

In order for us to accept your check,
please send the all the requested information with your check to:

Committee to Elect Kim Felan

106 S White Dr
Johnstown, PA 15905

 My check for \$ _____, payable to Committee to Elect Kim Felan, is enclosed.

Please send the information below for compliance purposes.

*NAME: _____

*ADDRESS: _____

*CITY: _____ STATE: _____ ZIP: _____

*EMPLOYER: _____

*OCCUPATION: _____

*EMPLOYER ADDRESS: _____

**required for campaign reporting purposes. We cannot accept contributions without this information.*

Join our contact list:

TELEPHONE TYPE: _____ NUMBER: _____

EMAIL ADDRESS: _____

PAID FOR AND AUTHORIZED BY
Committee to Elect Kim Felan