

CWA DISTRICT 4 POLITICAL CONTRIBUTION REQUEST

Local No. _____ Date _____ Date Check Needed _____

Address _____

Amount Requested \$ _____ Date of Event _____

Candidate/Issue Name & Address (legal name and 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? _____

State Coordinator Comments/Recommendation: _____

Local President's Signature _____

District 4 Approval _____

Return to your State Office