CONTRIBUTION CARD FOR SEGREGATED BANK ACCOUNT

Committee Use Only
Transaction ID:

Use this contribution card if you are soliciting contributions to pay debts from previous election cycles, or for use other than by your committee for the current election cycle. You must disclose your Segregated Bank Account with the CFB prior to accepting any contributions of this type.

(Committee Name) To comply with Campaign Finance Board reporting requirements, please give the following information:					
	te only up to \$250 fo	ngs with the City as define or city council, \$320 for bo	· +	nce Act, such contributor 00 for mayor, comptroller,	
Name:					
Home Addres	SS:				
City/State/Zip	:				
information. If	f you are not employ dent," or "unemploye		scribes your employmen	vide your employment t status (e.g., "homemaker", and provide your occupation	
Employor					

Occupation:	
Business Address:	
City/State/Zip:	

I understand that this entire contribution will be used only (i) to pay expenses or debt from a previous election; (ii) by the candidate for an election other than the election for which this contribution is made; or (iii) to support candidates other than the candidate to whose campaign this contribution is made, political party committees, or political clubs. I further understand that this contribution will not be matched with public funds.

I understand that State law requires that a contribution be in my name and be from my own funds. I hereby affirm that I was not, nor, to my knowledge, was anyone else, reimbursed in any manner for this contribution; that this contribution is not being made as a loan; and that this contribution is being made from my personal funds or my personal account, which has no corporate affiliation.

Contributor's Signature

Date of Contribution (mm-dd-yyyy)