



Friends of Loretta Gaffney* P O Box 6232* Columbia, MD 21045

*Name: _____

*Address: _____

*City: _____ *State: _____ * Zip: _____

Employer: _____ Occupation _____

Phone: _____ E-mail: _____

*Required by law.

Loretta, I want to help elect you to the House of Delegates, District 13!

Enclosed is my contribution for:

\$250 _____ \$100 _____ \$50 _____ Other _____

With your help, I can win!

Your loyal support will help us keep up our momentum and put us on track for victory.

Please note: Contributions drawn on a joint account are attributed to the signor of the check unless we are directed otherwise, in writing. Limit is \$4,000 per person or business to one campaign finance entity and a total of \$10,000, to all campaign finance entities during a four year cycle.

By Authority: Friends of Loretta Gaffney, S. Rolla, Treasurer