

**(Please fill out/send in how you would like to support Dr. Roseann Mikos)**

**Yes, I would like to support**  
**Dr. Roseann Mikos for Re-election to the Moorpark City Council**

Checks payable to: **Roseann Mikos for Council** Mail to: **14371 E. Cambridge St., Moorpark CA 93021**

\*State law requires the following information before we may accept your contribution.

\*Name \_\_\_\_\_

\*Address \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Occupation \_\_\_\_\_

\*Employer (If self employed, name of business) \_\_\_\_\_

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

I will help by:

\_\_\_ listing my name(s) as an endorser:

Print \_\_\_\_\_ Signature: \_\_\_\_\_

Print \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_ Walking/ passing out flyers or door hangars

\_\_\_ Making phone calls

\_\_\_ Placing a sign at my home or business

\_\_\_ Writing a letter to the Editor

\_\_\_ Making a financial contribution

\_\_\_ Helping with typing, mailings, emails, etc.

\_\_\_ other \_\_\_\_\_

(Fill out contact info above so we can call or email you.)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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