

RPAC of New York

LOCAL REVENUE SHARING REQUEST FORM

Note:

- 1.) This form must be fully completed and signed before funds will be released – e-signatures accepted.
- 2.) Please submit completed forms to NYSAR at least two (2) weeks in advance of the event.

Local Board/Association: _____ Date: _____

Candidate/Political Committee to receive funds: _____

Date of Fundraising Event: _____

Amount Requested: \$ _____

Office Candidate Seeks: _____ Incumbent: Yes ___ No ___

Candidate/Committee Campaign Name & Address:

Reason(s) for Supporting Candidate/Committee: _____

Person to Receive Check for Presentation: _____

Address: _____

Phone: _____

I, the undersigned, certify that I am authorized by the _____ Board/Association of REALTORS® to receive the above requested RPAC Local Revenue Sharing funds.

Signed: _____ Print Name: _____

Please return to:
New York State Association of REALTORS®
130 Washington Avenue
Albany, New York 12210-2220
Fax: (518) 462-5474
Email: govt@nysar.com