____

Campaign contact person (include contact information): _____

Municipality/office vying for: _____

Political affiliation (if applicable): _____

Incumbent? (yes/no): _____

Public offices held (specify elected or appointed and dates offices held):

POLITICAL ACTIVITY

Previous elected offices sought, but not won (include election years): _____

Political/civic activities (List top five, including committee assignments, if in office): _____

If incumbent, list your top three accomplishments:

If challenger, list your top three concerns:

What makes you the best candidate for the position? (Please answer in 200 words or less):

Signature: _____