



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 Dan Fusco - P.O. Box 119, New Hartford, NY 13413

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
