*Political Contribution Form*

Communications Workers of America

**PLEASE FILL IN THIS FORM COMPLETELY FOR PROCESSING:**

Request Type: (Check one) Federal Non-Federal

Total Request Amount $

Local Amount $ District Amount $

Are there limits on Contribution? No Yes If yes, what is the limit amount $

This request is made by: Name: Email:

Local: Cell Phone:

Are you the lead Local? Yes No If you checked no, please provide Lead Local#: Relationship Level between the Candidate/Elected with the person making the Request: (Check One)

 #1 Can get the candidate/elected to return my calls within 24 hours.

 #2 Can get the staff of the candidate/elected to return my calls within 24 hours.

If Level 2, What is the Staff’s Name:

 #3 Do not currently have a relationship with the candidate/elected but currently working on it.

Candidate’s Official Name:

Federal Candidate ID#

State Candidate ID#

Candidate’s Official Committee Name (Check Payable to):

Federal Candidate Committee ID# State Candidate Committee ID#

Official Address of Candidate’s Committee:

Address:

City: State: Zip:

Campaign Fund Amount (*as of request date*) $

State or Local: <http://www.campaignfinance.org/linksstate.html>

Federal: <http://www.fec.gov/finance/disclosure/candcmte_info.shtml>

Office Sought: 🞎US Senate 🞎US Congress 🞎 State or Local Office State: District:

If State or Local Office, Please Describe:

Election Year: Election Type: 🞎Primary 🞎General 🞎Special 🞎Run-Off 🞎Debt Reduction

 *If Special, Please provide the Election Date:*

Party: (check one) 🞎 Democrat 🞎Republican 🞎Independent 🞎Other:

Candidate Status: (check one) 🞎Incumbent 🞎Challenger 🞎Open Seat

Fund Code: (check one) 🞎Primary 🞎General 🞎 Runoff 🞎 Special 🞎 Debt-Reduction

Registration % (in Local)

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Communications Workers of America

Candidate Background:

1. What is the Candidate’s voting record? State Fed

 City Council

CWA Local

Other Unions

2. Has the Candidate been targeted?

3. Has the Candidate supported CWA issues? If so, name:

4. What are the Local’s plans to participate in the campaign? (Check all that apply)

🞎Volunteers 🞎Precinct Walking 🞎Full Time 🞎Part Time

Council Chair Recommendation

SCC NCNC

▪**Please Attach Request from Candidate**

Approved by: Date:

Please give brief history of candidate support of CWA Local or international issues:

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