



## Protecting Our Voter Federal Endorsement

Protecting Our Vote Federal PAC is a Democratic Political Action Committee that helps elect members of the House of Representatives and the United States Senate dedicated to protecting the right to vote for all Americans. POV-Federal supports those candidates willing to protect and defend the fundamentals of a free and fair democracy.

To receive an endorsement from Protecting Our Vote Federal, please return this completed form with a one-page overview of the political landscape in your district and your campaign plan. We will keep all your submitted information confidential. Only completed applications will be considered.

### Contact Information:

Candidate Name: _____ State: _____ District: _____		
Committee Name: _____		FEC ID: _____
Treasurer's Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	Email: _____
Web Address: _____		

### Candidate Status:

<input type="checkbox"/> Incumbent
<input type="checkbox"/> Challenger
<input type="checkbox"/> Open Seat
If Incumbent, Terms Served: _____
If Challenger/Open Seat, Occupation/Offices Help: _____

Paid for by Protecting Our Vote Federal PAC. Not authorized by any candidate or candidate's committee.

If Previous Office Holder, How many terms served:

\_\_\_\_\_

Party Affiliation:

\_\_\_\_\_

Black Voting Age Population in District:

\_\_\_\_\_

Prior Elected/Appointed Positions Held or Sought:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Campaign Structure (Challenger & Open Seat Only):**

Campaign Manager:

\_\_\_\_\_

Finance Director:

\_\_\_\_\_

Media:

\_\_\_\_\_

Field Director:

\_\_\_\_\_

D.C. Finance Team/Consultant:

\_\_\_\_\_

Number of Af-Am/Minority Staff (List Titles/Positions):

\_\_\_\_\_

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

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**Financial Information:**

Total Receipts for current Election Cycle:		
_____		
Current Cash on Hand:		
_____		
Total of Outstanding Loans (if applicable):		
_____		
Total Personal Contribution (Challenger/Open Seat):		
_____		

**Opposition (Attach additional sheets if necessary):**

Number of Opponents: _____		
Names:	Total Receipts:	Cash on Hand:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Prominent Endorsements (Challengers & Open Seat Only):**

Please List or Attach
_____
_____
_____
_____

Name: \_\_\_\_\_ Page 3

**Polling Data (Challenger/Open Seat):**



**Narrative (Challenger/Open Seat):**

In your own words describe you candidacy : _____
In your own words, please describe your path to victory: _____

Name: \_\_\_\_\_ Page 4

**Election Cycle Information:**

Contribution is sought for-	
<input type="checkbox"/>	Primary
<input type="checkbox"/>	General
<input type="checkbox"/>	Special
State Filing Deadline	
Date of Primary:	_____
Date of General:	_____

**Project Win**

Will your campaign support POVf's Project Win effort this cycle by donating 1,000 names from your donor list? Project Win is the PAC's program to grow its national presence by collecting names from candidates it endorses in a manner in which complies with FEC rules and guidelines.

YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes please transmit names in excel spreadsheet.)

_____	
_____	
<i>Name of Authorized Committee Representative</i>	<i>Email</i>
_____	_____
<i>Signature</i>	<i>Date</i>

Thank you! Please submit your request, along with all relevant accompanying materials via email:

[info@protectingourvotefederal.org](mailto:info@protectingourvotefederal.org) or via mail:

Protecting Our Vote Federal PAC  
499 S Capitol Street SW, Ste 422  
Washington, DC 20003

<b>For office use only:</b>			
Date received:	Notes:		
Approved?	Yes	No	Date:
Authorized by:			

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