



HOST COMMITTEE

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Supervisor Sue Frost | Supervisor Susan Peters
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Matt Hedges | Marty Wilson | Duane Dichiaro
David Reade | Sacramento Valley Lincoln Club



FEATURED SPEAKER
**SACRAMENTO COUNTY
SHERIFF SCOTT JONES**

SACRAMENTO COUNTY REPUBLICAN PARTY

PRESIDENTS' DAY DINNER

MARCH 1, 2018

6PM VIP RECEPTION | 7PM DINNER

HELLENIC COMMUNITY CENTER

614 ALHAMBRA BLVD., SACRAMENTO

RSVP: CHAIR@SACRAMENTOCOUNTYGOP.COM

PURCHASE TICKETS ONLINE AT WWW.SACCOUNTYGOP.COM

OR USE THE ATTACHED FORM AND MAIL TO:

POST OFFICE BOX 255367, SACRAMENTO, CA 95865

QUESTIONS? (916) 572-5574

\$2500 VIP Event Sponsor | \$1000 VIP Table Sponsor

\$500 VIP Dinner & Reception for Two with Advertisement

\$150 VIP Reception & Dinner for One | \$250 VIP Reception & Dinner for Couple

\$75 Dinner per person

These early-bird prices end after February 24th.

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



Sacramento County GOP 2018 Presidents' Day Dinner

March 1 | 6pm VIP Reception | 7pm Dinner & Program
Hellenic Community Center | 614 Alhambra Blvd. | Sacramento

Response Form

Check if purchasing and list guest names below.

Please make check payable to **Republican Party of Sacramento County** or use a personal credit card.

<input type="checkbox"/> \$75 Per Person	_____ # of Dinner Tickets	Guest Names: _____	Total Amount Donated: \$ _____
<input type="checkbox"/> \$150 for VIP Reception/Dinner (Individual)	_____	Credit Card # _____	
<input type="checkbox"/> \$250 for VIP Reception/Dinner (Couple)	_____	Exp Date _____ Code _____ Signature _____	
<input type="checkbox"/> \$500 for 2 Tickets & Advertisement on Website	_____	Name on Card _____	
<input type="checkbox"/> \$1000 for VIP Sponsor Table for Eight	_____	Billing Address _____	
<input type="checkbox"/> \$2500 for VIP Event Sponsor Table for Eight+ & Signage at the event	_____	Comments: _____	

*Donor Name: _____ *Employer: _____

*Donor Address: _____ *Occupation: _____
Please include street address, city, zip code. If retired, please state that here. **Required Information*

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 am at least 18 years old.
5. 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.

Early-bird pricing ends after February 24. Starting February 25, \$25 will be added to all ticket prices per person.

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