

NYSA Staffing PAC P.O. Box 518 Mount Laurel, NJ 08054

As a valued member of the staffing community, you are aware of the critical role government policies and elected officials play in shaping the future of our industry. By contributing to our PAC, you are investing in the advocacy efforts that protect and promote the interests of staffing agencies and partners across New York.

There are two ways to contribute to the NYSA Staffing PAC. Please check your preferred option:

○ Option #1: INDUSTRY LEADER CONTRIBUTION

Be an Industry Leader! Please use the following breakdown to make a total contribution of \$1,500:

NYSA – NY State Elections	NYSA – NYC Elections	National Staffing PAC
\$375 Personal OR Corporate	\$375 Personal	\$750 Personal
Contribution	'Contribution	Contribution
Payable to "NYSA PAC"	Payable to "NYSA PAC"	Payable to "Staffing PAC"
Mail to:	Mail to:	Mail to:
Denise Downing	Denise Downing	Krissy Bailey
NYSA	NYSA	American Staffing Association
P.O. Box 518	P.O. Box 518	277 South Washington St., Ste. 220
Mount Laurel, NJ 08054	Mount Laurel, NJ 08054	Alexandria, Virginia 22314-3646

OPTION #2: NYSA STAFFING PAC CONTRIBUTION ONLY

Donate any amount (within threshold limits) to the NYSA Staffing PAC:

- Personal check contributions will be allocated 50%/50% between NY State and NYC elections, unless you specify a different allocation here: _____% NYS State Elections ____% NYC Elections.
- Corporations may contribute up to \$5,000 to the NY State Elections.

NYSA – NY State Elections	NYSA – NYC Elections
Personal OR Corporate Contribution	Personal Contribution
Payable to "NYSA PAC"	Payable to "NYSA PAC"
Mail to:	Mail to:
Denise Downing	Denise Downing
NYSA	NYSA
P.O. Box 518	P.O. Box 518
Mount Laurel, NJ 08054	Mount Laurel, NJ 08054



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P.O. Box 518 Mount Laurel, NI 08054 Contribution Date: Contribution Amount: If Contributor is an Individual: Contributor Name: Contributor Home Address: _____ City: State: Zip Code: *If Contributor is an Entity:* Contributor Name: Corporation LLC* Partnership** Committee Other Entity Address: _____ City: _____ State: _____ Zip Code: _ I understand that State law requires that a contribution be in the contributor's name and be from the contributor's own funds. I hereby affirm that this contribution is being made from the contributor's own funds, is not being reimbursed in any manner, and is not being made as a loan. Your signature: _____ Title: _____ Date: _____ Please provide the following information so we can contact you, if necessary. This information is for internal purposes only and will not appear in required public disclosure filings: Your Telephone number (cell): _____E-mail address: _____ Additional Disclosures Required for Certain Entity Contributors *LLC contributors must complete and provide Statement of Identity form. 1. 2. ** Partnership contributors giving \$2,500 or more must provide a list of names and addresses for participating partners and attribution amounts.

Contribution Requirements:

- Federal and state law prohibit contributions from foreign nationals.
- Contributions are <u>not</u> tax deductible for federal income tax purposes.
- State law prohibits making a contribution in someone else's name, reimbursing someone for a contribution made in your name, being reimbursed for a contribution made in your name, or claiming to have made a contribution when a loan is made.