

# ✓ YES!! I WOULD LIKE TO SUPPORT DEBRA BOWEN FOR CONGRESS!

Enclosed is my check in the amount of: \$ \_\_\_\_\_

I wish to charge my contribution to my personal credit card: \$ \_\_\_\_\_

\_\_\_\_\_ VISA    \_\_\_\_\_ MASTERCARD    \_\_\_\_\_ AMEX    \_\_\_\_\_ DISCOVER

Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Account Number: \_\_\_\_\_ CVV #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

### The following information is required by law:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer (if self-employed, please list company name): \_\_\_\_\_

Work phone/Fax: \_\_\_\_\_

Home phone/Fax: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Please return this form (and make checks payable) to:

**Debra Bowen for Congress**  
1801 Avenue of the Stars, Suite 829  
Los Angeles, CA 90067

For additional information, please contact Lisa Cassinis  
Phone: 310-203-1015 \* Fax: 310-557-1092 \* Email: [lisacassinis@gmail.com](mailto:lisacassinis@gmail.com)

Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year.

Contributions are not tax deductible for federal income tax purposes

Paid for by Debra Bowen for Congress