



*Shawn Khorrami,  
Joseph W. Cotchett, Christopher Dolan, Tom Girardi, Browne Greene,  
Gary Paul, Todd Schneider, Christine Spagnoli and Jim Sturdevant  
Invite you to a reception to support the re-election of*

# **U.S. SENATOR BARBARA BOXER**

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*Friday, November 13, 2009, 6:00-6:30 p.m.*

*Fairmont Hotel, Penthouse Suite, 950 Mason Street, San Francisco, CA*

*Tickets: \$5,000 Event Chair (write/raise); \$2,400 Co-host, \$1000 per Individual*

*Please R.S.V.P.*

*To Shari Rubin: at (415) 413-0240 or [shari@integratedfundraising.com](mailto:shari@integratedfundraising.com)*

Your contribution is not tax-deductible as a charitable contribution for Federal income tax purposes. An individual may contribute up to \$4,800 per election cycle – that is, \$2,400 for the primary, and \$2,400 for the general election. A multi-candidate PAC may contribute up to \$10,000 per election cycle – that is, \$5,000 for the primary, and \$5,000 for the general election. Individual contributions must be made from the donor's own funds. We cannot accept contributions from corporations, labor unions, foreign nationals, and federal government contractors.

Paid for by Friends of Barbara Boxer FEC #C00279315.



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Yes, I will attend and support Barbara Boxer with my enclosed contribution:  
 Event Chair \$5,000 (write/raise)  Co-host \$2,400  Individual \$1,000

I am unable to attend, but will contribute \$ \_\_\_\_\_.

Maximum individual contribution to Friends of Barbara Boxer is \$4,800,  
 that is, \$2,400 for the primary and \$2,400 for the general.

Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation  
 and employer of individuals whose contributions in the aggregate exceed \$200 in an election cycle.  
 Please provide all the information requested below:

Name \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Make checks payable to "Friends of Barbara Boxer" and mail to:  
 330 Townsend Street, Suite 230, San Francisco, CA 94107  
 or fax this form to 866-636-6859

Please bill \$ \_\_\_\_\_ to my:  Visa  Mastercard  Am. Ex.

Acct# \_\_\_\_\_

Signature \_\_\_\_\_

This personal, not corporate, card belongs to: \_\_\_\_\_

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