



CONTRIBUTION FORM

Contribution Amount:

- \$1000 \$200 \$50 Other
 \$500 \$100 \$25

Note: Contributions in 2014 are limited to \$500 per person and \$1,000 per couple

Primary Contributor Information:

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Occupation: _____

E-mail: _____ Phone: _____
E-mail Type: Home Work Phone Type: Home Work

Check this box to confirm that the following statements are true and accurate:

- I am not a foreign national who lacks permanent residence in the United States.
- This contribution is made from my own funds, and not those of another.
- This contribution is not made from funds of a corporation.
- This contribution is made on a personal credit card or debit card for which I have the legal obligation to pay, and is not made either on a corporate or business entity card or on the card of another.
- I am at least of 18 years of age.

Spouse Information (if required)

Note: Spouse information is required if any portion of the contribution is attributable to the spouse.

First Name: _____ Last Name: _____

Employer: _____ Occupation: _____

The contribution will be assumed to be equally split with your spouse, or designed to comply with annual Minnesotan campaign finance limits. If a different allocation is requested, please indicate the amount on this form.

Please send this form and your contribution to:

**Volunteers for Hocevar
P.O. Box 684
Shakopee, MN 55379**

If you prefer to contribute by credit card, please visit voteronhocevar.com, and click the 'Contribute' button. Please note, contributions to Volunteers for Hocevar Committee are NOT tax-deductible and are not eligible for the Minnesota's Political Contribution Refund Program.

Questions, please e-mail: Ronhocevarcampaign@gmail.com or call Mike at 612-839-5185

• Citizens
• Public Safety
• Justice

HOCEVAR

• Proven leadership
• Innovative strategies

Thank you for your support.

-Ron