



## CONTRIBUTION FORM

Thank you for making a contribution to my campaign. Please print, complete, and mail this form with your contribution to:

**Friends of Carolyn Rye**  
**920 Downshire Chase**  
**Virginia Beach, VA 23452**

Checks should be made payable to *Friends of Carolyn Rye*.

### CONTRIBUTION AMOUNT

\$10     \$25     \$50     \$100     \$250     Other \$ \_\_\_\_\_

### CONTACT INFORMATION

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

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

PHONE NUMBER: \_\_\_\_\_

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### EMPLOYMENT INFORMATION

To comply with campaign finance law, we must use best efforts to obtain, maintain, and submit the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$100 in an election cycle. If not employed, enter "none" or "retired" if retired.

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER CITY, STATE: \_\_\_\_\_

### LEGAL COMPLIANCE

I confirm that the following statements are true and accurate: I am a United States citizen or a permanent resident alien; I am at least 18 years of age; I am not a federal contractor (this does not include employees of government contractors); This contribution does not come from the funds of a corporation, a labor organization, or a political action committee; This contribution is coming from my own personal funds, not those of another person or business entity.