

Donation Information Form

FirstName: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zipcode: _____

Cell Number: _____

Email: _____

Occupation: _____

Employer: _____

Donation Amount: _____ Date: _____

Do not mail cash.

Mahalo for returning this form with your donation! Please make checks out to Friends of Rick Blangiardi and mail along with this form to P.O. Box 1514 Honolulu, HI 96806

1. I am a U.S. citizen or lawfully admitted permanent resident (i.e., green card holder).
2. I am at least eighteen years old.
3. This contribution is made from my own funds and funds are not being provided to me by another person or entity for the purpose of making this contribution.
4. If using credit card, I am making this contribution with my own personal credit card and not with a corporate or business credit card or a card issued to another person.
5. I am not currently entered into any contract with the State of Hawaii, any of its counties, or any of their departments or agencies.
6. I understand current campaign finance law requires candidate committees, party committees and PACs to file periodic reports disclosing the money they raise and spend. Candidate committees must identify the names, occupation, employer, and addresses of all individuals who give them more than \$200 in an election cycle.

X _____

Signature

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