

Solicitation Form #2

JOINT CONTRIBUTION ALLOCATION

Committee Name: _____

Committee Address: _____

Committee Treasurer: _____

Dear Contributor:

The Michigan Campaign Finance Act requires that my committee report the following information concerning contributors. Please fill in this information and return the form with your contribution. Thank you for your contribution.

Sincerely, _____ **Candidate**

A contribution made by a check drawn on a joint bank account will be attributed to the individual who signs the check unless otherwise indicated. If you wish to have your contribution attributed to more than one individual, please complete the following:

This contribution, in the amount of \$ _____, represents a contribution of \$ _____ from _____
_____ and a contribution of \$ _____ from _____

Signed: _____ and _____

(Must be signed by both individuals)

Address: _____

Complete the following if the amount from either individual is greater than \$100.00

Contributor #1:

Contributor #2

Occupation _____

Occupation _____

Employer _____

Employer _____

Business Address _____

Business Address _____

For Committee Use Only

Contributor 1:

Contributor 2:

Amount of Contribution \$ _____

Amount of Contribution \$ _____

Cumulative Contributions as of this date: \$ _____

Cumulative Contributions as of this date: \$ _____

Submitted for PF on App # ____ Sequence # _____

Submitted for PF on App # ____ Sequence # _____

Approved? YES NO

Approved? YES NO

Resubmitted on Resub # ____ Approved? YES NO

Resubmitted on Resub # ____ Approved? YES NO

Cumulative Matched: Year 1 \$ _____ Year 2 \$ _____

Cumulative Matched: Year 1 \$ _____ Year 2 \$ _____