



PLEASE JOIN EVENT CO-CHAIRS

MARK GIAMBRONE

SHEILA & JODY GRANT

DEBBIE & ERIC GREEN

DR. CATHERINE & TOM KEENE

ELIZABETH & JAMES SOWELL

GARY WOLENS

FOR A LUNCHEON RECEPTION

HONORING

OHIO GOVERNOR

JOHN KASICH

CANDIDATE FOR PRESIDENT OF THE UNITED STATES

FEBRUARY 26, 2016

11:30AM-1:00PM

AT THE HOME OF

MARK GIAMBRONE

5131 SHADYWOOD LANE

DALLAS, TEXAS 75209

FOR MORE INFORMATION PLEASE CONTACT

KRYSTLE ALVARADO | KRYSTLEALVARADO@GMAIL.COM | 512-296-8841

PAID FOR BY KASICH FOR AMERICA, WWW.JOHNKASICH.COM

KASICH FOR AMERICA

☐ YES, JOHN, I WILL SUPPORT YOUR EVENT IN DALLAS ON FEBRUARY 26, 2016

_____ HOSTS: \$5,400 PER COUPLE/\$2,700 PER PERSON

_____ GUESTS: \$1,000 PER PERSON

☐ SORRY, JOHN, I AM UNABLE TO ATTEND YOUR LUNCHEON, BUT I DO SUPPORT YOUR CAMPAIGN. ENCLOSED IS MY CONTRIBUTION OF \$_____.

PLEASE MAKE CHECKS PAYABLE TO:

KASICH FOR AMERICA
POST OFFICE BOX 06590
COLUMBUS, OHIO 43206

OR YOU MAY CONTRIBUTE VIA CREDIT CARD

DONATE.JOHNKASICH.COM

ATTENDEES (FIRST AND LAST NAMES PLEASE)

THE MAXIMUM CONTRIBUTION PER INDIVIDUAL IS \$2,700 PER ELECTION (2016 PRIMARY/2016 GENERAL ELECTION) FOR A TOTAL OF \$5,400. ALSO, A COUPLE MAY WRITE A CHECK FOR UP TO \$10,800 FROM A JOINT ACCOUNT (WHERE BOTH NAMES ARE LISTED ON THE ACCOUNT) IF THE CHECK OR THIS FORM IS SIGNED BY BOTH CONTRIBUTORS. THE FIRST \$2,700 OF EACH INDIVIDUAL'S AGGREGATE CONTRIBUTION WILL BE ALLOCATED TOWARD THE 2016 PRIMARY ELECTION AND THE SECOND \$2,700 OF EACH INDIVIDUAL'S AGGREGATE CONTRIBUTION WILL BE ALLOCATED TO THE 2016 GENERAL ELECTION UNLESS OTHERWISE NOTED BY THE CONTRIBUTOR. FEDERAL LAW REQUIRES US TO USE OUR BEST EFFORTS TO COLLECT AND REPORT THE NAME, MAILING ADDRESS, OCCUPATION AND EMPLOYER OF EACH INDIVIDUAL WHOSE CONTRIBUTIONS EXCEED \$200 IN AN ELECTION CYCLE. CONTRIBUTIONS TO KASICH FOR AMERICA ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL INCOME TAX PURPOSES. FUNDS RECEIVED IN RESPONSE TO THIS SOLICITATION ARE SUBJECT TO FEDERAL CONTRIBUTION LIMITS. CONTRIBUTIONS FROM CORPORATIONS, FOREIGN NATIONALS, LABOR ORGANIZATIONS, AND FEDERAL GOVERNMENT CONTRACTORS ARE NOT PERMITTED.

CONTRIBUTOR INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE(C): _____ (W): _____

E-MAIL: _____

OCCUPATION: _____ EMPLOYER: _____

CREDIT CARD INFORMATION (IF CONTRIBUTING VIA CREDIT CARD)

NAME ON CARD: _____ TYPE OF CARD: _____

AMOUNT: _____ ACCOUNT NUMBER: _____

EXPIRATION: _____ SIGNATURE: _____

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