Local Board RPAC Request Form for Local and State Candidates

Request Date:	Board:		Amount Requested: \$
Name of Candidate:		Office Sought:	
City/County:	Incumbent? Y N	Party Affiliation:	D R Non-Partisan Other
Main Opponent(s):		Incumbent? Y	N Party Affiliation:
Check Payable To (Campaign	Committee Name):		
Mailing Address (complete ac	ddress required for disclosure p	urposes):	
Proposed Date of Presentation	n:		<u> </u>
•	uired. GAR <u>does not</u> guarantee		outside of GAR, adequate time to approve of RPAC funds for requests made less
			Trustees. The aforementioned candidate as this might prove embarrassing to you
Candidate's Background (incl	lude occupation and offices held):	
Candidate's Relationship to L	ocal Board or Member:		
Mailing Address:			
Approved by Local Board Pre	esident (print name):		
Signature:		_ Telephone:	
Approved by Local Board RP	AC Chair (print name):		
Signature:		_ Telephone:	
of many factors which must b	be considered by the committee.	The submission	ever, bear in mind that local input is one of this request alone does not guarantee upport until such support is approved by
DATE RECEIVED:	FOR STATE GARPA DATE APPROVED:		
			DATE ISSUED:
DATE DISTRIBUTED:	METHOD: US Mail	UPS In-person	BY: