



T E X A S
Alliance for Life
POLITICAL ACTION COMMITTEE

Candidate Questionnaire

2020 Primary and General Elections

Candidate/Campaign Information

Date: _____

Candidate Name: _____

Ballot Name: (if different) _____

Office Sought: _____ Party Affiliation: _____

Phone: _____ Mobile: _____

Email: _____

Religious Affiliation: _____

Texas Election Committee/Campaign Name:

Consultant: _____ Phone: _____

Campaign Manager: _____ Phone: _____

Campaign Address:

Campaign Website : _____

Social Media: _____

Family

Marital Status : _____ Children: _____

Have you ever been divorced? _____

Have you ever been arrested? _____ If yes, Comments: _____

Professional/Educational Background

Education: _____

Current employment/business: _____

Additional talents/hobbies: _____

General

Do you consider yourself pro-life? _____ Why or why not? _____

What pro-life activities or organizations have you participated in or supported financially? _____

Community Involvement: _____

Please return to elections@texasallianceforlife.org

For more information call 512.477.1244.