

STATE OF ARIZONA
CITIZENS CLEAN ELECTIONS COMMISSION
QUALIFYING CONTRIBUTION FORM

\$5.00 CONTRIBUTION

A. CANDIDATE'S NAME (Please Print): Linda Gray

OFFICE SOUGHT (Include District for Legislative Office): State Senator - District 10

B. CONTRIBUTOR'S NAME (Please Print): _____

VOTER REGISTRATION ADDRESS LEGISLATIVE DISTRICT: 10

STREET _____ CITY _____ ZIP _____ COUNTY Maricopa

E-MAIL _____ PHONE # _____

SIGNATURE OF CONTRIBUTOR

DATE OF CONTRIBUTION

C. SOLICITOR'S NAME (Please Print): Linda Gray

STREET 4535 W Columbine Dr. CITY Glendale ZIP 85304 COUNTY Maricopa

I, the undersigned, upon my oath and under penalty of perjury, certify that I received a \$5.00 contribution from the above contributor, who is to the best of my information and knowledge, a qualified elector of this state.

SIGNATURE OF SOLICITOR: _____

For Office Use Only: Reg. ID _____ District _____

Paid for by Linda Gray for Senate 2010