

# JAHANA★HAYES

for U.S. CONGRESS

## 10/14 CONTRIBUTION FORM FOR FRIENDS OF JAHANA HAYES

I/we would like to contribute the following amount:

\$2,700\* \_\_\_ \$1,000 \_\_\_ \$500 \_\_\_ \$250 \_\_\_ \$100 \_\_\_ \$25 \_\_\_ Other \_\_\_

Contributions or gifts to Friends of Jahana Hayes are not tax deductible. 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. \*Contributions are limited to \$10,000 per PAC per election cycle (\$5,000 primary and \$5,000 general) and \$5,400 per individual per election cycle (\$2,700 primary and \$2,700 general). Contributions from the general treasury funds of corporations, labor unions, and national banks are prohibited. Federal contractors and foreign nationals who are not admitted for permanent residence in the United States are prohibited from making contributions. All contributions must be from personal funds and may not be reimbursed or paid by any other person. Contributions from corporations, national banks, federal government contractors and foreign nations are not permitted. All contributions must be made from personal funds and may not be reimbursed or paid by any other person. PAC checks will be accepted. 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 this is a contribution from a husband and wife by one check drawn from a joint account and signed by both individuals, please provide the requested information below for both individuals.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

If paying by credit card, please complete the following:

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express

Name on card: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Please make checks payable to "Friends of Jahana Hayes" and mail to:**

**Friends of Jahana Hayes  
PO Box 1487, Waterbury, CT 06721**

**YOU MUST ALSO SIGN BELOW:**

- By signing below, I affirm that I am making this contribution with my own personal funds, and I am not using funds provided by any other person.
- By signing below, I am affirming that I am making this contribution on my own personal credit card and not with a corporate or business card or a credit card issued to anyone else (except for my spouse).

Contributor Signature (REQUIRED): \_\_\_\_\_

If you have any questions, please contact Barbara Ellis (860) 983-0430 at or [barbara@jahanahayes.com](mailto:barbara@jahanahayes.com).

**Paid for by Friends of Jahana Hayes.**