



# NYS Public Campaign Finance Board Contribution Card

This card must be completed in full, with an original signature from the contributor. Please use black ink and print clearly.

Committee Name: FRIENDS OF JOHN LEMONDES 2024

Contribution Amount: \$ \_\_\_\_\_ Date of Contribution: \_\_\_\_\_

Contribution Type:  Cash  Check  Credit Card  Money Order

Contributor Name: \_\_\_\_\_

Residential Address (No P.O. Box): \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Employer Address: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*I certify that this contribution is being made from my own personal funds, is not being reimbursed in any manner, and is not being made as a loan to the committee.*

\_\_\_\_\_  
Signature of Contributor

\_\_\_\_\_  
Date