November 16, 2017 | 6pm VIP Reception | 7pm Dinner & Program Croatian-American Cultural Center, 3730 Auburn Blvd., Sacramento

Response Form

check if purchasing:	payable to Republican Party of Sacramento Cour	ity and man by Nov. 14 to: PO box 255567, Sacramento, CA	9300
\$125 Per Person# of Tickets (after	er Nov. 14, price is \$150 per person)	Total Amount Donated: \$	
\$1000 for VIP Reception & Table for Eight	Guest Names: 1.	5	
\$50 Guest of Elected Official	2	6	
Elected Official's Guest Name:	3	7	
	4	8	
Donor Name:	Employer:		
Donor Address: Please include street address, city, zip code.		l, please state that here.	
Email Address:	Phone:		

All donors must confirm statements 1-5 are true. Your contribution cannot be accepted unless statements 1-5 are true.

Please cancel this transaction now if any statement is not true. By agreeing to these terms, I certify that:

- 1. This contribution is made knowingly and voluntarily from my own funds, not those of another, and the contribution is not controlled by another.
- 2. This contribution is not made from the general treasury funds of a corporation, labor organization, or national bank.
- 3. I am not a foreign national who lacks permanent resident status in the U.S., nor do I personally contract with the federal government for personal services or the sale of goods, land, or buildings.
- 4. I affirm that this contribution is made on a personal credit card for which I have the legal obligation to pay, and not through a corporate or business entity card or the card of another.

If making a corporate contribution, please contact our compliance team at (916) 476-6926.

Cl. - -1- : C ------1- - - : - -

Paid for by the Republican Party of Sacramento County
Not Authorized by any candidate or candidate committee
PO Box 255367, Sacramento, CA 95865
State ID 910414 | Federal ID C00254490