



# REQUEST FOR COPE/PAF CONTRIBUTION



TO: \_\_\_\_\_  
Staff Representative

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_  
Local President

REQUESTING LOCAL: \_\_\_\_\_

**\*\*\*CHECKS WILL NOT BE ISSUED WITHOUT COMPLETED INFORMATION\*\*\***

### CAMPAIGN CONTRIBUTION

### LOCAL REIMBURSEMENT

*\*Must Include Supporting Paperwork\**

\_\_\_\_\_  
Candidate's Official Name

\_\_\_\_\_  
Office Sought

\_\_\_\_\_  
Electoral District

DEMOCRAT    REPUBLICAN

PRIMARY    GENERAL    RUN OFF

SPECIAL ELECTION \_\_\_\_\_

FEDERAL    STATE    CITY/COUNTY

INCUMBENT    CHALLENGER    OPEN SEAT

\_\_\_\_\_  
Reason for Reimbursement

\_\_\_\_\_  
Reason for Reimbursement

\_\_\_\_\_  
Reason for Reimbursement

\_\_\_\_\_  
Reason for Reimbursement

\_\_\_\_\_  
Reason for Reimbursement

\_\_\_\_\_  
Reason for Reimbursement

### CWA ACTIVIST/STAFF/OFFICER WITH RELATIONSHIP WITH CANDIDATE/ELECTED OFFICIAL/OTHER:

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CELL: \_\_\_\_\_

RELATIONSHIP LEVEL:  Level 1: CAN GET THE CANDIDATE/ELECTED OFFICIAL TO RETURN MY CALL WITHIN 24 HOURS

Level 2: NAMES OF CANDIDATE'S STAFF: \_\_\_\_\_

Level 3: DO NOT CURRENTLY HAVE A RELATIONSHIP WITH THE CANDIDATE BUT WORKING ON IT

NAME OF CAMPAIGN COMMITTEE: \_\_\_\_\_

NAME OF CAMPAIGN TREASURER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STREET ADDRESS | P.O. BOX

CITY | STATE | ZIP

AMOUNT REQUESTED: \_\_\_\_\_  LOCAL ONE-THIRD    DISTRICT/STATE    NATIONAL HQ

SEND CHECK TO: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

*"I Agree with the above Request for Cope Funds for the named-Candidate/Elected Official/Other. Please approve request".*

DATE: \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

ASST TO VP SIGNATURE: \_\_\_\_\_

[FLORIDA LAW PROHIBITS THE USE OF CAMPAIGN FUNDS RECEIVED 5 DAYS OR LESS BEFORE ELECTION]