



# Richard Peña Raymond

STATE REPRESENTATIVE

Print this form and mail to:

Richard Raymond Campaign  
 P.O. Box 450349  
 Laredo , TX 78045

**Personal Information:**

Last Name:		First Name:		Middle:
Prefix:	Suffix:	Preferred Name:		
Address 1:				
Address 2:				
City:		Home:		
State:		Work:		
Email Address:		Fax:		

**Information Required by Federal Law**

Employer:
Occupation :

**I would like to contribute by personal check:**

**Contribution: \$** \_\_\_\_\_

**I CONFIRM THAT THE FOLLOWING STATEMENTS ARE TRUE AND ACCURATE:**

**(Please place Xs by all)**

<input type="checkbox"/>	I am not a foreign national who lacks permanent residence in the United States .
<input type="checkbox"/>	This contribution is made from my own funds, and not those of another.
<input type="checkbox"/>	This contribution is not made from the funds of a corporation or labor organization.
<input type="checkbox"/>	This contribution is made on a personal credit card or debit card for which I have the legal obligation to pay, and is not made either on a corporate or business entity card or on the card of another person.
<input type="checkbox"/>	I am at least eighteen years old.
Signature:	Date:

Your contribution is not tax-deductible as a charitable contribution for Federal income tax purposes.  
 Corporate contributions are NOT allowed by law.

**CALL US: (toll free) 1.888.712.1297 EMAIL: [info@RichardRaymond.com](mailto:info@RichardRaymond.com)**

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