Candidate Endorsement Application

American Freedmen Independent Club of New York

AFIC-NY is a political and civic engagement membership club. Candidates of any political-party affiliation may apply. This application supports review by the six-member Candidate Interview and Endorsement Committee. The State Executive Board has sole and final authority over every official AFIC-NY endorsement.

1 Candidate and campaign information

Candidate legal name _____

Name as it will appear on the ballot _____

Office sought and district or jurisdiction _____

Political-party affiliation and ballot line or lines _____

Election type and election date _____

Campaign mailing address _____

Candidate email _____

Candidate telephone _____

Campaign website and public social media _____

Campaign manager or primary contact _____

Contact email and telephone _____

Campaign committee name and public filing identifier

_____

Current ballot status: ☐ Qualified or certified ☐ Petitioning ☐ Filing pending ☐ Other

If other or pending explain _____

Instructions: Complete every section. Mark items that do not apply as N/A. Attach typed responses where more space is needed, labeled by section and question number. Provide public links or supporting records for factual claims. Do not include Social Security numbers, bank details, or other sensitive personal identifiers.

2 Qualifications and policy commitments

The Club's four founding pillars are Faith, Economic Independence, Political Independence, and Strong Families. Explain how your record and proposals relate to its American Freedmen mission and the communities you seek to represent. Faith questions concern public principles; no statement of religious affiliation is requested.

2.1 Why are you seeking this office, and what experience qualifies you?

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2.2 Why are you seeking AFIC-NY's endorsement? How does your platform serve descendants of American slavery?

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2.3 What three measurable commitments will you make? For each, identify the action, timeline, funding source if applicable, and authority of the office you seek.

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2.4 How will you uphold freedom of conscience, constitutional rights, ethical leadership, and equal treatment?

_____

_____

Required policy attachment: Answer each topic below with a specific proposal, your relevant record, and how progress would be measured. Distinguish actions you can take directly from actions requiring other officials' approval.

A. Economic independence: Black-owned businesses, access to capital, contracts, workforce skills, and generational wealth.

B. Strong families: educational achievement, parental engagement, family stability, and opportunity for children.

C. Affordability: taxes, homeownership, housing costs, and household expenses.

D. Public safety: safe communities, constitutional policing, accountability, and fair treatment.

E. Health and wellness: access to care, prevention, and conditions affecting community health.

F. American Freedmen policy: reparations, historical redress, and specific legislative or administrative proposals.

G. Political independence: how you will evaluate community interests when they conflict with party leadership or donors.

3 Public record and accountability

3.1 List current or previous public offices, major community service roles, and dates. Attach a résumé or biography.

_____

_____

3.2 Identify relevant votes, legislation, budgets, or initiatives you supported or opposed. Provide dates and public sources. First-time candidates may cite other relevant work.

_____

_____

3.3 Describe any public findings, sanctions, pending formal proceedings, or unresolved campaign-finance issues concerning your public service or campaign that are relevant to this review. Identify the status, your response, and public sources. A pending allegation is not a finding. If none, state none.

_____

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_____

3.4 Disclose any financial, professional, family, campaign, or other relationship with an AFIC-NY director or Committee member that could create a material conflict in this review. If none, state none.

_____

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3.5 How will residents reach you, and how often will you report publicly on your commitments? Will you participate in a follow-up accountability meeting with AFIC-NY?

_____

_____

3.6 Are you available for a candidate interview? ☐ Yes ☐ No

Preferred contact and availability _____

Accessibility or scheduling accommodations requested optional

_____

Application checklist: ☐ Completed application ☐ Policy attachment A–G

☐ Résumé or biography ☐ Relevant public links or supporting documents

☐ Signed candidate acknowledgment

4 Candidate acknowledgment and signature

By signing, I acknowledge the following:

• The information and attachments I submit are accurate to the best of my knowledge. I will promptly correct any material error and notify the Club of a material change relevant to this review.

• AFIC-NY may review public records, contact the campaign contacts I identify, and request clarification concerning my application. This acknowledgment does not authorize access to private accounts or confidential records.

• The Committee reviews candidates and submits advisory recommendations. The State Executive Board always retains sole and final authority to approve, deny, withhold, or withdraw an official endorsement. Applying or completing an interview does not guarantee an endorsement.

• I will not state or imply that I have received AFIC-NY's endorsement unless the State Executive Board has approved it and an authorized Club representative has communicated that decision.

• No donation, dues payment, gift, favor, employment opportunity, or other benefit may purchase interview access, recommendation, or endorsement influence. I will not offer any such benefit in exchange for favorable treatment.

• I understand that my submitted materials may be shared internally with authorized Committee members and State Board representatives for endorsement review. Public release of nonpublic materials requires separate permission or a legal requirement.

• I understand that any official endorsement applies only to the office and election identified in the Board's decision. I will follow the Club's written authorization for any use of its name, logo, or endorsement statement.

Candidate printed name _____

Candidate signature _____

Date _____

5 Club use only

Date received and received by _____

Office and election under review _____

Interview date and participating Committee members

_____

Committee recommendation: ☐ Endorse ☐ No endorsement ☐ No recommendation

Votes: Yes ____ No ____ Abstain ____ Recused ____ Present non-recused ____

Written Committee report reference and date submitted

_____

State Board decision: ☐ Approved ☐ Denied ☐ Withheld ☐ Further review

Board decision date and minutes reference _____

Authorized announcement representative and date

_____