



Request for Political Contribution to the RPAC Trustee Committee

Local Association name _____ Amount requested \$ _____

Type of election State Local Election date ___/___/20___ Primary General Other _____

Name of candidate _____ Democrat Republican Non-partisan

Is candidate an... Incumbent? Yes No REALTOR®? Yes No

Date of candidate interview ___/___/20___ Estimate of campaign costs \$ _____

Office candidate is seeking _____

Length of term _____ District # _____ Locale _____

Name of opponent(s) _____ Democrat Republican Non-partisan

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Winning potential? Excellent Good 50/50 Poor Don't know

Comments on winning potential _____

Rationale for dollar amount requested _____

Specific reasons for support _____

How and when check will be presented _____

Candidate Committee name and address _____

Date approved by Local Association Board of Directors ___/___/20___ Local Association President signature _____

Please return completed form to: Michigan Association of REALTORS® 311, FZOBK • P.O. Box 40725 • Lansing, MI 48901-7925
Telephone: 517.372.8890 or Toll Free: 800.454-7842 Fax: 517.334.5568

MAR RPAC Trustees

Approved Amount _____

Denied

Reason for denial or amount that differs from request _____

Date ___/___/20___