

**INSTRUCTIONS FOR COMPLETING NPAT**

1. Candidates should use the 'Other or expanded principles' option to clarify or expand their answers or state their position if it is not listed in the options. Please keep these comments within the space provided. Also, do not write answers for questions that are not open-ended (i.e. yes/no questions, multiple choice). All answers beyond the format of the test, including comments written in the margin will not be included in the database.
  2. Do not alter NPAT questions. The wording of questions is locked in the database and any changes made by candidates cannot be entered.
  3. Do not write any answers beyond the space provided or the word limits.
  4. Candidates may leave 30% of the NPAT issues blank.
  4. The biographical information section is optional. Please fill in only what you are comfortable having voters know.
- \* PROJECT VOTE SMART DOES NOT PERMIT THE USE OF ITS NAME, THE NPAT, OR ANY OF ITS OTHER PROGRAMS IN ANY PARTISAN POLITICAL ADVERTISING OR ACTIVITY.**

For those candidates who return their responses to the NPAT before the deadline passes, Project Vote Smart will include their position papers on our web site. Please forward them to us in electronic format (disk, email, web link). Please note that special formatting (pictures, special fonts) will not appear. Email: [positions@vote-smart.org](mailto:positions@vote-smart.org)

*The NPAT must be in our office by 11:59pm Mountain Standard Time the day of the deadline*

Name \_\_\_\_\_ Sex: Male Female  
First Name Middle Initial Last Name Jr, Sr, Etc (Circle One)

**Running For:** President US Senate US House Governor State Senate State House State Assembly  
(Circle One)  
 State \_\_\_\_\_ District \_\_\_\_\_

**Current Office:** President US Senate US House Governor State Senate State House State Assembly  
(Circle One)  
 State \_\_\_\_\_ District \_\_\_\_\_

Date 1st elected to Current Office \_\_\_\_\_ Date Last Elected \_\_\_\_\_ Date Next Election \_\_\_\_\_

Please explain if legislator was appointed to current office or if years of service are not continuous.

Party: Democrat Republican Independent Other \_\_\_\_\_  
(Circle One)

Candidate's Home City and State \_\_\_\_\_

Candidate's Birth Date \_\_\_\_\_ Candidate's Birth City and State \_\_\_\_\_

Marital Status: Married Single Divorced Widowed Other \_\_\_\_\_ Spouse's name \_\_\_\_\_  
(Circle One)

Number of Children \_\_\_\_\_ Children's Names \_\_\_\_\_

Religion \_\_\_\_\_

Education (list in chronological order starting with most recent)

_____	_____	_____
Degree	Institution	Year
_____	_____	_____
Degree	Institution	Year
_____	_____	_____
Degree	Institution	Year

Professional Experience (including Military) (list in chronological order starting with most recent)

_____	_____	_____
Position	Company	Dates
_____	_____	_____
Position	Company	Dates
_____	_____	_____
Position	Company	Dates
_____	_____	_____
Position	Company	Dates

CANDIDATE'S FULL NAME \_\_\_\_\_ STATE \_\_\_\_\_

Political Experience (Political Offices, Party Involvement) (list in chronological order starting with most recent)

Position	Profession	Dates
Position	Profession	Dates
Position	Profession	Dates
Position	Profession	Dates

Organizations (Civic or Professional Organizations) (list in chronological order)

Position	Organization	Dates
Position	Organization	Dates
Position	Organization	Dates
Position	Organization	Dates
Position	Organization	Dates
Position	Organization	Dates

Non-Legislative Committees (Including Local Boards and Commissions) (list in chronological order)

Position	Committee	Dates
Position	Committee	Dates
Position	Committee	Dates
Position	Committee	Dates
Position	Committee	Dates
Position	Committee	Dates

Contact Information:

Campaign Address \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code ( ) Campaign Phone ( ) Campaign Fax

Capitol Address (if incumbent) \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code ( ) Capitol Phone ( ) Capital Fax

District Address (if incumbent) \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code ( ) District Phone ( ) District Fax

Email Address \_\_\_\_\_

Web Address \_\_\_\_\_

I have enclosed a recent photo.  
(Photos will be scanned onto our web site and cannot be returned.)