

Candidate Contribution Request

Date Received by OAR RPAC: _____

Ohio Association of REALTORS®, 200 East Town Street, Columbus, OH 43215 (Phone: 614/228-6675) (Fax: 614/228-2601)

Local Board: _____

Name of Candidate: _____

U.S. Senate: U.S. Congress: District #: _____

Ohio Senate: Ohio House: District #: _____

Local Office Sought: _____

AMOUNT REQUESTED: _____

Year: _____ Primary General Pre-Deficit Gen. Deficit
 Special Election Run-Off

If Deficit Request, did the candidate's campaign request support? Yes No

Name of Opponent: _____ Party: R D

Name and Address of Candidate's Campaign Committee:

(Note: This information is mandatory for issuing an RPAC Contribution check and for reporting to the Federal Election Commission.)

Committee Name: _____

Committee Street Address: _____

City, State, Zip: _____

Reasons for seeking support of this candidate (be specific)

Approval Signatures: _____

Board RPAC Chairman

Board President

Please mail Check to:

Local Board Name & Contact Person: _____

Street Address: _____

City, State, Zip: _____

(All requests must be submitted on this form. The form must be filled out completely and must be received by OAR no later than ten days prior to the next scheduled meeting of the Ohio RPAC Trustees. Please forward a copy of this form to the OAR RPAC Trustee (s) assigned to represent your Local Board.)