



# Jodi Habush Sinykin

## CHECK CONTRIBUTION FORM

### PERSONAL INFORMATION

**Full Name:** .....

**Street Address:** .....

**City:** .....

**State:** ..... **Zip:** .....

**Phone Number:** .....

**Email Address:** .....

### EMPLOYMENT INFORMATION

**Occupation:** .....

**Employer:** .....

**Employer Address:** .....

Are you a U.S. Citizen or Have a Valid Green Card: Y N

Please make checks payable to: **“Jodi for State Senate”**

Mail to: PO Box 170843, 5651 N. Lydell Avenue, Milwaukee, WI, 53217

Please include **“Sister District Project”** in the memo. To make a donation, you must be a U.S. citizen or lawfully admitted permanent resident.

### CONTRIBUTION LIMIT

The contribution limit in Wisconsin is \$2,000 per state senate candidate, and \$1,000 per state assembly candidate. You must report your contributions. Contributions to candidates and political committees are not tax deductible.

**\*Special Note for Wisconsin:** before making an in-kind contribution, you need to notify the campaign’s treasurer or administrator and obtain its consent.