

## Bob McConnell for Congress - Campaign Contribution Form

\*Required Fields

Prefix \_\_\_\_\_ Last Name\* \_\_\_\_\_ First Name\* \_\_\_\_\_

Address\* \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Employer\* \_\_\_\_\_

Occupation\* \_\_\_\_\_

To comply with Federal law, we must use our best efforts to obtain, maintain and submit the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in aggregate per election cycle. Contributors are required to provide their employment information. If you are retired, please enter N/A under Employer and Retired under Occupation; if a homemaker, please enter N/A - Homemaker; if self-employed, please enter "Self-Employed" under Employer and describe your line of work under Occupation. We may accept contributions from an individual totaling up to \$2,400.00 per election (\$4,800 total contribution with \$2,400 applied to the primary and \$2,400 for the general election). Contributions or gifts to McConnell for Congress are not tax deductible.

\*Amount of contribution \$ \_\_\_\_\_ (make checks payable to McConnell For Congress)

### **Confirm Eligibility**

I confirm that the following statements are true and accurate:

- I am not a foreign national who lacks permanent residence in the United States.
- I am not a Federal government contractor.
- This contribution is made from my own funds, not those of another.
- This contribution is not made from the funds of a corporation or labor organization.
- I am at least eighteen years old.
- I confirm that I have not asked for, received or been promised anything in return for this contribution.

\_\_\_\_\_  
\*Signature of contributor

\_\_\_\_\_  
\*Date

Please mail this form along with your contribution to:

McConnell for Congress  
P.O. Box 883133  
Steamboat Springs, CO 80488

Paid for and authorized by the Committee to Elect Bob McConnell for Congress.