**Directions: Please complete this Questionnaire, and the Platform Endorsement Form and return them along with a copy of your Resume, Campaign Literature and Voting Record (if applicable) to the BPW Ohio Local Organization or Region that will be nominating you for an Endorsement and/or Donation from BPW/ Ohio PAC.**

Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: ­­­­\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle your answers:

1. Do you support the Equal Rights Amendment and its ratification?

YES NO

1. Do you favor equal employment opportunities and affirmative action to increase the number of qualified women, minorities, and people with disabilities in occupations in which they are under-represented?

YES NO

1. Would you support pay equity legislation designed to provide technical assistance and/or promote research in order to help implement equal pay for work of comparable worth?

YES NO

1. Do you support funding equal education opportunities for women of all ages?

YES NO

1. Would you support legislation designed to shatter the so-called “Glass Ceiling”, the invisible barrier that effectively prohibits otherwise qualified women and minorities from being promoted into top management positions?

YES NO

1. Would you support legislation designed to guarantee equitable retirement benefits for women?

YES NO

1. Would you support programs and legislation to provide affordable, quality dependent care facilities for individuals of all ages?

YES NO

1. Do you favor stiff penalties for perpetrators of domestic and/or sexual violence, and would you support legislation to provide compensatory and punitive damages to victims of such violence?  
    YES NO
2. Would you support legislation that would significantly improve research, funding, and education related to women’s health care issues?  
    YES NO
3. Would you oppose any legislation and/or mandates that would restrict reproductive freedom as a right of privacy/personal choice for all women?  
    YES NO
4. Would you be a leader in championing a woman’s right to reproductive freedom, including access to family planning?  
    YES NO
5. Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Candidates Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO NOMINATING BPW OHIO LOCAL ORGANIZATION OR REGION: After the Candidate has completed the Candidate Endorsement Questionnaire, attach it to your BPW/Ohio PAC Nomination Form and forward it along with a resume of the candidate’s qualifications, a Platform Endorsement form, campaign literature, and if an incumbent the candidate voting record to:**

**2024-2025 BPW/Ohio PAC Chair:**

**CHARLON K. DEWBERRY**

**1 Edith Court**

**Bowling Green, Ohio 43402**

Email: [bpwpac@ohiobpw.org](mailto:bpwpac@ohiobpw.org)

**When sending an email please put “BPW/Ohio PAC Candidate in the subject line.**

**Follow-up contact information (please print):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: ­­­­\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_