

# CWA DISTRICT 4 POLITICAL CONTRIBUTION REQUEST

Local No. \_\_\_\_\_ Date \_\_\_\_\_ Date Check Needed \_\_\_\_\_

Mail Check to Address \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ Date of Event \_\_\_\_\_

Candidate/Issue Name & Address (legal name & address of committee that check will be made payable)

Office Sought \_\_\_\_\_ General \_\_\_\_\_ Primary \_\_\_\_\_

Election Status (check one): Incumbent \_\_\_\_\_ Challenger \_\_\_\_\_ Open Seat \_\_\_\_\_

Party (check one): Democrat \_\_\_\_\_ Republican \_\_\_\_\_ Independent \_\_\_\_\_

Candidate Background: \_\_\_\_\_

Candidate's voting record: \_\_\_\_\_

Has candidate supported CWA issues? \_\_\_\_\_ If so, what? \_\_\_\_\_

What are the local plans to participate in the campaign/event? \_\_\_\_\_

Name, email address, and cell phone number of CWA activist/staff/officer who has a relationship with the candidate/elected official: \_\_\_\_\_

Relationship Level (check one):

Level 1  Can get candidate/elected to return my call within 24 hours.

Level 2  Can get a staff in the elected's office to return my call within 24 hours.

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

If Level 2, what is the name of the candidate's staff? \_\_\_\_\_

Local President's Signature \_\_\_\_\_

State Coordinator Comments/Recommendation: \_\_\_\_\_

District 4 Approval \_\_\_\_\_

Return to your State Office