



For STATE REPRESENTATIVE ... 69th DISTRICT

CONTRIBUTION INFORMATION FORM

Name(s) of Contributor(s) _____

Street Address _____

City _____ State _____ Zip Code _____

Occupation* _____ 'Industry' Type* _____

[Active* _____ Retired _____]

Contribution Amount:

- ___ \$5 ___ \$10 ___ \$15 ___ \$25 ___ \$50 ___ \$75 ___ \$100 ___ \$150 ___ \$200 ___ \$250
- ___ \$300 ___ \$350 ___ \$400 ___ \$450 ___ \$500 ___ Other

[Each individual and each business may contribute up to \$500 in the primary election cycle & in the general election cycle.]

* This information is needed if the contribution is over \$150 and is made by an individual. *Also, if the contribution is over \$150 and the contributor is not working for compensation, the occupation and industry type of the contributor's spouse must be included.*