Washington REALTORS®
CANDIDATE INTERVIEW TEAM REPORT

PLEASE CIRCULATE THIS FORM TO EACH TEAM MEMBER AND REVIEW ITS CONTENTS PRIOR TO THE INTERVIEW. (NOTE: THE TEAM LEADER SHOULD DISCUSS #4 AND #8 WITH THE TEAM AFTER THE INTERVIEW AND THEN COMPLETE ONE COPY OF THE FORM FOR EACH CONTEST — INCLUDING THE ROSTER — BEFORE SUBMITTING IT TO THE STATE RPAC TRUSTEES FOR FINAL PROCESSING.)

CANDIDATE INFORMATION SECTION: (To be completed by Candidate Interview Team Leader)

CANDIDATE: ____________________________________________

Campaign Address: ____________________________________________

Office Seeking: □ Federal □ Statewide □ Legislative (Dist. ___) or □ Local (Office: __________) *

Phone: __________________________ Email: __________________________ Website: __________________________

Party: □ Republican □ Democrat □ Non-Partisan * Local CPAC Request: $ ________________

Year: __________________________ □ Primary □ General □ Special Election

Name of Opponent(s): ____________________________________________

INTERVIEW SECTION: (To be completed by Candidate Interview Team Leader)

1. □ Single Association Interview: □ Multi-Association Interview

2. Interview Date: __________________________ Interview Location: __________________________

3. Interview Team Leader (print): __________________________ Phone: __________________________

4. Candidate Rating Consideration:

<table>
<thead>
<tr>
<th>Knowledge of REALTOR® Issues</th>
<th>Superior</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
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<td>Background / Experience</td>
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<td>Campaign Organization Strength</td>
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<td>Campaign Strategy</td>
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5. Voting Records re: REALTOR® issues (if appropriate) __________________________ %

6. Were state (re: federal or statewide) or local (re: local) staff recommendations considered? □ Yes □ No

7. Is the candidate interested in an RPAC endorsement: □ Yes □ No; And, a contribution □ Yes □ No

8. General Comments/Observations (Please use reverse side if necessary):

________________________________________________________________________

9. Signatures: Congressional State RPAC Trustee __________________________

Interview Team Leader __________________________

State State RPAC Trustee __________________________

Interview Team Leader __________________________

Local Local Assn President __________________________

Local RPAC Chair __________________________
INTerview TEAM MEMBER CRITERIA

As stipulated in the Candidate Interview/Endorsement Policies and Procedures, there are certain criteria for membership on an interview team:

- Participants should be current RPAC investors. (Note: Verify in roster below).
- Team size must be in the range of 3 to 9 members. (Note: Under some circumstances, an interview team may exceed nine (9). (Please contact WR staff for exact representation numbers.)
- Teams must represent a broad political spectrum. Note: Team Leader should verify and initial:
  
- No team members can participate in an interview, if they also serve on the steering committee for the candidate being interviewed or the candidate's opponent. Note: Team Leader should verify and initial:
  
- No team member shall endorse any candidate in any race other than an RPAC officially endorsed candidate unless: he/she makes it clear that each endorsement is in his or her capacity as a private individual, and is not as a REALTOR®, officer, director, member of a member association, or as a member of the committee.

TEAM MEMBER ROSTER

Please have individual team members complete the following by printing their name, Association, title (if they hold one) and verifying their RPAC membership by initialing the last column.

<table>
<thead>
<tr>
<th>NAME (print)</th>
<th>ASSOCIATION</th>
<th>ASSOCIATION TITLE</th>
<th>RPAC Member (initial)</th>
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(Please do not write below this line)

Washington REALTOR® Staff Section

Date received: ______________________

Documentation adheres to Candidate Interview/Endorsement Policies? □ Yes □ No (If "No", specify):

________________________________________

Contribution Request Section

Type of Contribution: □ NAR/PAC Funds □ State CPAC □ Local CPAC

Date approved by RPAC: ______________________ Date Check Sent: ______________________

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