

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: _____ Local: _____

Email: _____ 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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Candidate Background: _____

1. What is the Candidate's voting record? State Fed _____ CWA Local _____
City Council _____ 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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