



Candidate Contract

PURPOSE: This document outlines the BCRP Candidate Endorsement process and requirements for candidates seeking an endorsement from BCRP.

1. _____
Name Elective Office Sought

Address City State Zip

Email Address Phone No.

2. Are you a Republican voter? _____ Yes _____ No
3. Do you subscribe to and support the current BCRP Platform? Please use the attached form to detail your answer to this question.
4. Do you intend to seek an endorsement from BCRP? _____ Yes _____ No
5. By your signature below, you grant permission to BCRP to conduct a background check.
6. By your signature below, you grant permission to BCRP to publish your photo.
7. By your signature below, you agree to participate in a recorded interview and acknowledge that it will be made available to the public.
8. Candidate Interview Form
 - a. You will be invited to participate in a Candidate Interview Forum at a BCRP Special Meeting.
 - b. You will have an opportunity to present your campaign in a brief speech to the BCRP Central Committee and participate in a question and answer session.

I, _____, a candidate for _____ in Benton County, Washington, do hereby agree to the BCRP Candidate Endorsement process and requirements as described in this Candidate Contract. I will regularly update the BCRP on the status of my campaign. Should I be elected to the office for which I am endorsed, I do hereby commit to periodically attend BCRP Central Committee Meetings in-person, or by representation, to give a report on the governmental activities to which my office operates.

Signature

Date