

YES, GEOFF, YOU HAVE MY FULL SUPPORT!

Enclosed is my most generous contribution of:

- \$25 \$50 \$75 \$100 \$250 \$500
- Other: \$ _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Employer: _____ Occupation: _____

Minnesota law requires political committees to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$100 per calendar year.

Please make checks payable to "Michel for Senate"
Mail this form with your check to:

Michel for Senate
6617 Nordic Drive
Edina, MN 55439

CREDIT CARD CONTRIBUTIONS (optional):



Credit Card Number: _____ Expiration Date: _____

Name (as it appears on the card): _____ Card Verification Number: _____

Billing address (if different): _____

CONFIRM YOUR ELIGIBILITY:

By checking this box, I confirm that the following statements are true and accurate:

1. I am a citizen or permanent resident in the United States.
2. The funds I am contributing are my own personal funds and not those of another person.
3. My contribution is not from general treasury funds of a corporation, organization or national bank.
4. I affirm that I am making this contribution via my personal credit/debit card or personal check for which I have a legal obligation to pay, and not through a corporate or business entity card or the card of another person.