

Yes, I	want to help!	Please accept my	contribution of S	S
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Please complete all portions of this form. To comply with State law, contributors are required to provide the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$25 in a calendar year. Your assistance is appreciated.

Contributor Inform	nation:			
Full Name			Spouse Name	
Address			Fax	
City	State	Zip	Email	
Work Phone			Home Phone	
Occupation			Employer	
Spouse Occupation -	- if joint contribut	tion	Spouse Employer – if joint contribution	
Are you self emplo	oyed? Yes N	No		
between a contribu	itor and the polit		a and report a description of any contractual relationship over \$500 y such relationship exist between you and the entity? ip:	

Check Contribution - Make payable to "MO Truck PAC"

Please Mail Checks to: MO Truck PAC, 102 East High Street, Jefferson City, MO 65101.

For more information contact Heather Grote at 573-256-7060 or heather@ga2.us

MO Truck PAC is legally permitted to accept unlimited corporate, PAC and personal contributions. Contributions to the MO Truck PAC are not tax-deductible. Foreign nationals are prohibited by Missouri law from making donations.

Paid for by the MO Truck PAC, Danny Opie, Treasurer