

# Solicitation Form #1

## GENERAL INFORMATION - ALL CONTRIBUTORS

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**

Contributor's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Employer's Name & Business Address \_\_\_\_\_

Amount of Contribution \$ \_\_\_\_\_

Date \_\_\_\_\_

## CASH CONTRIBUTION DOCUMENTATION

If you are contributing cash, please complete the following:

I hereby certify that my cash contribution, in the amount of \$ \_\_\_\_\_, is being made to the Gubernatorial Candidate Committee of \_\_\_\_\_ (name of Candidate) for the purpose of furthering the nomination or election of this candidate to the office of Governor of Michigan.

Date of Contribution \_\_\_\_\_ Signed \_\_\_\_\_ Contributor

### For Committee Use Only

Amount of Contribution: \$ \_\_\_\_\_

Cumulative Contributions as of this date \$ \_\_\_\_\_

Submitted for Matching Funds on Application # \_\_\_\_\_

Approved: YES  NO

Resubmitted on Resubmission # \_\_\_\_\_

Approved: YES  NO

Cumulative Matched For This Contributor: 2005 \$ \_\_\_\_\_ 2006 \$ \_\_\_\_\_

## 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 \$ \_\_\_\_\_

Solicitation Form #3

**PARTNERSHIP OR LIMITED LIABILITY COMPANY 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 partnership or limited liability company will be attributed to the partnership or the company as an entity unless otherwise indicated. If you wish to have your contribution allocated to individual partners or individual members of the company, please complete the following:

This contribution, a check in the amount of \$ \_\_\_\_\_ from

\_\_\_\_\_,  
A non-incorporated partnership or limited liability company, represents a contribution of \$ \_\_\_\_\_ each\*  
from the following individuals:

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Signed \_\_\_\_\_  
(Authorized Signatory)

Date \_\_\_\_\_

\* If amounts are not equal, please indicate the allocated amount.