



For Committee Use Only

Statement #: _____

Transaction ID: _____

Contribution Card

(Committee Name)

Cash Money Order Check in the amount of \$ _____

Name _____

Home Address _____

City/State/Zip _____

To comply with Campaign Finance Board reporting requirements, please give the following information:

Employer _____

Occupation _____

Business Address _____

City/State/Zip _____

I understand that State law requires that a contribution be in my name and be from my own funds. I hereby affirm that this contribution is being made from my personal funds, is not being reimbursed in any manner, and is not being made as a loan.

Contributor's Signature

Date of Contribution

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