

# **REQUEST FOR COPE CONTRIBUTION**

TO: \_\_\_\_\_  
*Staff Representative*

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_  
*Local President*

LOCAL: \_\_\_\_\_

**\*\*\*CHECK WILL NOT BE ISSUED WITHOUT COMPLETE INFORMATION\*\*\***

CANDIDATE'S NAME: \_\_\_\_\_

OFFICE SOUGHT: \_\_\_\_\_

DISTRICT # \_\_\_\_\_  DEMOCRAT  
 REPUBLICAN

- |                                      |                                  |                                     |
|--------------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> STATE       | <input type="checkbox"/> GENERAL | <input type="checkbox"/> INCUMBENT  |
| <input type="checkbox"/> FEDERAL     | <input type="checkbox"/> PRIMARY | <input type="checkbox"/> CHALLENGER |
| <input type="checkbox"/> CITY/COUNTY | <input type="checkbox"/> RUNOFF  | <input type="checkbox"/> OPEN SEAT  |

NAME OF CWA ACTIVIST/STAFF/OFFICER WITH RELATIONSHIP WITH THE CANDIDATE/  
ELECTED OFFICIAL:

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CELL: \_\_\_\_\_

- RELATIONSHIP LEVEL:  LEVEL 1: Can get the candidate/elected to return my call within 24 hours  
 LEVEL 2: Name of candidate's staff \_\_\_\_\_  
 LEVEL 3: Do not currently have a relationship with the candidate but working on it

NAME OF CAMPAIGN COMMITTEE: \_\_\_\_\_

NAME OF CAMPAIGN TREASURER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT REQUESTED: \_\_\_\_\_

- DISTRICT ACCT.  
 LOCAL 1/3 ACCT.

***\*\*\*Checks will be mailed to Staff or Local only\*\*\****

SEND CHECK TO: \_\_\_\_\_ PHONE NO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I agree with the above request for COPE funds for the named candidate. Please approve this request.*

DATE: \_\_\_\_\_ APPROVAL SIGNATURE \_\_\_\_\_  
*Staff Representative*

DATE: \_\_\_\_\_ APPROVAL SIGNATURE \_\_\_\_\_  
*Assistant to the Vice President*