

ARAB AMERICAN LEADERSHIP COUNCIL PAC

Application for Campaign Support

In order to determine which type of assistance may be available to you, please provide some basic information about yourself and your campaign.

Name: _____

Email: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (W) _____ (H) _____ (C) _____

Office Sought: _____ Jurisdiction: _____

Campaign name: _____

Campaign Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Treasurer: _____ Campaign I.D. #: _____

Budget: \$ _____ (goal) Raised to date: \$ _____

LIMITS ON CONTRIBUTIONS

Source: Can your campaign accept contributions from:

	Limit	
	Primary	General
Individuals	<input type="checkbox"/> yes _____	<input type="checkbox"/> no _____
Corporations	<input type="checkbox"/> yes _____	<input type="checkbox"/> no _____
Political Action Committees*	<input type="checkbox"/> yes _____	<input type="checkbox"/> no _____

*Please list any restrictions on the source of PAC funds:

Locale: Can your campaign accept contributions from an out-of-state federal PAC?

yes no

Disclosure

Would the ALCPAC be required to file separately with any state or local office?

yes no

If yes:

At what contribution level, where and by what date? Deadline: _____

State/Local Office Name _____

State/Local Office Address _____

GENERAL INFORMATION

Party affiliation Democrat Republican N/P other _____

Major endorsements: _____

Opponents: _____

Date of election (Mo/Day/Yr)

Primary _____ Special _____ General _____

Other support requested: (Please specify area by zip code)

[] Arab American voters in mailing labels/phone lists: _____

[] Arab American volunteers in mailing labels/phone lists: _____

Other campaign information or special requests: _____

Local newspaper to carry your election results: _____

Phone: _____

Check here if you wish to be considered for membership in the ALC via this application.

Signature

Date

Please attach pertinent campaign material and press clippings and send, with a signed copy of this form, to:

ALCPAC
Candidate Support
1600 K Street, NW Suite 601
Washington, DC 20006