

Once Completed, Please Send To:

Reclaim Oklahoma Parent  
Empowerment  
12444 NW 10<sup>th</sup> Street  
Building G, Suite 202  
Yukon, OK 73099



**DONOR REPLY FORM**

Reclaim Oklahoma Parent Empowerment (the “Organization”) is an unlimited political action committee formed under the laws of Oklahoma exempt from federal taxation under Section 527 of the Internal Revenue Code. The Organization supports state and local candidates who will empower parents to actively participate in the education of their children.

Contributions to the Organization are not deductible for income tax purposes. There are no limits on the amounts that may be contributed to the Organization by an individual, LLC, partnership, corporation, labor union, trade association, Indian tribe, or unlimited committee whose purpose(s) align with the Organization. Contributions from foreign nationals, political party committees, candidate committees, limited committees, unlimited state question committees, independent judicial retention committees, and unlimited committees with different purposes from the Organization will not be accepted.

By completing this document, you understand that your name, address, occupation, employer, and/or principal business activity will be contained in reports submitted to the Oklahoma Ethics Commission, which are accessible to the public.

If an LLC or partnership is contributing, each owner should submit a separate Donor Reply Form and complete the individual information described below and the amount contributed for each owner must be in proportion to the owner’s ownership interest in the LLC or partnership. As an example, if an LLC wishes to donate \$1,000, and the LLC is owned equally by two owners, each owner would contribute \$500 from the LLC by using two (2) separate Donor Reply Forms, with each owner completing the individual information described below.

- Enclosed is a check made payable to “Reclaim Oklahoma Parent Empowerment” for \$\_\_\_\_\_.
- Enclosed is cash (not exceeding \$50) totaling \$\_\_\_\_\_.
- Please charge \$\_\_\_\_\_ to the following credit/debit card:  
 Name on Card: \_\_\_\_\_ Card No.: \_\_\_\_\_  
 Expiration Date: \_\_\_/\_\_\_ CVC (Security Code on Back): \_\_\_\_\_ Zip Code: \_\_\_\_\_

If an individual is contributing, complete the following:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

If a corporation, labor union, or trade association is contributing, complete the following:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Principal Business Activity (e.g., Construction, etc.) \_\_\_\_\_