

Yes, Jason, I will support your campaign!

STATE REPRESENTATIVE **JASON**
NELSON

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (Home) _____ (Work) _____

E-mail _____

see back side for important information

www.JasonNelson.us

JASON NELSON FOR STATE REPRESENTATIVE

4117 NW 58TH STREET OKLAHOMA CITY, OK 73112 405.946.8838

I'll help Jason with the following:

- Volunteer for Jason's campaign
- Put a sign in my yard
- Financially support Jason's campaign
- Write letters or send post cards to friends
- Introduce Jason to organizations of which I am a member
- Host a get-to-know Jason reception
- Publicly endorse Jason

*Enclosed is my contribution of \$ _____

Please make checks payable to:

JASON NELSON FOR STATE REPRESENTATIVE

All contributions appreciated.

Check Enclosed

Please charge my credit card: Visa Mastercard

This contribution is drawn on my personal credit card, represents my personal funds, and is not drawn on an account maintained by an incorporated entity.

Credit Card # _____

Exp. Date _____

Signature _____

| CONTRIBUTOR STATEMENT FOR INDIVIDUAL | | |
|--|----------------------------------|--|
| <small>[74 O.S. Supp. 2007, Ch. 62 App. § 257:10-1-2(c)]</small> | | |
| <small>Required for single contributions exceeding \$50 or multiple contributions from a single source exceeding \$50 in the aggregate</small> | | |
| <small>TO BE RETAINED BY COMMITTEE-NOT TO BE FILED WITH ETHICS COMMISSION</small> | | |
| 1 CONTRIBUTOR'S NAME [last, first, middle initial] _____ | | |
| 2 ADDRESS [] Check if different than previously given _____ | | |
| 3 OCCUPATION [e.g. "retail sales clerk"] _____ | | 4 EMPLOYER [e.g. "Dillard"] or PRINCIPAL BUSINESS ACTIVITY _____ |
| 5 CONTRIBUTION | | |
| Date given _____ | Description (in-kind only) _____ | Amount or Fair market value _____ |
| 6 DECLARATIONS | | |
| The contribution listed in item 5 is for a campaign in the State of Oklahoma, and the contribution was freely and voluntarily given by me from my personal property. I have not, directly or indirectly, been compensated or reimbursed for the contribution listed in item 5. | | |
| 7 SIGNATURE OF CONTRIBUTOR _____ | | |

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