



# Constitution Party of Ohio

## Contribution Form

### Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ County \_\_\_\_\_

### **CONTRIBUTION**

\$ \_\_\_\_\_

*Contributions to the Party are not tax deductible. The FEC and State law require political committees to report the contributor's occupations and employer.*

### Employer Information

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Signature

Date

Please return this completed form along with your contribution to:

**Constitution Party of Ohio - 44380 South Street, St Clairsville, Ohio 43950**

**Please consider how you can help the Constitution Party of Ohio in other ways such as becoming a County or Region Chairman, or even running for office, from federal to state to local. For any of these positions, please contact a State Officer to learn more about the requirements and responsibilities.**

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