

Elect Lisa Lesperance
For State Representative, 2010
(District 117)
Yes, Lisa—You Can Count on Me!

Name _____

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City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

Occupation _____ Email _____

Contribute to Lisa's Campaign

Enclosed is my contribution of: \$500 \$250 \$100 \$50 Other \$ _____

Make checks payable to:
“Lisa Lesperance Campaign Account”

Mail contributions to:
Lisa Lesperance Campaign Account
c/o Louis Lesperance, Campaign Treasurer
Post Office Box 43-1174, S. Miami, FL 33243-1174

Or contribute online at: www.LisaLesperance.com

*Contributions limited to \$500 per person, corporation, or entity/PAC

Endorse Lisa

I hereby authorize the use of my name in support of the candidacy of Lisa Lesperance for State Representative, District 117.

Signature _____ Date _____

Fax endorsement to: 305-545-4880