



# Campaign Contribution Form

Please send this completed form with your check made out to:

**Friends of Chris Magiera, Inc.**  
PO Box 1021, Warsaw, IN 46581

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## Donor Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Number: \_\_\_\_\_

I would like to received campaign and event updates via email.

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## Donation Amount

\$10

\$25

\$50

\$100

\$200

\$500

\$1,000

\$2,800

\$ \_\_\_\_\_

# Employer Information

Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer of individuals whose contributions exceed \$200 in an election cycle. **If not employed, please enter NONE.**

Employer Name: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_

## Legal Compliance

Contributions are limited to \$2,800 per individual per election. The primary and general elections are separate elections, so individuals may give up to a total of \$5,600 for both elections. **I confirm the following statements are true and accurate:**

1. I am not a foreign national who lacks permanent residence in the United States.
2. I am not a Federal government contractor.
3. This contribution is made from my own funds, and not those of another.
4. This contribution is not made from the funds of a corporation or labor organization.
5. 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.
6. I am at least eighteen years old.

Signature: \_\_\_\_\_

\_\_\_\_\_

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