

Full Name (First, Middle, Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Donation Amount: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Designation: 2012 Primary \_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

To comply with federal law, we must use our best efforts to obtain, maintain and submit the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 per election cycle. For all donations, the name and address are mandatory.

Contributions or gifts to Herb Robinson Committee, Inc are not tax deductible.

I certify that I am a United States citizen or a permanent resident alien. This contribution is made from my own funds, and funds are not being provided to me by another person or entity for the purpose of making this contribution. I am not a federal contractor. I am at least eighteen years old.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name (First, Middle, Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Donation Amount: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Designation: 2012 Primary \_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send contributions to our secure box at 1005 Boylston St #304, Newton Highlands, MA 02461-1318.