

*Georgia Mining Association's
Political Action Committee*

Cordially invites you to a Breakfast Fundraiser to Support

Governor Brian Kemp

Saturday, July 13th
7:30 A.M. – 8:30 A.M.

Ponte Vedra Inn & Club
200 Ponte Vedra Boulevard
Ponte Vedra Beach, FL 32082

Suggested Contributions:

<i>Attendee</i>	<i>\$150</i>	<i>\$250</i>	<i>\$500</i>
<i>Host \$3,000</i>	<i>Co-Host \$2,000</i>	<i>Sponsor \$1,000</i>	

Larger Contributions are Welcomed & Appreciated

*(*Individual and Business/Corporation or PAC Contributions are Acceptable)*

Please make checks payable to:

Kemp for Governor, Inc.

P.O. Box 5486

Athens, GA 30604

For Questions or to RSVP contact Dallas Jackson

(478) 757-1211 (7) or dallas@georgiamining.org

Paid For And Authorized By Kemp For Governor, Inc.

Contributions to Kemp for Governor are not deductible for tax purposes and are limited by Georgia State Law to \$7,000 for the primary and general elections, and \$4,100 per election for the potential general run-off election per individual or business/corporation.

Breakfast for Governor Brian Kemp

Saturday, July 13th
7:30 A.M.

Ponte Vedra Inn & Club
200 Ponte Vedra Boulevard
Ponte Vedra Beach, FL 32082

Yes, I will attend. Enclosed is my contribution for:

Attendee: ___ \$150 ___ \$250 ___ \$500
___ \$3,000 (Host) ___ \$2,000 (Co-Host) ___ \$1,000 (Sponsor)
___ Larger Contributions are Welcomed & Appreciated \$_____.

No, I am unable to attend, but do support Governor Brian Kemp.
Enclosed is my contribution for \$_____.

Method of Payment: ___ check ___ credit card ___ PAC Check

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Credit Card Reply:

Visa MasterCard AMEX Discover

Please charge my contribution of \$_____ to my credit card.

Name (As it appears on card): _____

Number: _____ Expiration Date: _____ CSV: _____

Signature: _____

Note: If you plan to make your contribution with a credit card, the address you provide should be the same as the billing address of your card.

*To comply with state law, we must use our best efforts to obtain, maintain and report the name, mailing address, occupation and name of employer for all individuals whose contributions exceed \$100 in a calendar year.

Name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

*Employer: _____ *Occupation: _____

*Spouses Employer: _____ *Occupation: _____

(If Joint contributions)

**Please return this form by email to Dallas@georgiamining.org or mail to:
Kemp for Governor ~ P.O. Box 5486, Athens, GA 30604**

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