

# 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 705, Washington, DC 20001 or FAX one copy to 202-624-3086. Retain one copy for your files.