2020 Education Minnesota candidate screening report form

Please print and answer completely.

Date of screening: ________________________________

Screening action: ☐ Recommendation     ☐ Defer to the PAC     ☐ No recommendation

Candidates screened and political affiliation: ________________________________

Candidate’s name: ________________________________

Political party: ________________________________

Completed questionnaire? ☐ Yes     ☐ No

Waiver granted? ☐ Yes     ☐ No

Recommended candidate: ________________________________

Legislative district: ________________________________

Party: ________________________________

Rationale ________________________________________________

_____________________________________________________

Were there any specific local/regional/issue questions asked of the candidates? ☐ Yes     ☐ No

If yes, what were the questions? ________________________________

_____________________________________________________

_____________________________________________________

How did the candidate answer the local/regional/issue questions? ________________________________

_____________________________________________________

_____________________________________________________

Vote tally: ☐ Yes     ☐ No

Does candidate accept PAC contributions? ☐ Yes     ☐ No

Minority opinion: ________________________________________________

(To be completed by Education Minnesota’s Public Affairs Dept.)

Date of PAC action: __________

☐ Agree     ☐ Disagree     with screening team

Contribution amount $ __________

Date check sent: __________