

Political Contribution Form

Communications Workers of America

PLEASE FILL IN THIS FORM COMPLETELY FOR PROCESSING:

Request Type: (Check one) Federal Non-Federal

Total Request Amount \$ _____ Local Amount \$ _____ District Amount \$ _____

Are there limits on Contribution? No Yes If yes, what is the limit amount \$ _____

This request is made by: Name: _____ Local: _____

Email: _____ Cell Phone: _____

Are you the lead Local? Yes No If you checked no, please provide Lead Local#: _____

Relationship Level between the Candidate/Elected with the person making the Request: (Check One)

#1 Can get the candidate/elected to return my calls within 24 hours.

#2 Can get the staff of the candidate/elected to return my calls within 24 hours.

If Level 2, What is the Staff's Name: _____

#3 Do not currently have a relationship with the candidate/elected but currently working on it

Candidate's Official Name: _____

Federal Candidate ID# _____ State Candidate ID# _____

Candidate's Official Committee Name (Check Payable to): _____

Federal Candidate Committee ID# _____ State Candidate Committee ID# _____

Official Address of Candidate's Committee:

Address: _____

City: _____ State: _____ Zip: _____

Campaign Fund Amount (as of request date) \$ _____

State or Local: <http://www.campaignfinance.org/linksstate.html>

Federal: http://www.fec.gov/finance/disclosure/candcmte_info.shtml

Office Sought: US Senate US Congress State or Local Office State: _____ District: _____

If State or Local Office, Please Describe: _____

Election Year: _____ Election Type: Primary General Special Run-Off Debt Reduction

If Special, Please provide the Election Date: _____

Party: (check one) Democrat Republican Independent Other: _____

Candidate Status: (check one) Incumbent Challenger Open Seat

Fund Code: (check one) Primary General Runoff Special Debt-Reduction

Registration % (in Local) _____

