

BLET PAC



Contribution Request Form

Funds Requested by: _____ Date: _____
(Chairman, State Legislative Board)

Funds Requested from: _____ Amount: _____
(State /National PAC)

Funds Requested for: _____ Political Affiliation: _____
(Name of Incumbent, Candidate, Other) (Dem, Rep, Ind, Other)

Political Status: _____
(Challenger, Incumbent, Out-of-Office, Open Seat, Other)

State: _____ District: _____ Office: _____
(Federal House, Federal Senate, State House, State Senate, Governor,
State Judicial, State Committee, Statewide Office, Other)

Political Type: _____
(Federal, State, Local, National Party Committee, Multi-Candidate Committee,
State Multi-Candidate Committee, PAC, Affiliated PAC, Ballot Issue, Other)

Election: _____ Election Date: _____
(General, Primary, Runoff, Special Primary, Other)

Make Check Payable to: _____
(Name of Campaign Fund, Committee, Other)

Committee Address: _____
(Street Address or P.O. Box Number)

(Suite Number, Apartment Number, Other)

(City) (State) (Zip)

Mail Check to: _____
(Name of Campaign Fund, Committee, Other)

(Street Address or P.O. Box Number)

(Suite Number, Apartment Number, Other)

(City) (State) (Zip)

Comments: _____

Office Use Only
Approval: _____ Date: _____
(Signature) (Date Signed)

Instructions: Mail two copies to the office of the Vice President and National Legislative Representative, 25 Louisiana Avenue, NW, Suite 409, Washington, DC 20001 or FAX one copy to 202-624-3086. Retain one copy for your files.