

Please Join
Marita Cammarano, Peter Cammarano,
Scott Delea, Steve DiPasquale,
Lucy Truglio & Leah Turano
(committee in formation)

For a Cocktail Reception
Honoring the Leadership of

U.S. Senator Robert Menendez

Sunday, October 22, 2006
8:00pm-10:00pm

NINE
333 Washington Street
Hoboken, NJ

Suggested Contribution: \$75/per person

No Corporate Contributions

Please RSVP by Friday, October 20th to Fanny Llerandi at
201-271-1661 or via facsimile at 201-531-0724.

Paid for by Menendez for Senate, Inc

Response Card

Yes, I/We will attend.

No, I/We are unable to attend. Please accept my/our contribution in the amount of \$ _____.

Federal Election laws require that we request and obtain:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Employer: _____ Occupation: _____

1. Please make checks payable to:

Menendez for Senate, Inc.
1100 Valley Brook Ave., Ste. 205
Lyndhurst, NJ 07071
201-271-1661

2. Corporate contributions are prohibited.

3. If a check is written from a joint account and is to be attributed to both spouses, both individuals must sign the check or send an accompanying letter.

4. Contributions to Menendez for Senate, Inc. are not tax deductible.

5. If your contribution is drawn on a business account, please mark the correct selection below and fill in the requested info.

The contribution is drawn on the account of a:

A. Sole Proprietorship. The Name of the Sole Proprietor is _____

B. Partnership. List the names of the partners to whom contributions should be attributed and the amounts attributed to each partner:

_____ \$ _____
_____ \$ _____
_____ \$ _____

C. LLC: List the members of the LLC to whom the contribution should be attributed and the amounts for each member:

_____ \$ _____
_____ \$ _____
_____ \$ _____

7. Is the above business entity treated as a corporation for IRS tax purposes?
YES or NO (choose one) If Yes, we cannot accept the check.

Credit Card Contributions

8. I wish to charge my contribution to my:

Hoboken

Visa MasterCard American Express

Amount \$ _____ Card Number _____

Name as it appears on card _____

Signature _____ Expiration Date _____

