

STATEWIDE CHAIRMAN
SENATOR CONNIE MACK

AND

MRS. PRISCILLA MACK

With Host Committee Members

In Formation

AMBASSADOR AL & DAWN HOFFMAN	REPRESENTATIVE TOM & ANN GRADY	
GARFIELD & SANA BECKSTEAD	DEAN & JAMIE BECKSTEAD	BUTCH & PATTI ALLEN
DAVID & MARGARET BARTON	DR. RON & CINDY CASTELLANOS	RICHARD & DOREEN DIMMITT
GREG & CATHY EAGLE	TIMOTHY & CHRIS FITZSIMMONS	BLAKE & JANET GABLE
WILLIAM & ELLEN JONASSEN	BUD & COLLEEN KONHEIM	BOB & KAREN LONG
TERRY & BARBARA LYNCH	BRIAN & MARY MCCOLGAN	BOB & ADDY MELVIN
DAVID & JUDY NUTTING	WILBUR & MARILYN SMITH	ROBERT JAY & VIRGINIA TAYLOR
	ROBERT & PHYLLIS WELLS, JR.	

Cordially Invite You to a Reception Honoring

Governor Charlie Crist

Republican Candidate for United States Senate

**THE COLLIER INN
USEPPA ISLAND**

**SUNDAY, NOVEMBER 29, 2009
5:00 – 6:30 P.M.**

HOST COMMITTEE MEMBERS: \$2,400 PER COUPLE

SUGGESTED MINIMUM CONTRIBUTION: \$500 PER COUPLE

Individuals may contribute up to \$4,800 (\$2,400 for the primary election and \$2,400 for the general election).

Please RSVP to Dane Eagle at Dane@CharlieCrist.com or 850-766-6840.

Contributions or gifts to Charlie Crist for U.S. Senate are not deductible as charitable donations for Federal income tax purposes. Contributions by corporations and foreign nationals are prohibited.

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.

www.CharlieCrist.com

Paid for by Charlie Crist for U.S. Senate.

Charlie Crist for U.S. Senate, P.O. Box 1694, Tallahassee, FL 32302 * Office: 850-907-1218 * Fax: 850-907-1219

Yes, I/we will attend the reception with Governor Charlie Crist on Useppa Island, Florida, on November 29, 2009. I will make a contribution in the amount of \$ _____ for _____ persons(s).

Date: ____/____/____

Federal law requires us to collect and report the name, mailing address, occupation and name of employer for each individual whose contributions exceed \$200 in an election cycle. Please provide the following.

Name of Contributor(s): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

Cell Phone: _____ Work Phone: _____ Email address: _____

Occupation(s): _____ (Please provide for each contributor listed)

Employer(s): _____ (Please provide for each contributor listed)

Total amount of contribution: \$ _____ Please complete information below:

Contribution of \$ _____ from (name) _____ Amt. for Primary _____ General _____

Contribution of \$ _____ from (name) _____ Amt. for Primary _____ General _____

(Individuals can contribute up to \$2,400 for the Primary Election and up to \$2,400 for the General Election for a total contribution limit of \$4,800 per individual in an election cycle)

PAYMENT TYPE -----

CHECK/MONEY ORDER

CREDIT CARD (Mark type of credit card contribution)

American Express Discover Mastercard Visa

By checking here, I certify that this contribution is made from my own personal funds with a personal credit card, and not with a corporate or business credit card or funds provided to me by another person.

Card Number: _____ Exp. Date: ____/____/____

Security Code (3-4 Digit on back card): _____

Name(s) on credit card? _____ **(Cannot be in the name of a business)**

Signature(s): _____

(Must have a signature for each contributor listed above)

Date: _____

Contributions to the Charlie Crist for US Senate campaign are not deductible as charitable contributions for federal income tax purposes. Contributions from corporations, foreign nationals and labor unions are prohibited.

To contribute by check, please mail the completed form and your personal check made payable to "Charlie Crist for U.S. Senate" to:

**P.O. Box 1694
Attn: Dane Eagle
Tallahassee, FL 32302**

To contribute by credit card, please mail the completed form to the address above or fax it to 850-907-1219.

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