

# Yes, I Want to Support Siela for Senate!

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

☐ **By Check** ☐ **By Money Order** ☐ **By Cash\*** ☐ **By Other Method:** \_\_\_\_\_

*Please make checks and money orders payable to SIELA FOR SENATE. Our mailing address is:  
Siela for Senate, 57 Ridge Dr, Westbury NY 11590-2720*

☐ **By Credit or Debit Card**

*Credit or debt card contributions may be faxed to (866) 532-0379 or mailed to the above address.*

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

\*Cash contributions are limited to \$100 aggregate per contributor for the 2024 election cycle.

## The funds being used to make this contribution are owned by a/an:

- |   |                                   |                           |   |
|---|-----------------------------------|---------------------------|---|
| <input type="radio"/> Individual          | <input type="radio"/> Partnership | <input type="radio"/> LLC | <input type="radio"/> Candidate Committee |
| <input type="radio"/> Sole Proprietorship | <input type="radio"/> Corporation | <input type="radio"/> PAC | <input type="radio"/> Party Committee     |

### For Contributions from Individuals Only

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

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

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

*If you are not employed, enter "n/a" for employer and enter one of the following codes for occupation: "Homemaker", "Retired", "Student", or "Unemployed" (address fields may remain blank). If self-employed, indicate employer as "self" and provide your occupation and employment 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 (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

### For Contributions from All Other Entities (Please See Limits and Guidelines Below)

Name of Contributing Entity: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Contributor Representative: \_\_\_\_\_ Title: \_\_\_\_\_

**For ALL contributors:** *This information will NOT appear in public disclosure filings.*

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Contribution Limits and Guidelines for Siela for Senate:

Siela for Senate will accept no more than \$5,000 for the 2024 general election from individuals, sole proprietorships, corporations, LLCs, political action committees, candidate committees, or party committees. Total contributions from a corporation, LLC, or any corporate entity may not exceed \$5,000 per calendar year aggregate to all New York state and local candidates and committees. Partnerships that contribute more than \$2,500 total over the course of the 2024 election cycle will be required to specifically identify the partner(s) responsible for the contribution(s). Contributions of any amount from LLCs must be attributed to the members of that LLC in proportion to each member's ownership interest. If any portion of an LLC contribution is attributed to another LLC, the member LLC must itself attribute its portion of the contribution to its own members. It is strictly prohibited to reimburse another individual's or entity's contribution. All individual contributors must be either US citizens or permanent resident aliens (green card holders). Contributions are not deductible for federal income tax purposes.

If you have any questions or concerns, you may contact us at (718) 522-1505 or [info@sielaforSenate.com](mailto:info@sielaforSenate.com).

**PAID FOR BY SIELA FOR SENATE**