



\$5 Qualifying Contribution

Candidate Name: Rae Waters

Office Sought: State Representative - LD 20

Contributor Information

Contributor's Name _____

Voter Registration Address _____

City _____ State: Arizona Zip _____ County: Maricopa LD: 20

Email _____ Phone _____

Signature _____ Date _____

Solicitor Information

Solicitor's Name _____

Solicitor's Address _____

City _____ State: Arizona Zip _____ County _____

Signature _____

I, upon my oath and under penalty of perjury, certify that I received a \$5.00 contribution from the above contributor, who is to the best of my information and knowledge, a qualified elector of this state.

Payment Information

A \$5 personal check made payable to **Re-Elect Rae Waters** or \$5 cash may be mailed with this form to:

**Re-Elect Rae Waters
4401 E Sacaton St
Phoenix AZ 85044**

A couple may send a \$10 check if both names and signatures are on the check.

Contributions are not tax deductible.

Paid for by Re-Elect Rae Waters
Grace McDonnell, Treasurer