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Vote Smart
Biographical Information Update Form
1153 24th Street, Des Moines, IA 50311
Phone: 515-989-6359 - E-mail: politicalcourage@votesmart.org

Updated information will supplement current biography displayed at www.votesmart.org

Name: _____
First Middle Last Jr., Sr., Etc. Preferred Name

Sex (Circle One): Male Female

Office Seeking: _____ **State:** _____ **District:** _____

Current Office: _____ **State:** _____ **District:** _____ **Party:** _____

Date 1st Elected to Current Office: _____ **Date 1st Assumed Current Office:** _____ **Date Next Election:** _____

Please explain if official was appointed to current office, won a special election, or if years of service are not continuous.

Home City/State: _____ **Birth Date:** _____ **Birth City/ State:** _____

Marital Status (Circle One): Married Single Divorced Widowed Other: _____ **Spouse's Name:** _____

Number of Children: _____ **Children's Names:** _____ **Religion:** _____

Education: *list in chronological order starting with most recent; do not list honorary degrees*

Degree	Major	Institution	Year
Degree	Major	Institution	Year
Degree	Major	Institution	Year

Professional Experience: *list in chronological order starting with most recent; include military service*

Position	Company	Dates
Position	Company	Dates
Position	Company	Dates
Position	Company	Dates
Position	Company	Dates

Political Experience: *list political offices (including appointments), party involvement, unsuccessful candidacies and won special elections in chronological order starting with most recent*

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

See Reverse

Non-Legislative Committees: *list caucuses, advisory councils, commissions, and task forces in chronological order starting with most recent*

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

Organizational Membership: *list civic or professional organizations in chronological order starting with most recent*

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

Contact Information

Capitol Address: _____
Street

City State Zip Code (_____) Capitol Phone (_____) Capitol Fax

Capitol E-Mail Address: _____ **Capitol Web Address:** _____

District Address: _____
Street

City State Zip Code (_____) District Phone (_____) District Fax

District E-Mail Address: _____ **District Web Address:** _____

Campaign Address: _____
Street

City State Zip Code (_____) Campaign Phone (_____) Campaign Fax

Campaign E-Mail Address: _____ **Campaign Web Address:** _____